## DISCLOSURE OF OWNERSHIP/PRINCIPALS

		_									
Business Entity Ty	pe (Please selec	t one	9)		E museumin		***	AL., AMERICAN		y	
Sole Proprietorship	Partnership		Limited bility Company	Q	Corporation	☐ Tr	ust	☐ Non-Profit Organization		☐ Other	
Business Designat	ion Group (Pleas	se se	lect all that appl	y)				***************************************			
☐ MBE	□ WBE		☐ SBE		☐ PBE			□ VET		OVET	☐ ESB
Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch Business Ent		d	Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of Cla	rk County N	eva	da Resident	s E	Employed:	0					
Corporate/Busines	s Entity Name:	Harris Local Government Solutions, Inc.									
(Include d.b.a., if ag	pplicable)										
Street Address:		229	290 Lucien Way, Suite 125 Website			osite: www.harrisrecordingsolutions.com					
		Maitland, FL 32751			POC Name: Angela Keeton						
City, State and Zip	Code:		Year and the second sec	J 1			Email: akeeton@harriscomputer.com  Fax No:  Website:  Local Fax No:  Local POC Name:  Email:  hames of individuals holding more than five percent (59)				
Telephone No:		86	6-278-4765	_			Fax	k No:	_		
Nevada Local Stree	t Address:						We	ebsite:			
(If different from ab	ove)	_					_	distance of the second	· · · · · · · · · · · · · · · · · · ·		
City, State and Zip	Code:			-		ppp ago mile					
Local Telephone No	o:										
Entities include all bus close corporations, for	eign corporations,	limite	d liability companie	es, p	partnérships, fim	ited part Title	nersh	nips, and professional	corporati (No	ons. % Owned of required for Pub rations/Non-profit	licly Traded
Harris Public Sector Holdings, In		Inc.	nc.				100%				
				_							
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											
sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center or Clark County vivater Redamation 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.  Todd Richardson											
ola .	/ Ceahool	Magazia.		_	Todd Richar	rdson	pyroministic (				
Signature					Print Name						
Chief Financi	al Officer				March 13,	2025					
Title					Date						

## DISCLOSURE OF RELATIONSHIP

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			
"To the second degree of con  • Spouse – Registered	ship by blood. "Affinity" is a restanguinity" applies to the cand I Domestic Partners – Childre alf-Brothers/Half-Sisters – Gra	didate's first and second degr n – Parents – In-laws (first de	
For County Use Only:			
-	noted above, please complete the foll		
	ployee(s) noted above involved in the		
☐ Yes ☐ No is the County emp	ployee(s) noted above involved in any	y way with the business in performar	nce of the contract?
Notes/Comments:			
Signature			
	- Marine and the state of the s		
Print Name Authorized Department Representati	tive		

2

REVISED 7/25/2014