

## DISCLOSURE OF OWNERSHIP / PRINCIPALS FORM

### Business Entity Type (Please select one)

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
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### Business Designation Group (Please select all that apply)

<input type="checkbox"/> MBE Minority Business Enterprise	<input type="checkbox"/> WBE Women-Owned Business Enterprise	<input type="checkbox"/> SBE Small Business Enterprise	<input type="checkbox"/> PBE Physically Challenged Business Enterprise	<input type="checkbox"/> VET Veteran Owned Business	<input type="checkbox"/> DVET Disabled Veteran Owned Business	<input type="checkbox"/> ESB Emerging Small Business
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**Number of Clark County Nevada Residents Employed:** 9

### Business Information:

Corporate/Business Entity Name:	Veritiv Operating Company		
(Include d.b.a., if applicable)	n/a		
Street Address:	1000 Abernathy Road, NE	Website:	www.veritiv.com
City, State and Zip Code:	Atlanta GA 30328	POC Name:	Devonne Graham
Telephone No:	855-850-2532	POC Email:	devonne.graham@veritivcorp.com
		Fax No:	800-562-1957
Nevada Local Street Address: (If different from above)	845 Pilot Road	Website:	www.veritiv.com
City, State and Zip Code:		Local POC Name:	Devonne Graham
		Local POC Email:	devonne.graham@veritivcorp
Local Telephone No:		Local Fax No:	800-562-1957

**All entities**, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business entity appearing before the Board.

**Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors** in lieu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s).

**Entities** include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

Full Name	Title	% Owned <small>(Not required for Publicly Traded Corporations/Non-profit organizations)</small>
n/a - Veritiv is not a publicly traded company		

**This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?**

☐ Yes ☒ No


1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

☐ Yes ☒ No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)

2. Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

☐ Yes ☒ No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

  
 Signature  
 VICE PRESIDENT FS SALES  
 Title

**SCOTT MACPHERSON**

Print Name  
 5/7/24  
 Date

## DISCLOSURE OF OWNERSHIP / PRINCIPALS FORM

List any disclosures below:  
(Mark N/A, if not applicable.)

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
N/A			

\*County employee means an employee of Clark County, Clark County Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

"Consanguinity" is a relationship by blood.

"Affinity" is a relationship by marriage.

"To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

- Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree)
- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

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☐ Yes ☐ No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?

☐ Yes ☐ No Is the County employee(s) noted above involved in anyway with the business in performance of the contract?

Notes/Comments:



Signature

Scott MacPherson

Print Name

Authorized Department Representative

## DISCLOSURE OF OWNERSHIP / PRINCIPALS FORM

### Business Entity Type (Please select one)

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
--	--------------------------------------	---	--------------------------------------	--------------------------------	--	--------------------------------

### Business Designation Group (Please select all that apply)

<input type="checkbox"/> MBE Minority Business Enterprise	<input type="checkbox"/> WBE Women-Owned Business Enterprise	<input checked="" type="checkbox"/> SBE Small Business Enterprise	<input type="checkbox"/> PBE Physically Challenged Business Enterprise	<input type="checkbox"/> VET Veteran Owned Business	<input type="checkbox"/> DVET Disabled Veteran Owned Business	<input type="checkbox"/> ESB Emerging Small Business
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Number of Clark County Nevada Residents Employed: **0**

### Business Information:

Corporate/Business Entity Name:	Mersi Distribution	
(Include d.b.a., if applicable)		
Street Address:	1000 Brickell Ave, STE 715/PMB 1423	Website:
City, State and Zip Code:	Miami, FL 33131	POC Name: Faris Mersi
Telephone No:	(267) 303-4314	POC Email: faris@mersidistribution.com
		Fax No:
Nevada Local Street Address: (If different from above)		Website:
		Local POC Name:
City, State and Zip Code:		Local POC Email:
Local Telephone No:		Local Fax No:

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Full Name	Title	% Owned <small>(Not required for Publicly Traded Corporations/Non-profit organizations)</small>
FARIS MERSI	OWNER	100%

**This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?**

☐ Yes ☒ No

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☐ Yes ☒ No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

Faris Mersi  
Digitally signed by Faris Mersi  
Date: 2024.04.17 16:19:33 -04'00'  
Signature  
PRESIDENT  
Title

FARIS MERSI  
Print Name  
APRIL 17, 2024  
Date

## DISCLOSURE OF OWNERSHIP / PRINCIPALS FORM

List any disclosures below:  
(Mark N/A, if not applicable.)

