### INSTRUCTIONS FOR COMPLETING THE DISCLOSURE OF OWNERSHIP/PRINCIPALS FORM

### Purpose of the Form

The purpose of the Disclosure of Ownership/Principals Form is to gather ownership information pertaining to the business entity for use by the Board of County Commissioners ("BCC") in determining whether members of the BCC should exclude themselves from voting on agenda items where they have, or may be perceived as having a conflict of interest, and to determine compliance with Nevada Revised Statute 281A.430, contracts in which a public officer or employee has interest is prohibited.

#### **General Instructions**

Completion and submission of this Form is a condition of approval or renewal of a contract or lease and/or release of monetary funding between the disclosing entity and the appropriate Clark County government entity. Failure to submit the requested information may result in a refusal by the BCC to enter into an agreement/contract and/or release monetary funding to such disclosing entity.

#### **Detailed Instructions**

All sections of the Disclosure of Ownership form must be completed. If not applicable, write in N/A.

Business Entity Type – Indicate if the entity is an Individual, Partnership, Limited Liability Company, Corporation, Trust, Non-profit Organization, or Other. When selecting 'Other', provide a description of the legal entity.

Non-Profit Organization (NPO) - Any non-profit corporation, group, association, or corporation duly filed and registered as required by state law.

Business Designation Group – Indicate if the entity is a Minority Owned Business Enterprise (MBE), Women-Owned Business Enterprise (WBE), Small Business Enterprise (SBE), Physically-Challenged Business Enterprise (PBE), Veteran Owned Business (VET), Disabled Veteran Owned Business (DVET), or Emerging Small Business (ESB). This is needed in order to provide utilization statistics to the Legislative Council Bureau, and will be used only for such purpose.

- Minority Owned Business Enterprise (MBE): An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more minority persons of Black American, Hispanic American, Asian-Pacific American or Native American ethnicity.
- Women Owned Business Enterprise (WBE): An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more women.
- **Physically-Challenged Business Enterprise (PBE):** An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more disabled individuals pursuant to the federal Americans with Disabilities Act.
- Small Business Enterprise (SBE): An independent and continuing business for profit which performs a commercially useful function, is not owned and controlled by individuals designated as minority, women, or physically-challenged, and where gross annual sales does not exceed \$2,000,000.
- Veteran Owned Business Enterprise (VET): An independent and continuing Nevada business for profit which performs a commercially useful function and is at least 51 percent owned and controlled by one or more U.S. Veterans.
- Disabled Veteran Owned Business Enterprise (DVET): A Nevada business at least 51 percent owned/controlled by a disabled veteran.
- Emerging Small Business (ESB): Certified by the Nevada Governor's Office of Economic Development effective January, 2014. Approved into Nevada law during the 77th Legislative session as a result of AB294.

Business Name (include d.b.a., if applicable) - Enter the legal name of the business entity and enter the "Doing Business As" (d.b.a.) name, if applicable.

Corporate/Business Address, Business Telephone, Business Fax, and Email – Enter the street address, telephone and fax numbers, and email of the named business entity.

Nevada Local Business Address, Local Business Telephone, Local Business Fax, and Email – If business entity is out-of-state, but operates the business from a location in Nevada, enter the Nevada street address, telephone and fax numbers, point of contact and email of the local office. Please note that the local address must be an address from which the business is operating from that location. Please do not include a P.O. Box number, unless required by the U.S. Postal Service, or a business license hanging address.

#### Number of Clark County Nevada Residents employed by this firm. (Do not leave blank. If none or zero, put the number 0 in the space provided.)

List of Owners/Officers – Include the full name, title and percentage of ownership of each person who has ownership or financial interest in the business entity. If the business is a publicly-traded corporation or non-profit organization, list <u>all Corporate Officers and Directors only</u>.

