

State Elected Official Financial Disclosure Form

Name of Official: Martha Lawley
Office Held: Wyoming House of Representatives
Senate District (if applicable): _____
House District (if applicable): 27

Business Address: 818 Sagebrush Dr
Business City, State and Zip: Worland, WY 82401
Business Phone: (307) 431-1272

Home Address: 818 Sagebrush Dr
Home City, State and Zip: Worland, WY 82401
Home Phone: (307) 431-1272



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

None

NA

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

Name of Enterprise

Address of Enterprise

None

NA

- c) Salaried Employment

Job Title

Name and Address of Enterprise

None

NA

II. Sources of Income

(Please use additional sheets as necessary.)

a) Employment

Name of Employer

Address of Employer

None

NA

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

None

NA

c) Investments

Income Earned

A. Any security or interest earnings

X Yes No

B. Real estate, leases, royalties

 Yes X No

d) Other (describe generally): Social Security Administration

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

None

Address of Enterprise

NA

Name of State Entity

None

Address of State Entity

NA

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

Type: NA

Description: _____

Effective Date: _____

Term of Contract: _____

On this 6th day of January, 2025, I affirm that the preceding information is accurate.

Monika L. Lundy
Signature