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
NA			

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☐ Yes ☐ No Is the County employee(s) noted above involved in anyway with the business in performance of the contract?

Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

## DISCLOSURE OF OWNERSHIP / PRINCIPALS FORM

### Business Entity Type (Please select one)

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
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### Business Designation Group (Please select all that apply)

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**Number of Clark County Nevada Residents Employed:** 172

### Business Information:

Corporate/Business Entity Name:		Brady Industries of Nevada, LLC	
(Include d.b.a., if applicable)		dba BradyPlus	
Street Address:	7055 S Lindell Road	Website:	www.bradyindustries.com
City, State and Zip Code:	Las Vegas, NV 89118	POC Name:	Paul Bradford - Sales Rep
Telephone No:	702-876-3990	POC Email:	paul.bradford@bradyindustries.com
		Fax No:	
Nevada Local Street Address: (If different from above)		Website:	
		Local POC Name:	
City, State and Zip Code:		Local POC Email:	
Local Telephone No:		Local Fax No:	

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Full Name	Title	% Owned <small>(Not required for Publicly Traded Corporations/Non-profit organizations)</small>
Brady Companies, LLC	Parent Company	

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☐ Yes

☒ No

1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

☐ Yes

☒ No

(If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)

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☐ Yes

☒ No

(If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

Signature  
COO

Title

Ryan Law

Print Name

04/08/2024

Date

## DISCLOSURE OF OWNERSHIP / PRINCIPALS FORM

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(Mark N/A, if not applicable.)

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
N/A	N/A	N/A	N/A

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Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

Revised 7/25/2014

## DISCLOSURE OF OWNERSHIP / PRINCIPALS FORM

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### Business Designation Group (Please select all that apply)

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**Number of Clark County Nevada Residents Employed:** 25

### Business Information:

Corporate/Business Entity Name:	Imperial Bag & Paper Co LLC		
(Include d.b.a., if applicable)	P&R Paper		
Street Address:	PO BOX 103264	Website:	<a href="https://www.imperialdade.com/">https://www.imperialdade.com/</a>
City, State and Zip Code:	Pasadena, CA 91189-3264	POC Name:	Theresa Cummins
Telephone No:	909-725-7423	POC Email:	theresa.cummins@imperialdade.com
		Fax No:	
Nevada Local Street Address: (If different from above)	6215 Beesley Dr	Website:	<a href="https://www.imperialdade.com/">https://www.imperialdade.com/</a>
City, State and Zip Code:	North Las Vegas, NV 89115	Local POC Name:	Steve Odzer
Local Telephone No:	909-794-1108	Local POC Email:	stephen.odzer@imperialdade.com
		Local Fax No:	

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Full Name	Title	% Owned <small>(Not required for Publicly Traded Corporations/Non-profit organizations)</small>
N/A		

**This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?**

☐ Yes ☒ No


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☐ Yes ☒ No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)

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☐ Yes ☒ No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

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 Signature  
 VP of Sales - West  
 Title

Theresa Cummins  
 Print Name  
 4/23/2024  
 Date



## DISCLOSURE OF OWNERSHIP / PRINCIPALS FORM

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(Mark N/A, if not applicable.)

