Business Enti	ty Type (Pl	ease s	elect one)				
Sole Proprietorship	Partnership		Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other
Business Des	ignation Gr	oup (Please select	all that apply)			
МВ Е	☐ WBE		SBE	PBE	VET	DVET	ESB
Minority Business Enterprise	Women-Owner Business Enter		Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of Cl	ark County	Nevad	la Residents E	mployed: 9			
Business Info	-					•	
Corporate/Business		Veritiv	Operating Cor	npany			
(Include d.b.a., if a		n/a					
Street Address:		1000 .	Abernathy Roa	d, NE	Website: WV	vw.veritiv.com	
City, State and Zip	Code:	Atlant	a GA 30328	-	POC Name:	Devonne Graham	1
Telephone No:		855-8	50-2532		POC Email: ^C	levonne.graham@	@veritivcorp.com
					Fax No: 80	0-562-1957	
Nevada Local Stree	et Address:				Website: WV	vw.veritiv.com	
(If different from a	bove)	845 P	ilot Road		Local POC N	_{ame:} Devonne Gra	aham
City, State and Zip	Code:				Local POC E	_{mail:} devonne.gral	nam@veritivcorp
Local Telephone No	0:				Local Fax No	_{0:} 800-562-1957	
(5%) ownership or	financial interes	t in the l	ousiness entity app	ofit organizations, must earing before the Board. hall list all Corporate		_	,
individuals with ow landowner(s).	nership or finar	cial inter	est. The disclosure	e requirement, as applied	d to land-use applic	ations, extends to the	e applicant and the
Entities include all corporations, close	l business associ corporations, fo	ations or reign cor	ganized under or go rporations, limited l	overned by Title 7 of the lability companies, partn	Nevada Revised Sta erships, limited par	atutes, including but n tnerships, and profess	ot limited to private sional corporations.
	Full Name			Т	ïtle	(Not Corporal	% Owned required for Publicly Traded tions/Non-profit organizations)
n/a - Veritiv is n	ot a publicly t	raded o	company				et navya a a
							
This section is no	ot required for	publicly	v-traded corporat	tions. Are you a publi	cly-traded corpo	ration? Yes	√ No
				oals, involved in the bus ion District full-time emp			
Yes	✓ No (I	f yes, pl	lease note that Co	ounty employee(s), or a or other contracts, whi	ppointed/elected o	fficial(s) may not pe	
2. Do any individ	·			s have a spouse, registe	•	, ,	w or brother/sister
half-brother/h	alf-sister, grand	child, gra	andparent, related	to a Clark County, Depa or appointed/elected off	artment of Aviation		
Yes	✓ No (I	f yes, ple	ease complete the I	Disclosure of Relationship	o form on Page 2.	If no, please print N//	A on Page 2.)
I certify under pen	alty of perjury, i	hat all o	f the information p	rovided herein is current land sales, leases or exc	t, complete, and ac	curate, I also unders	tand that the Board
$\langle \rangle$			(- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	SCOTT MAC	-	,	
Signature				Print Name			•
VICE PRESIDENT Title	FS SALES	***************************************		5/7/24 Date			

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			
WW 20000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			10000

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

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

If any Disc	osure 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 agend litem?
Yes	No. Is the County employee(s) noted above involved in anyway with the business in performance of the contract?
Notes/Com	ments:
¥	
\mathcal{L}_{-}	
Signature	
Signature	
Signature Scott Mac Print Name	

[&]quot;Consanguinity" is a relationship by blood.

[&]quot;Affinity" is a relationship by marriage.

