

# State Elected Official Financial Disclosure Form

Name of Official: Ed Cooper

Office Held: Wyoming Senate

Senate District (if applicable): 20

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

Business Address: P.O. Box 249

Business City, State and Zip: Ten Sleep, WY 82442

Business Phone: (307) 851-5949

Home Address: P.O. Box 249

Home City, State and Zip: Ten Sleep, WY 82442

Home Phone: (307) 851-5949

**RECEIVED**

By Wyoming Secretary of State at 8:19 am, Jan 28, 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	Ed Cooper Consulting, Inc
	PO Box 249
	Ten Sleep, WY 82442Cooper
Member	Cooper Land and Livestock, LLC
	PO Box 249
	Ten Sleep, WY 82442

- 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

## 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

X Yes         No

B. Real estate, leases, royalties

X Yes         No

d) Other (describe generally):

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### 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:** \_\_\_\_\_

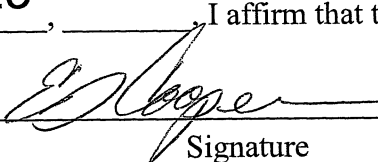
**Description:** \_\_\_\_\_

\_\_\_\_\_

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

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

On this 27 day of January, 2025, \_\_\_\_\_, I affirm that the preceding information is accurate.

  
\_\_\_\_\_  
Signature