

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



State Elected Official Financial Disclosure Form

Name of Official: Scott Smith

Office Held: Wyoming House of Representatives

Senate District (if applicable): _____

House District (if applicable): Q5

Business Address: PO Box 483

Business City, State and Zip: Lingle, WY 82223

Business Phone: (307) 575-3742

Home Address: PO Box 483

Home City, State and Zip: Lingle, WY 82223

Home Phone: (307) 575-3742

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

Owner

Smith Management Solutions, LLC

- 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

Office Manager

Pioneer Performance
Automotive + Equipment.

II. Sources of Income

(Please use additional sheets as necessary.)

a) Employment

Name of Employer

Address of Employer

Smith Management Solutions, LLC

Po Box 483

Lingle, WY 82223

- 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

Smith Management Solutions, LLC

Po Box 483

Lingle, WY 82223

c) Investments

Income Earned

A. Any security or interest earnings

 Yes X No

B. Real estate, leases, royalties

 X Yes No

d) Other (describe generally):

Appartment Rentals ; Precious Metals Distributor for
Goldback & Scottsdale Mint.

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/A

Name of State Entity

Address of State Entity

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

Type: _____

Description: _____

N/A

Effective Date: _____

Term of Contract: _____

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

Scott Smith

Signature