[&]quot;To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

Business Enti	ty Type (Pl	ease s	elect one)		.,.					
Sole Proprietorship	Partnership		Limited Liability Company		Corporation		Trust	Non-Profit Organizatio		Other
Business Des	ignation Gr	oup (Please select	all t	hat apply)					
МВЕ	WBE		SBE	Р	BE		VET	DVET		ESB
Minority Business	Women-Owner		Small Business		ically Challenged		teran Owned	Disabled Vete		Emerging Small
Enterprise	Business Enter		Enterprise	L	ness Enterprise	Bu	ısiness	Owned Busine	ess	Business
		ivevau	la Residents E	mpi	oyeu: o					
Business Info		Mersi	Distribution							
Corporate/Busines		10101	Diot ib dioi:							
(Include d.b.a., if a	аррисаше)	1000	Brickell Ave, S	TE 71	15/PMB 1423		Website:			
Street Address:	Cada		i, FL 33131		10/1 1/120			Faris Mersi		
City, State and Zip	Code;		303-4314					aris@mersi	distribut	tion com
Telephone No:		(201)	000-4014					ano@moron		
							Fax No:		****	
Nevada Local Stree							Website:		· · · · · · · · · · · · · · · · · · ·	
(If different from a							Local POC N			
City, State and Zip							Local POC E			
Local Telephone N		و باد العالمان				llet t			na moro	than five percent
			-traded and non-pr business entity app				ine names of i	iaiviauais noiai	ng more	than live percent
landowner(s). Entities include a	ll business associ	ations or	rest. The disclosure ganized under or g rporations, limited	overne	ed by Title 7 of the	. Nev	ada Revised St	atutes, includin	g but not	limited to private
	Full Name				-	Title			(Not requ	% Owned ulred for Publicly Traded is/Non-profit organizations)
FARIS MERSI	,			OWN	ER				100%	Stron Pront organizations

1. Are any indiv	idual members,	partners	y-traded corpora s, owners or princip nty Water Reclama	pals, ii	nvolved in the bu	sines	s entity, a Cla	rk County, Dep	Yes artment icial(s)?	✓ No of Aviation, Clark
Yes	✓ No (p	If yes, p rofessior	lease note that Co nal service contract	ounty s, or o	employee(s), or a ther contracts, wh	appoi	inted/elected or are not subject	official(s) may to competitive	not perfo bid.)	orm any work on
half-brother/	half-sister, grand	lchild, gr	owners or principa andparent, related -time employee(s),	d to a	Clark County, Dep	partm	nent of Aviation	ner, child, parer n, Clark County	nt, in-law Detentio	or brother/sister, n Center or Clark
Yes	√ No (If yes, pl	ease complete the	Disclo	sure of Relationsh	ip foi	rm on Page 2.	If no, please p	rint N/A	on Page 2.)
I certify under per will not take action Faris Mersi	n on land-use ap Digitali	prova ls, y signed by	of the information p contract approvals, Farls Mersi 16:19:33 -04'00'	, land s	FARIS MEF	chan	omplete, and a iges without th	ccurate. I also e completed dis	understa sclosure f	nd that the Board orm.
Signature PRESIDENT					Print Name APRIL 17, 202	4				
Title		<u></u>		-	Date	•				

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			
•			

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

Yes No. Is the County employee(s) noted above involved in the contracting/selection process for this particular age item? Yes No. Is the County employee(s) noted above involved in anyway with the business in performance of the contract? Notes/Comments:	agenda .
Notes/Comments:	
	ct?
Print Name Authorized Department Representative	

