

State Elected Official Financial Disclosure Form

Name of Official: Elissa Campbell

Office Held: Representative

Senate District (if applicable): _____

House District (if applicable): 56

Business Address: 718 Divine Ave.

Business City, State and Zip: Casper, WY, 82601

Business Phone: (307) 277-4782

Home Address: 718 Divine Ave.

Home City, State and Zip: Casper, WY, 82601

Home Phone: (307) 277-4782

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By Wyoming Secretary of State at 8:40 am, Jan 16, 2025

I. Offices, Directorships and Employment

(Please use additional sheets as necessary.)

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

Office Held

Name and Address of Enterprise

Owner (100%)

Elevate Wyoming Leadership Group

718 Divine Ave. Casper, WY, 82601

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

Name of Enterprise

Address of Enterprise

) 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

Elevate Wyoming Leadership Group

718 Divine Ave. Casper, WY, 82601

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

Elevate Wyoming Leadership Group

718 Divine Ave. Casper, WY, 82601

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

Name of State Entity

Address of State Entity

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

Type: _____

Description: _____

Effective Date: _____

Term of Contract: _____

On this 15th day of January, 2025, I affirm that the preceding information is accurate.



Signature