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

RECEIVED

By Wyoming Secretary of State at 4:23 pm, Jan 27, 2025

4/2021

State Elected Official Financial Disclosure Form

Name of Official:					
Office Held:					
	Senate District (if applicable):				
	House District (if applicable):				
Business Address:					
Business City, State and Zip:					
Business Phone:	()				
Home Address:					
Home City, State and Z	Zip:				
Home Phone:	()				

I. Offices, Directorships and Employment

(Please use additional sheets as necessary.)

List the <i>offices</i> held in business enter Office Held	Name and Address of Enterprise
List any <i>directorship positions</i> held	in business enterprises.
Name of Enterprise	Address of Enterprise
Salaried Employment Job Title	Name and Address of Enterprise

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) states	resses of all business entities in which you have s: "Name and address of all business entities b 9%) 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):	

III. Contracts

(Please use additional sheets as necessary.)

		iness enterprise in which you own ten percent (10%) or s and supplies in an amount greater than five thousand			
	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:				
	mation is accurate.	Signature			