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

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Business Enti	ty Type (Pl	ease s	elect one)		1		
Sole Proprietorship	Partnership		Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other
Business Des	ignation Gr	oup (<u>Please select</u>	all that apply)	· · · · · · · · · · · · · · · · · · ·		
МВЕ	WBE		SBE	PBE	VET	DVET	ESB
Minority Business	Women-Owner		Small Business	Physically Challenged	Veteran Owned	Disabled Veteran	Emerging Small
Enterprise	Business Enter		Enterprise	Business Enterprise	Business	Owned Business	Business
		Nevad	a Residents E	mployed: 172			
Business Info	rmation:						
Corporate/Business	s Entity Name:		Industries of N	evada, LLC		. At the second	
(Include d.b.a., if a	applicable)	 	radyPlus			1 I I I I I	
Street Address:			S Lindell Road			ww.bradyindustrie	· · · · · · · · · · · · · · · · · · ·
City, State and Zip	Code:		egas, NV 8911	8		Paul Bradford - S	
Telephone No:		702-8	76-3990		POC Email:	paul.bradford@bi	adyindustries.co
a					Fax No:		
Nevada Local Stree	et Address:				Website:		
(If different from a	bove)				Local POC i	Name:	
City, State and Zip	Code:				Local POC I	Email:	
Local Telephone N	o:				Local Fax N	o:	
landowner(s). Entities include al	ll business associ corporations, fo Full Name	ations or	ganized under or g rporations, limited	e requirement, as applied overned by Title 7 of the liability companies, partr Tarent Company	Nevada Revised S	tatutes, including but I rtnerships, and profes	not limited to private
This section is n	ot required for	publicly	y-traded corpora	tions. Are you a publ	icly-traded corpo	oration? Yes	√ No
County Deter	No (i	lark Cour If yes, p rofession	nty Water Reclama lease note that Co nal service contract	cals, involved in the bus tion District full-time em ounty employee(s), or a s, or other contracts, wh	ployee(s), or appoi appointed/elected lich are not subject	nted/elected official(s official(s) may not po to competitive bid.))? erform any work on
half-brother/l	nalf-sister, grand r Reclamation Di	child, gr strict full	andparent, related -time employee(s),	ls have a spouse, regist I to a Clark County, Dep or appointed/elected of Disclosure of Relationsh	artment of Aviation ficial(s)?	n, Clark County Deter	ntion Center or Clark
I certify under per will not take action	nalty of perjury, on land-use ap	that all o	of the information properties of the information properties.	provided herein is currer land sales, leases or ex	nt, complete, and a changes without th	accurate. I also under ne completed disclosu	stand that the Board re form.
				Ryan Law			-
Signature COO				Print Name 04/08/2024			
Title				Date			

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
		·	
		-	

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

	nty Use Oi															
any Disclo	osure of Relat	5) Lg.	W. Carlotte	17744	hekk		Statt.				46 214			en Vere		i de la companya da santa da s
7, _e , Γ	item?		employee	(S) Hote	u abov	e invol	vea in	une co	ontrac	ung/s	electio	on pr	ocess	ior thi	; partic	ular a
Yes	No Is the	County e	mployee(s) noted	above	nvolve	d in a	iyway	with t	he bu	sines	in p	erforr	nance c	of the c	ontra
tes/Comr	nents:					ari Ai Waxa										
												An. Mg				19.00 19.00
							V.		X.							
nature																
In Mr. Warrange									in Villa Jan Villa		() () () ()					
ht Name thorized I	Department R	epresent	ative													

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

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Business Entity Type	Please :	select one)				
Sole Proprietorship Partner	ship	Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other
Business Designation	Group (<u> Please select</u>	all that apply)			774.14.14
MBE WBE		SBE	PBE	VET	DVET	ESB
Minority Business Women-Ov Enterprise Business E		Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of Clark Coun	ty Nevad	ia Residents I	Employed: 25			
Business Information:		***				
Corporate/Business Entity Nam	: Imper	rial Bag & Pape	r Co LLC			
(Include d.b.a., if applicable)	P&R	Paper		o://		4400
Street Address:	POB	OX 103264		Website: ht	tps://www.imperial	dade.com/
City, State and Zip Code:	Pasa	dena, CA 9118	9-3264	POC Name:	Theresa Cummins	3
Telephone No:	909-7	25-7423		POC Email:	theresa.cummins@	Dimperialdade.c
				Fax No:		
Nevada Local Street Address:	6215	Beesley Dr		Website: ht	tps://www.imperial	dade.com/
(If different from above)	0213	Decaley Di			lame: Steve Odzer	
City, State and Zip Code:	North	Las Vegas, N\	/ 89115	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS N	_{mail:} stephen.odze	r@imperialdade
Local Telephone No:	909-7	94-1108		Local Fax N	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
landowner(s). Entities include all business as corporations, close corporations Full Nam	, foreign co		liability companies, partri		rtnerships, and profess	
This section is not required	for achlin	h, traded corner	stime. Asa yay a nuhi	Irly, tradad corne	pration? Yes	√ No
Are any individual member County Detention Center of Yes X No	rs, partners r Clark Cou (If yes, p	s, owners or princi nty Water Reclama please note that Co	pals, involved in the bus	siness entity, a Cla ployee(s), or appoi appointed/elected	rk County, Departmen nted/elected official(s)? official(s) may not per	t of Aviation, Clark
z. Do any individual member half-brother/half-sister, gr County Water Reclamation	andchild, gr District full	andparent, related i-time employee(s),	i to a Clark County, Dep	artment of Aviation ficial(s)?	n, Clark County Detent	ion Center or Clark
I certify under penalty of perju will not take action on land-use	y, that all o	of the information process,	land sales, leases or exc	changes without th	ccurate. I also underst e completed disclosure	and that the Board form.
Signature	₹⁄		Theresa Cum Print Name	แกมกร		
Signature VP of Sales - West			4/23/2024			
Title		Sampangaya Masanasa and Arabida	Date	**************************************		The state of the s

