

## State Elected Official Financial Disclosure Form

Name of Official: John Eklund

Office Held: State Representative

Senate District (if applicable): \_\_\_\_\_

House District (if applicable): 10

Business Address: 2918 US Highway 85

Business City, State and Zip: Cheyenne WY 82009

Business Phone: (307) 630 6232

Home Address: same

Home City, State and Zip: \_\_\_\_\_

Home Phone: ( )

**RECEIVED**

*By Wyoming Secretary of State at 11:54 am, Jan 29, 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
partner	Eklund Hansen Ranch
	2918 US Highway 85
	Cheyenne Wyoming
	82009

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

Name of Enterprise	Address of Enterprise

- 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**

Eklund Hansen Ranch

**Address of Employer**

2918 US Highway

Cheyenne WY 82009

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**

same as above

**Address of Business Entity**

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 29 day of January, 2025, I affirm that the preceding information is accurate.

  
Signature