State Elected Official Financial Disclosure Form

Name of Official:

Rep. Pepper Ottman Hruse of Representatives.

Office Held:

Senate District (if applicable):

House District (if applicable): 34

Business Address:

Business Phone:

Business City, State and Zip: _______ Riverton WY (307) 851-7711

_ 266 Lost Wells Cir Riverton WY 82501

Home Address:

266 Lost Wells Cir.

Home City, State and Zip: Riverton WY

Home Phone:

(307) 851-7711

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By Wyoming Secretary of State at 8:46 am, Jan 30, 2025

I. Offices, Directorships and Employment

(Please use additional sheets as necessary.)

a) List the *offices* held in business enterprises. This includes partnerships.

Vice Chair

Office Held

Name and Address of Enterprise

Abba's Nouse 2420 Watt Ct. Riverton WY 82501

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

Employment	
Name of Employer	Address of Employer
State of WY	200 W. 24th St. Cheyenne, WY 82001
	Cheyenne, WY 82001
business interest (W.S. 9-13-108 (c) states	resses of all business entities in which you h : "Name and address of all business entitie %) of the entity is owned, or sole proprietorship
Name of Business Entity	Address of Business Entity
Investments	Income Earned
A. Any security or interest earnings	Yes No
B. Real estate, leases, royalties	Yes No
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
N/C	
· .	
Name of State Entity	Address of State Entity
N/a.	
Please provide the following	information for the contract:
Туре:	
Description:	
Term of Contract:	¢
this 29^{H} day of	January, 2025, I affirm that the preceding
ormation is accurate.	Pippes Ottman (ReplyHD
	Signature