#### For All Contracts – (Not required for publicly-traded corporations)

1) Indicate if any individual members, partners, owners or principals involved in the business entity <u>are a Clark County full-time employee(s)</u>, or <u>appointed/elected official(s)</u>. If yes, the following paragraph applies.

In accordance with NRS 281A.430.1, a public officer or employee shall not bid on or enter into a contract between a government agency and any private business in which he has a significant financial interest, except as provided for in subsections 2, 3, and 4.

2) Indicate if any individual members, partners, owners or principals involved in the business entity <u>have a second degree of consanguinity or affinity</u> relation to a Clark County full-time employee(s), or appointed/elected official(s) (reference form on Page 2 for definition). If YES, complete the Disclosure of Relationship Form. Clark County is comprised of the following government entities: Clark County, Department of Aviation (McCarran Airport), and Clark County Water Reclamation District. Note: The Department of Aviation includes all of the General Aviation Airports (Henderson, North Las Vegas, and Jean). This will also include Clark County Detention Center.

A professional service is defined as a business entity that offers business/financial consulting, legal, physician, architect, engineer or other professional services.

Signature and Print Name - Requires signature of an authorized representative and the date signed.

*Disclosure of Relationship Form* – If any individual members, partners, owners or principals of the business entity is presently a Clark County employee, public officer or official, or has a second degree of consanguinity or affinity relationship to a Clark County employee, public officer or official, this section must be completed in its entirety.

# DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Ty	pe (Please select	one	)								
Sole Proprietorship	Partnership		Limited Liability mpany	Ľ	Corporation	🗖 Tru	ust	Non-Profit Organization		Other	
Business Designati	ion Group (Pleas	e sel	ect all that apply	)							
МВЕ	<b>□</b> WBE		☐ SBE		РВЕ			VET		OVET	ESB
Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise		Physically Cha Business Ente		ł	Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of Cla	rk County Ne	evad	da Residents	E	mployed:	85 fi	ıll-tir	ne employees (ex	clude	es seasonal ar	nd part-time)
Corporate/Business	s Entity Name:	Las	Vegas Grand	Pri	ix, Inc.						
(Include d.b.a., if ap	plicable)										
Street Address:		388	3 Howard Hugh	es	Parkway, Sui	te 190	We	bsite: https://www.f	llasve	egasgp.com/	
City, State and Zip	Code:	La	s Vegas, N	V	89169		PO Em	C Name: Greg Riche greg@f1las		sgp.com	
Telephone No:		702	2-628-5847				Fax	«No:			
Nevada Local Stree (If different from ab							We	bsite:			
City, State and Zip							Loc	al Fax No:			
							Loc	al POC Name:			(+)
Local Telephone No	<b>):</b>						Em	ail:			
								evised Statutes, includir s, and professional corp	oration (N		licly Traded
Attached			<u>At</u>	tached		<u>/</u>	Attached				
This section is not re	equired for publicly	y-trac	ded corporations.	Are	e you a publicly	-traded	corpo	pration? 📝 Yes			wholly owned, indirect berty Media Corporatio
			vners or principals, i on District full-time e					Clark County, Departmer official(s)?	nt of Av	iation, Clark Count	ty Detention
Yes			lease note that Cou s, or other contracts					ected official(s) may not p tive bid.)	perform	any work on profe	essional service
sister, grandchild		ated t	o a Clark County, E					ic partner, child, parent, nty Detention Center or			
Yes	No (If y	es, p	lease complete the	Dis	closure of Relation	onship fo	orm o	n Page 2. If no, please p	print N/	A on Page 2.)	
I certify under penalty land-use approvals, co					ges without the co			accurate,   also underst losure form.	and tha	at the Board will no	t take action on
Signature				14	Greg Riches Print Name						
SVP & General Co	unsel				11/05/24			-			
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

\* County employee means 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 any way with the business in performance of the contract?

