

State Elected Official Financial Disclosure Form

Name of Official: BILL ALLEMAND

Office Held: HOUSE

Senate District (if applicable): _____

House District (if applicable): 54

Business Address: 28033 S.E. STATE Hwy 259 P.O. Box 119

Business City, State and Zip: MIDWEST, Wy, 82643

Business Phone: (307) 277-0902

Home Address: 28033 S.E. STATE Hwy. 259

Home City, State and Zip: Midwest, Wy. 82643

Home Phone: (307) 277-0902

RECEIVED

By Wyoming Secretary of State at 4:32 pm, Jan 31, 2025

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 - OWNER

William A TRUCKING

P.O. Box 119

MIDWEST, WY. 82643

- 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

(Please use additional sheets as necessary.)

P.O. Box 119, MIDWEST,
Wg. 82643

☒ Yes ☐ No

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

Name of State Entity

Address of State Entity

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

Type: _____

Description: _____

Effective Date: _____

Term of Contract: _____

On this 30 day of JANUARY, 2025, I affirm that the preceding information is accurate.

Bill Allen

Signature