

State Elected Official Financial Disclosure Form

Name of Official: Lee Filer

Office Held: State Rep.

Senate District (if applicable): _____

House District (if applicable): 44

Business Address: 1215 MEDLEY LOOP

Business City, State and Zip: Cheyenne, WY, 82007

Business Phone: (307) 421-9554

Home Address: 1215 MEDLEY LOOP

Home City, State and Zip: Cheyenne, WY 82007

Home Phone: (307) 421-9554

RECEIVED

By Wyoming Secretary of State at 10:19 am, Jan 31, 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

Site Director

Cryptonite LLC

1215 MEDLEY Loop

Cheyenne, WY 82007

- 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

Address of Employer

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

Cryptonite LLC
1215 Medley Loop
Cheyenne, WY 82607

1215 MEDLEY LOOP
CHEYENNE, WY 82607

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 31st day of January, 2025, I affirm that the preceding information is accurate.

Signature