

State Elected Official Financial Disclosure Form

Name of Official: Arthur Lyle Washet

Office Held: Legislature

Senate District (if applicable): _____

House District (if applicable): 36

Business Address: _____

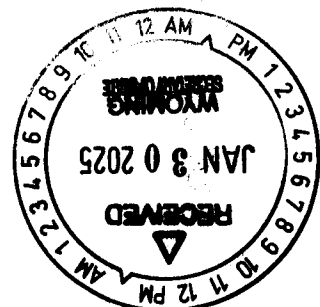
Business City, State and Zip: _____

Business Phone: () _____

Home Address: 4031 Crystie Ln

Home City, State and Zip: Casper Wyoming

Home Phone: (307) 251 4725



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

None

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

Name of Enterprise

Address of Enterprise

None

- c) Salaried Employment

Job Title

Name and Address of Enterprise

Instructor

Casper College
125 College Dr
Casper, WY

II. Sources of Income

(Please use additional sheets as necessary.)

a) Employment

Name of Employer

Address of Employer

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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

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c) Investments

Income Earned

A. Any security or interest earnings

____ Yes ☒ No

B. Real estate, leases, royalties

____ Yes ☒ No

d) Other (describe generally):

I am retired and draw a
WRS pension

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

None

Name of State Entity

Address of State Entity

None

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

Type: N/A

Description: _____

Effective Date: _____

Term of Contract: _____

On this 29 day of January, 2025, I affirm that the preceding information is accurate.


Signature