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
N/A			

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Notes/Comments:

Signature \_\_\_\_\_

Print Name \_\_\_\_\_  
Authorized Department Representative

Revised 7/25/2014



**DISCLOSURE OF OWNERSHIP / PRINCIPALS FORM****Business Entity Type (Please select one)**

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**Business Designation Group (Please select all that apply)**

<input type="checkbox"/> MBE Minority Business Enterprise	<input type="checkbox"/> WBE Women-Owned Business Enterprise	<input type="checkbox"/> SBE Small Business Enterprise	<input type="checkbox"/> PBE Physically Challenged Business Enterprise	<input type="checkbox"/> VET Veteran Owned Business	<input type="checkbox"/> DVET Disabled Veteran Owned Business	<input type="checkbox"/> ESB Emerging Small Business
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**Number of Clark County Nevada Residents Employed:** N/A**Business Information:**

Corporate/Business Entity Name:	HD Supply Facilities Maintenance, Ltd.	
(Include d.b.a., if applicable)		
Street Address:	3400 Cumberland Blvd	Website: www.supplyworks.com
City, State and Zip Code:	Atlanta, GA 30339	POC Name: Brian Rodriguez
Telephone No:	(800) 431-3000	POC Email: brian.rodriguez@hdsupply.com
		Fax No:
Nevada Local Street Address: (If different from above)	4825 E Cheyenne Ave, Bldg A	Website: N/A
		Local POC Name: N/A
City, State and Zip Code:	Las Vegas, NV 89115	Local POC Email: N/A
Local Telephone No:	N/A	Local Fax No: N/A

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
HD Supply, Inc	Parent Company	99%
HD Supply Management, LLC	Parent Company	1%

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☒ Yes ☐ No

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☐ Yes ☒ No

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Signature  
VP, Institutional  
Title

Craig Hodges

Print Name  
4/17/2024 | 11:19:13 AM PDT

Date

**DISCLOSURE OF OWNERSHIP / PRINCIPALS FORM**

List any disclosures below:  
(Mark N/A, if not applicable.)

<b>NAME OF BUSINESS OWNER/PRINCIPAL</b>	<b>NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE</b>	<b>RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL</b>	<b>COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT</b>
N/A	N/A	N/A	N/A

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Notes/Comments:

Signature

Print Name

Authorized Department Representative

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**Number of Clark County Nevada Residents Employed:** 16

### Business Information:

Corporate/Business Entity Name:	Tahoe Supply Company		
(Include d.b.a., if applicable)			
Street Address:	3315 Research Way	Website:	https://tahoesupply.com/
City, State and Zip Code:	Carson City, NV 89706	POC Name:	Wendy Leblanc
Telephone No:	775-883-5588	POC Email:	wleblanc@tahoesupply.com
		Fax No:	775-883-1991
Nevada Local Street Address: (If different from above)	6630 Arroyo Springs Street Suite #900	Website:	https://tahoesupply.com/
		Local POC Name:	Dennis Flaherty
City, State and Zip Code:	Las Vegas, NV 89113	Local POC Email:	dflaherty@tahoesupply.com
Local Telephone No:	702-538-9600	Local Fax No:	702-538-9601

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Full Name	Title	% Owned <small>(Not required for Publicly Traded Corporations/Non-profit organizations)</small>
Kelly Spallone	President	51
Dominic Spallone III	CEO	49

**This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?**

☐ Yes ☒ No

1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

☐ Yes ☒ No

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☐ Yes ☒ No

(If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

**Robbie Viray**  
Digitally signed by Robbie Viray  
Date: 2024.04.17 11:01:04 -07'00'  
 Signature  
 Contracts Manager  
 Title

**Robbie Viray**  
 Print Name  
 04/17/2024  
 Date

## DISCLOSURE OF OWNERSHIP / PRINCIPALS FORM

List any disclosures below:  
(Mark N/A, if not applicable.)

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
N/A			

\*County employee means an employee of Clark County, Clark County Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

"Consanguinity" is a relationship by blood.

"Affinity" is a relationship by marriage.

"To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

- Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree)
- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

### ***For County Use Only:***

If any Disclosure of Relationship is noted above, please complete the following:

☐ Yes ☐ No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?

☐ Yes ☐ No Is the County employee(s) noted above involved in anyway with the business in performance of the contract?

Notes/Comments:

Signature \_\_\_\_\_

Print Name \_\_\_\_\_  
Authorized Department Representative

Revised 7/25/2014