

# State Elected Official Financial Disclosure Form

Name of Official: NINA WOBBER

Office Held: STATE HOUSE REPRESENTATIVE

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

House District (if applicable): 24

Business Address: N/A

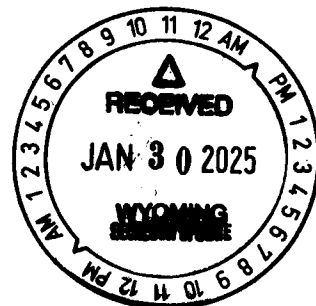
Business City, State and Zip: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

Home Address: <sup>MAILING</sup> 1108 14TH STREET - STE 108

Home City, State and Zip: CODY, WYOMING 82414

Home Phone: (307) 921-8593



## I. Offices, Directorships and Employment

(Please use additional sheets as necessary.)

- a) List the *offices* held in business enterprises. This includes partnerships. **N/A**

**Office Held**

**Name and Address of Enterprise**

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

**Name of Enterprise**

**Address of Enterprise**

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- c) Salaried Employment

**Job Title**

**Name and Address of Enterprise**

**N/A**

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## II. Sources of Income

(Please use additional sheets as necessary.)

a) Employment

Name of Employer

Address of Employer

NINA WEBBER - SELF  
EMPLOYED

1108 14th STREET - STE 108  
CODY, WY. 82414

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

N/A

Address of Business Entity

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) Investments

Income Earned

A. Any security or interest earnings

X Yes      No

B. Real estate, leases, royalties

     Yes X No

d) Other (describe generally):

N/A

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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

N/A

Address of Enterprise

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of State Entity

N/A

Address of State Entity

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

N/A

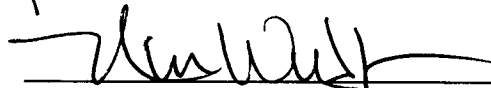
Type: \_\_\_\_\_

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

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

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

On this 30<sup>th</sup> day of JANUARY, 2025, I affirm that the preceding information is accurate.



Signature