

State Elected Official Financial Disclosure Form

Name of Official: bob nicholas

Office Held: legislature

Senate District (if applicable): _____

House District (if applicable): 07

Business Address: 6225 mountainview drive

Business City, State and Zip: cheyenne, wy, 82009

Business Phone: () 3078517774

Home Address: 6225 mountainview drive

Home City, State and Zip: cheyenne, wy, 82009

Home Phone: () 3078517774

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By Wyoming Secretary of State at 2:19 pm, Jan 24, 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
vice president	proform technologies, inc., 315 railroad ave riverton wy 82501

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

Name of Enterprise	Address of Enterprise
Proform Technologies, Inc	Riverton, Wy. 315 Railroad ave. 82501

- c) Salaried Employment

Job Title	Name and Address of Enterprise

II. Sources of Income

(Please use additional sheets as necessary.)

a) Employment

Name of Employer

Address of Employer

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

proform technologies, Inc

315 railroad ave, riverton wy 82501

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:

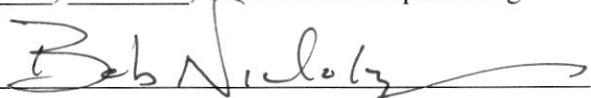
Type: _____

Description: _____

Effective Date: _____

Term of Contract: _____

On this 24th day of january, 2025, I affirm that the preceding information is accurate.



Signature