



Wyoming Secretary of State

2020 Carey Avenue, Suite 600

Cheyenne, WY 82002-0020

Ph. 307.777.5860

Email: Elections@wyo.gov

Lobbyist Reporting Form
Paid Advertising/Printed Literature to Influence Legislation
Statement of Contributions & Expenditures
Annual Report (W.S. 28-7-201(k))

A fillable PDF version of this form is available on the Secretary of State's website at:
<http://soswy.state.wy.us/Forms/Lobbyists/LobbyistAdvertising.pdf>

WHO MUST FILE: Notwithstanding W.S. 22-24-201(d) and in addition to the lobbyist report that may be required under W.S. 28-7-201, any group of persons which, through a private or public association, raises, collects, or spend money for paid advertising in any communication medium or for printed literature to support, oppose, or otherwise influence state legislation in the state of Wyoming shall file with the secretary of state a statement of applicable receipts and expenditures. W.S. 28-7-201(k)

Note: W.S. 22-24-201(d): "Nothing in this section shall require an individual or individuals who pay for advertising or literature to support, oppose, or otherwise influence legislature to file under this section, provided the name of the individual or individuals is fully disclosed in the advertising or literature."

WHEN TO FILE: No later than June 30th

WHERE TO FILE: Wyoming Secretary of State's Office
Election Division
2020 Carey Ave, Ste 600
Cheyenne, WY 82002
elections@wyo.gov
(307) 777-5860

This report is in addition to the lobbyist activity report that may be required under W.S. 28-7-201(b) through (j).

Blank PDF available at: <http://sos.state.wy.us/Forms/Forms.aspx>
Please mail form to: Wyoming Secretary of State's Office
Attn: Election Division
2020 Carey Ave, Ste 600
Cheyenne WY 82002



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For Office Use Only

LOBBYIST REPORTING FORM

For Paid Advertising/Printed Literature to Support, Oppose, or Influence State Legislation

STATEMENT OF CONTRIBUTIONS & EXPENDITURES ANNUAL REPORT (WS 28-7-201(k))

Report covers the period May 1 to April 30

Association Name: _____ Phone: (____) _____

Address: _____ Email: _____

City/State/Zip: _____

Names of Association Representative: _____

Signature of Representative: _____ Date: _____

RECEIPTS

Date	Name	Amount
Total Receipts		

EXPENDITURES

Date	Name	Amount
Total Expenditures		

Make additional copies of this page if needed.