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

State Elected Official Financial Disclosure Form

Name of Official: Troy D McKeown

Office Held: Senator

Senate District (if applicable): 24

House District (if applicable): _____

Business Address: 1501 W. 2nd St.

Business City, State and Zip: Gillette, WY 82716

Business Phone: (307)687-1086

Home Address: 1330 Columbine Dr.

Home City, State and Zip: Gillette, WY 82718

Home Phone: (307)670-3581

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**
President	Don's SuperMarket 1501 W. 2nd St. Gillette, WY 82716
President	Don's SuperMarket 105 Wright Blvd Wright, WY 82732

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**
President	Don's SuperMarket 1501 W. 2nd St Gillette, WY 82716
President	Don's SuperMarket 105 Wright Blvd Wright, WY 82732

II. Sources of Income

(Please use additional sheets as necessary.)

a) Employment

Name of Employer	**Address of Employer**
Self	1330 Columbine Dr
	Gillette, WY 82718

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**
Don's SuperMarket #9	1501 W. 2nd St
Don's SuperMarket #1	Gillette, WY 82716

c) Investments

		Income Earned	
A.	Any security or interest earnings	X Yes	____ No
B.	Real estate, leases, royalties	X 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 27th day of January, 2025, I affirm that the preceding information is accurate.

_____
Signature