## 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: <u>elections@wyo.gov</u>

RECEIVED

By Wyoming Secretary of State at 8:06 am, Jan 31, 2025

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ce Held:	
Se	enate District (if applicable):
Но	ouse District (if applicable):
iness Address:	
iness City, State and	Zip:
iness Phone:	()
ne Address:	
ne City, State and Zij	p:

(Pleas	e use additional sheets as necessary.)
List the <i>offices</i> held in busine. <b>Office Held</b>	ss enterprises. This includes partnerships. Name and Address of Enterpris
List any <i>directorship position</i> Name of Enterprise	as held in business enterprises. Address of Enterprise
Salaried Employment Job Title	Name and Address of Enterpris

	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) sta	addresses of all business entities in which you have ates: "Name and address of all business entities bu (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	Yes No			
	B. Real estate, leases, royalties	Yes No			
)	Other (describe generally):				
		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
Please provide the following infor	mation for the contract:
Term of Contract:	
	, I affirm that the preceding
	Name of State Entity   Please provide the following infor Type: