

**State Elected Official Financial Disclosure Form**

Name of Official:

MIKE SCHMID

Office Held:

STATE REPRESENTATIVE

Senate District (if applicable): \_\_\_\_\_

House District (if applicable): HD20

Business Address:

P.O. Box 147

Business City, State and Zip:

LABARGE, WY 83123

Business Phone:

(307) 386-2616

Home Address:

P.O. Box 14

Home City, State and Zip:

LABARGE, WY 83123

Home Phone:

(307) 389-7336

## 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 & CEO

SOS WELL SERVICES

PO Box 147

LABARGE, WY 83123

MANAGING MEMBER

SCHMID DEVELOPMENT Co., LLC

PO Box 14

LABARGE, WY. 83123

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

**Name of Enterprise**

**Address of Enterprise**

NA

- c) Salaried Employment

**Job Title**

**Name and Address of Enterprise**

PRESIDENT & CEO

SOS WELL SERVICES

PO Box 147

LABARGE, WY 83123

## II. Sources of Income

(Please use additional sheets as necessary.)

a) Employment

**Name of Employer**

**Address of Employer**

SOS WELL SERVICES, LLC

PO Box 147

LABARGE, WY 83123

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**

SOS WELL SERVICES, LLC

PO. Box 147 LABARGE, WY 83123

SCH MID DEVELOPMENT CO, LLC PO Box 14 LABARGE, WY 83123

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

NA

NA

Name of State Entity

Address of State Entity

NA

NA

- b) Please provide the following information for the contract:

Type: \_\_\_\_\_

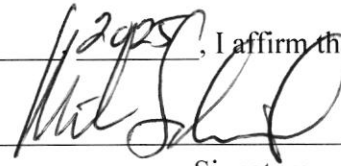
Description: \_\_\_\_\_

NA

Effective Date: \_\_\_\_\_

Term of Contract: \_\_\_\_\_

On this 2nd day of JANUARY, 2025, I affirm that the preceding information is accurate.



Signature