## 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.

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).

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

RECEIVED

By Wyoming Secretary of State at 9:13 am, Jan 17, 2025

4/2021

State Elected Official Financial Disclosure Form				
Name of Official: Office Held:	<u>Conden Brown</u> <u>Representative</u> Senate District (if applicable): House District (if applicable):			
	<u>3731 Edison Ct</u> and Zip: <u>Cheyenne Wi 82009</u> ( <u>307) (630 0582</u>			
Home Address: Home City, State an Home Phone:	d Zip:			
	1			

### 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 lowner

Partier Owrer

Cheyenre Sand Trap
Cell E. Carlson #111
Cheyenre WY 82009
Hyn Plains Property Holdings
Cell E. Carisan st #111

Cheppenne Wi Storg

b) List any *directorship positions* held in business enterprises.
 Name of Enterprise Address of Enterprise

#### c) Salaried Employment Job Title

Director of Annual Civiry + Grants

Name and Address of Enterprise

Cheyenne Regional Medical Center Foundation

214 E. 23 rd St

Cheyenne WY 82001

	II. Sources of Income (Please use additional sheets as necessary.)		
)	Employment Name of Employer	Address of Employer	
)	business interest (W.S. 9-13-108 (c) state excluding interests if less than ten percent ( which income is earned ")	ddresses of all business entities in which you have a tes: "Name and address of all business entities but 10%) of the entity is owned, or sole proprietorship from	
	Name of Business Entity	Address of Business Entity	
)	Investments	Income Earned	
	A. Any security or interest earnings	YesNo	
)	<ul><li>B. Real estate, leases, royalties</li><li>Other (describe generally):</li></ul>	YesNo	
		3	

# **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 informat Type: Description:			
	Effective Date:			
Term of Contract:         On this $16^{+h}$ day of $\underline{Jancary}$ , $2025$ , I affirm that the preceding information is accurate.				
		4 Signature		