

State Elected Official Financial Disclosure Form

Name of Official: Gary E Crum

Office Held: Senate

Senate District (if applicable): 10

House District (if applicable): _____

Business Address: PO Box 325

Business City, State and Zip: Laramie, WY 82073

Business Phone: (307) 399-0286

Home Address: PO Box 1828

Home City, State and Zip: Laramie, WY 82073

Home Phone: (307) 742-8361

RECEIVED

By Wyoming Secretary of State at 2:35 pm, Jan 17, 2025

I. Offices, Directorships and Employment

(Please use additional sheets as necessary.)

- a) List the *offices* held in business enterprises. This includes partnerships.

Office Held	Name and Address of Enterprise
NA	

- b) List any *directorship positions* held in business enterprises.

Name of Enterprise	Address of Enterprise
NA	

- c) Salaried Employment

Job Title	Name and Address of Enterprise

II. Sources of Income

(Please use additional sheets as necessary.)

a) Employment

Name of Employer

Address of Employer

None

b) Business Interests - list the names and addresses of all business entities in which you have a business interest (W.S. 9-13-108 (c) states: "Name and address of all business entities but excluding interests if less than ten percent (10%) of the entity is owned, or sole proprietorship from which income is earned. . . .")

Name of Business Entity

Address of Business Entity

Snowy Range Investments, LLC

PO Box 1828, Laramie, WY 82073

c) Investments

Income Earned

A. Any security or interest earnings

☒ Yes ☐ No

B. Real estate, leases, royalties

☐ Yes ☒ No

d) Other (describe generally):

III. Contracts

(Please use additional sheets as necessary.)

- a) List all state entities you, or your business enterprise in which you own ten percent (10%) or more interest, has a contract with for services and supplies in an amount greater than five thousand dollars (\$5,000.00).

Name of Enterprise

Address of Enterprise

NONE

Name of State Entity

Address of State Entity

None

- b) Please provide the following information for the contract:

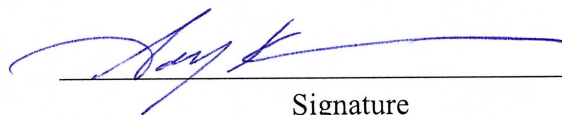
Type: NA

Description: _____

Effective Date: _____

Term of Contract: _____

On this 16th day of January, 2025, I affirm that the preceding information is accurate.



Signature