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			·
	·		

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

If any Discl	losure 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 item?	age
Yes	No Is the County employee(s) noted above involved in anyway with the business in performance of the contri	act?
Signature	ments:	
Signature Print Name		
Print Name		
Print Name		

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Business Enti	ty Type (Pl	ease s	elect one)							
Sole Proprietorship	✓ Partnership		Limited Liability Compan	<u>, </u>	Corporation		Trust		-Profit nization	Other
Business Des	ignation Gro	oup (Please select	all t	hat apply)					
МВЕ	WBE		SBE		PBE		VET	DVE	Ţ	ESB
Minority Business Enterprise	Women-Owned Business Enter		Small Business Enterprise		sically Challenged ness Enterprise	1 '	eteran Owned usiness		l Veteran Business	Emerging Small Business
Number of Cl	ark County	Nevad	a Residents I	Empl	oyed: N/A					
Business Info				•	·					
Corporate/Business		HD St	upply Facilities	Main	tenance, Ltd.					
(Include d.b.a., if a			and and a							
Street Address:		3400	Cumberland Bl	lvd			Website: WV	w.supp	lyworks.co	om
City, State and Zip	Code:	Atlant	a, GA 30339				POC Name:	Brian Ro	odriguez	
Telephone No:		(800)	431-3000			***************************************	POC Email: b	orian.roo	driguez@h	dsupply.com
							Fax No:			
Nevada Local Stree	t Address:	4825	E Cheyenne A	ve B	lda A		Website: N/	4		
(If different from a	bove)	1020		.,	idg / t		Local POC N			
City, State and Zip	Code:	Las V	egas, NV 891	15			Local POC E	mail: N/A		
Local Telephone No);	N/A					Local Fax No	: N/A		
(5%) ownership or Publicly-traded e individuals with ow landowner(s).	financial Interes entities and no mership or finan business associa corporations, for Full Name	t in the t n-profit cial inter ations or reign cor	corganizations set. The disclosure ganized under or g porations, limited	pearing shall li e requi governe liability	s before the Board. ist all Corporate irement, as applied ed by Title 7 of the y companies, partn	Off ill to	icers and Dire land-use applic	ectors in ations, ex	lieu of disclo tends to the luding but no and profess	ot limited to private
Yes 2. Do any individ half-brother/h	dual members, particular description Center or Clark No (In property of the pr	partners, ark Coun yes, pl ofessiona artners, c child, gra	owners or princip ty Water Reclamat ease note that Co al service contracts owners or principa andparent, related	pals, ir tion Di ounty s, or of als have	nvolved in the busi strict full-time emp employee(s), or a ther contracts, while a a spouse, registe	iness loye ppoi ch a red	s entity, a Clari ee(s), or appoin nted/elected of re not subject t domestic partne ent of Aviation,	k County, ted/electe fficial(s) r o compet er, child,	ed official(s)? may not pen itive bid.) parent, in-lay	No t of Aviation, Clark form any work on v or brother/sister, on Center or Clark
Yes I certify under penawill not take action	No (If	yes, ple	ase complete the	Disclos	sure of Relationship	for	m on Page 2 mplete, and ac	curate. I	also underst	and that the Board
Docu8igned by:	on land asc app	, orais, c	on a doc approvato,		Craig Hodges	-	jos minioat ale	complete	a albalosule	TO/THE
Signature VP, Institutional	· · · · · · · · · · · · · · · · · · ·		····	-	Print Name 4/17/2024		11:19:13 A	M PDT		
Title	A TRACE OF THE STATE OF THE STA			-	Date					

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
			·
W. C.			

