

State Elected Official Financial Disclosure Form

Name of Official: john K Kolb

Office Held: State Senator

Senate District (if applicable): 12

House District (if applicable):

Business Address: 503 Cheyenne Drive

Business City, State and Zip: Rock Springs, Wy 82901

Business Phone: (307) 3895000

Home Address: 503 Cheyenne Drive

Home City, State and Zip: Rock Springs, Wy 82901

Home Phone: (307) 3629116

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By Wyoming Secretary of State at 8:21 am, Jan 28, 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
Pres/ Tres	Alpha Petroleum Service Inc.
	503 Cheyenne dr.
	Rock Springs , Wy 82901

- 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
Pres/ Master Electrician	Alpha Petroleum Service inc
	503 Cheyenne Drive, Rock Springs
	Wy, 82901

II. Sources of Income

(Please use additional sheets as necessary.)

a) Employment

Name of Employer

Alpha Petroleum Service inc.

Address of Employer

503 Cheyenne Drive

Rock Springs, Wy, 82901

- 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:

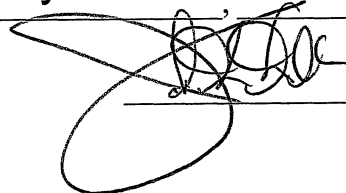
Type: _____

Description: _____

Effective Date: _____

Term of Contract: _____

On this 27 day of January, 2025, I affirm that the preceding information is accurate.



Signature