DISCLOSURE OF OWNERSHIP/PRINCIPALS

Physically Challenged Business Enterprise

Corporation

☐ PBE

☐ Trust

Organization

□ VET

Veteran Business

Non-Profit

Owned

Cher

Disabled Veteran Owned Business

☐ ESB

Emerging Small Business

COVET

Business Entity Type (Please select one)

Partnership

Business Designation Group (Please select all that apply) □ WB€

Women-Owned Büsiness Enterprise

Sole Proprietorship

Minority Business Enterprise

□ MBE

Limited Liability Company

SBE

Enterprise

Small Business

	POC Nam Email: Par No: Website: SAME SAME Locat Fax	evada, LLC www.bradyindustries.com ne.Paul Bradford aul.bradford@bradyindustries 702-876-1005		
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		(Not required for Publicly Traded Corporations/Non-profit organizations)		
Travis W. Brady	President, CEO	100%		
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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
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"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 O 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 any way with the business in performance of the contract?
Notes/Comments:
Signalure
Print Name
Authorized Department Representative

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

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

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Ty	pe (Please selec	t one)		mg/AArmkooniem.	A COLL SECTION		with they are in	
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Telephone No:		200-226-1	-322	322 Fax No: 800-525.			4042	***************************************
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For County Use Only:			
f any Disclosure of Relationship is	noted above, please complete the foli	owing:	
Yes No is the County em	ployee(s) noted above involved in the	contracting/selection process for the	nis particular agenda item?
Yes No Is the County em	ployee(s) noted above involved in an	y way with the business in performa	nce of the contract?
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DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity T	ype (Please selec	t one)	ANTHONY A PARTY TO SEE A SECOND TO SECOND	Andres Williams wood	and the contract of the contra	P - Landston Company of the Company	ş100		
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Street Address:	pplicable	7925 Purfoy Road Website: bobbarker.com			m				
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Patricia M. Barker			Vice President			1.31%			
Robert J Barker, Sr			CEO		Aprillian construction of the construction of	1.31%			
Robert Barker Jr Fa	mily Trust		amily Trust			32%			
Nancy Barker John	s Family Trust	The state of the s	Family Trust			16%			
1. Are any individ	ual members, partne County Water Recl	amation District full-time	s, involved in the busi e employee(s), or app	iness entity, a pointed/electe	Clark County, Departm	nent of Aviatio			
2. Do any individu	ial members, parine	ntracts, or other contracts, owners or principal	cts, which are not sub s have a spouse, reg	ject to compe istered dome	titive bid.) stic partner, child, parer	nt, in-law or b	rother/sister, h	alf-brother/half-	
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I certify under penalty	of perjury, that all o		ded herein is current,	complete, an	d accurate, I also unde			t take action on	
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NAME OF BUSINESS OWNER/PRINCIPAL	EMPLOYEE/OFFICIAL AND JOB TITLE	COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
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