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

	y Use Only:
any Disclosi	are 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 litem?
Yes	
3254	No Is the County employee(s) noted above involved in anyway with the business in performance of the contract?
lotes/Comme	
lotes/Comme	
lotes/Comme	nts;
lotes/Comme	

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Business Ent	ty Type (Pl	ease s	elect one)	***************************************			·
Sole Proprietorship	Partnership	l	Limited Liability Compan	Corporation	Trust	Non-Profit Organization	Other
Business Des	ignation Gr	oup (Please select	all that apply)			
МВЕ	✓ WBE		SBE	PBE	VET	DVET	ESB
Minority Business Enterprise	Women-Owned Business Enter		Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of Cl	ark County	Nevad	a Residents	Employed: 16	<u> </u>		
Business Info	_						
Corporate/Busines		Tahoe	Supply Comp	anv			
(Include d.b.a., if a							
Street Address:	принавису	3315	Research Way	oge	Website: ht	tps://tahoesupply.c	com/
City, State and Zip	Code:	Carso	n City, NV 897	06		Wendy Leblanc	
Telephone No:		775-8	83-5588			wleblanc@tahoesu	upply.com
					Fax No: 77	′5-883-1991	
Nevada Local Stree	et Address:	6630	Arrovo Springs	Street Suite #900	Website: ht	tps://tahoesupply.c	com/
(If different from a	bove)	0000	raroyo opinige		Local POC N	_{lame:} Dennis Flahe	rty
City, State and Zip	Code:	Las V	egas, NV 8911	3	Local POC E	_{:mail:} dflaherty@tah	oesupply.com
Local Telephone N	0:	702-5	38-9600		Local Fax N	o: 702-538-9601	
All entities, with	the exception of	publicly	traded and non-p	rofit organizations, must	list the names of i	ndividuals holding more	e than five percent
				pearing before the Board.			
individuals with ov landowner(s).	entities and no vnership or finan	n-profit cial inter	est. The disclosur	shall list all Corporate e requirement, as applied	Officers and Dir d to land-use appli	ectors in lieu of discion cations, extends to the	sing the names of applicant and the
Entities include al	l business associ	ations or	ganized under or g	overned by Title 7 of the	Nevada Revised St	atutes, including but no	ot limited to private
corporations, close	corporations, fo	reign cor	porations, limited	liability companies, partn	erships, limited par	rtnerships, and profess	ional corporations.
	Full Name			. Т	itle	Alak w	% Owned
Kally Challana				Dun alala sat		Corporation	equired for Publicly Traded ons/Non-profit organizations)
Kelly Spallone			-	President		51	
Dominic Spallor	ne III			CEO		49	
						·	
This section is n	ot required for	publicly	-traded corpora	tions. Are you a publi	icly-traded corpo	ration? Yes	√ No
1. Are any Indiv	idual members,	partners,	owners or princi	pals, involved in the bus	iness entity, a Cla	rk County, Department	of Aviation, Clark
Yes				tion District full-time emp			
res				ounty employee(s), or a s, or other contracts, whi			form any work on
2. Do any individ	dual members, p	artners,	owners or principa	ls have a spouse, registe	red domestic partr	ner, child, parent, in-lay	v or brother/sister,
half-brother/h	alf-sister, grand	child, gra	indparent, related	to a Clark County, Departure of the county, Departure of the county of t	artment of Aviatior	n, Clark County Detenti	on Center or Clark
Yes				Disclosure of Relationship	• •	If no, please print N/A	on Page 2.)
i certify under pen will not take action	on land-use app	rovals, c	ontract approvals,	provided herein is current land sales, leases or exc	t, complete, and a changes without the	ccurate. I also understa e completed disclosure	and that the Board form.
Robbie Viray	Digitally	signed by F	Robble Viray 1:01:04 -07'00'	Robbie Viray	-	•	
Signature				Print Name			
Contracts Manager	l .			04/17/2024 Date			

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			
CONTROL OF THE CONTRO			

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

No Is the County employee(s) noted above involved in the contracting/selection process for this particular agend item?
No 'Is the County employee(s) noted above involved in anyway with the business in performance of the contract?
partment Representative

[&]quot;Consanguinity" is a relationship by blood.

[&]quot;Affinity" is a relationship by marriage.

[&]quot;To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows: