

## State Elected Officials Financial Disclosure W.S. 9-13-101 through 109

This form can be accessed on the Secretary of State's Website at:  
<http://soswy.state.wy.us/Forms/Ethics/ElectedOfficialsEthicsDisclosureForm.pdf>

In accordance with W.S. 9-13-101 - 109, each of the state's five elected officials and each member of the Wyoming legislature shall file a financial disclosure form with the Secretary of State. This includes elected officials and legislators who have not sought re-election or were unsuccessful while seeking re-election but have served in an elected position during the previous filing period.

The financial disclosure form shall contain information current as of January 15th of each year.

As prescribed in W.S. 9-13-108(b), forms may be submitted by e-mail to: **[elections@wyo.gov](mailto:elections@wyo.gov)**.

Anyone violating the provisions of the Government Ethics Act is guilty of a misdemeanor punishable upon conviction by a fine of not more than one thousand dollars (\$1,000.00). W.S. 9-13-109(a).

Violation of any provision of the Government Ethics Act constitutes sufficient cause for termination of a public employee's employment or for removal of a public official or public member from his office or position. W.S. 9-13-109(b).

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**FILING DEADLINE:** January 31st of each year

**FILING OFFICE:** **Wyoming Secretary of State's Office**  
Herschler Building East  
Suite 100 and 101  
122 West 25th Street Cheyenne, WY  
82002-0020

E-mail: [elections@wyo.gov](mailto:elections@wyo.gov)

**RECEIVED**

*By Wyoming Secretary of State at 10:23 am, Jan 28, 2025*

4/2021

## State Elected Official Financial Disclosure Form

Name of Official: Lynn Hutchings  
Office Held: Senator

Senate District (if applicable): 05

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

Business Address: P.O. Box 9603  
Business City, State and Zip: Cheyenne, WY 82003  
Business Phone: (307) 316-0858

Home Address: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_

## 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**

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

**Name of Enterprise**

**Address of Enterprise**

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- c) Salaried Employment

**Job Title**

**Name and Address of Enterprise**

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## II. Sources of Income

(Please use additional sheets as necessary.)

a) Employment

**Name of Employer**

**Address of Employer**

State of Wyoming

200 West 24th Street  
Cheyenne, WY 82002

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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 27<sup>th</sup> day of January, 2025, I affirm that the preceding information is accurate.

[Signature]  
Signature