Notes/Comments:

Signature

Print Name Authorized Department Representative

## Attachment to Disclosure Form

	Attachment to	Disclosure Form	
Name: Renee L. Wilm		Title: Chief Executive	Officer and President
Address: 3883 Howard	d Hughes Parkway, Suite	e 190	
City: Las Vegas	State: NV	Zip Code: 89169	Country: USA
Name: Gregory B. Mat	ffei	Title: Chairman of the	e Board
	d Hughes Parkway, Suite	e 190	
City: Las Vegas	State: NV	Zip Code: 89169	Country: USA
Name: Stefano Domer	nicali	Title: Vice Chairman	of the Board
Address: 3883 Howard	d Hughes Parkway, Suite	9190	
City: Las Vegas	State: NV	Zip Code: 89169	Country: USA
			<b>_</b>
Name: Emily Prazer		Title: Chief Commerce	ial Officer
	d Hughes Parkway, Suite		
City: Las Vegas	State: NV	Zip Code: 89169	Country: USA
Name: Duncan Llowar	ch	Title: Executive Vice	Prosident
	d Hughes Parkway, Suite		Fiesident
City: Las Vegas	State: NV	Zip Code: 89169	Country: USA
ony: 200 rogao			
Name: Josef Hoelsche	er	Title: Senior Vice Pre	sident - Finance
Address: 3883 Howard	d Hughes Parkway, Suite		
City: Las Vegas	State: NV	Zip Code: 89169	Country: USA
Name: Tim Lenneman		Title: Senior Vice Pre	sident - Tax
	d Hughes Parkway, Suite		
City: Las Vegas	State: NV	Zip Code: 89169	Country: USA
Name: Craig Troyer		Title: Chief Legal Offi	cer
	d Hughes Parkway, Suite		
City: Las Vegas	State: NV	Zip Code: 89169	Country: USA
<b>~</b>		·	
Name: Greg Riches		Title: Senior Vice Pre	sident and General
		Counsel	
Address: 3883 Howard	d Hughes Parkway, Suite		
City: Las Vegas	State: NV	Zip Code: 89169	Country: USA

Name: Lori Nelson-Kraft	Title: Senior Vice President – Corporate
	Affairs
Address: 3883 Howard Hughes Parkway, Suite	190

City: Las Vegas	State: NV	Zip Code: 89169	Country: USA

,		Title: Senior Vice President – Event Production and General Manager of Grand Prix Plaza		
Address: 3883 Howard Hughes Parkway, Suite 190				
City: Las Vegas	State: NV	Zip Code: 89169	Country: USA	

Name: Vanessa Anth	es	Title: Senior Vice Pre	Title: Senior Vice President – Event		
		Operations			
Address: 3883 Howard Hughes Parkway, Suite 190					
City: Las Vegas	State: NV	Zip Code: 89169	Country: USA		

Name: Ty Kearns		Title: Vice President –	Tax
Address: 3883 Howard Hughes Parkway, Suite 190			
City: Las Vegas	State: NV	Zip Code: 89169	Country: USA

Name: Joshua Poirier		Title: Vice President - Controller		
Address: 3883 Howard	l Hughes Parkway, Suite	190		
City: Las Vegas	State: NV	Zip Code: 89169	Country: USA	

Name: Joanna Gezon Title: Assistant Vice President				
Address: 3883 Howard Hughes Parkway, Suite 190				
City: Las Vegas	State: NV	Zip Code: 89169	Country: USA	

Name: Michael Hurelb	rink	Title: Assistant Vice Pre	esident and Secretary
Address: 3883 Howard	Hughes Parkway, Suite	e 190	
City: Las Vegas	State: NV	Zip Code: 89169	Country: USA

Name: Kelly King		Title: Assistant Vice President		
Address: 3883 Howard Hughes Parkway, Suite 190				
City: Las Vegas	State: NV	Zip Code: 89169	Country: USA	

Name: Jessica Moore		Title: Assistant Vice President	
Address: 3883 Howard Hughes Parkway, Suite 190			
City: Las Vegas	State: NV	Zip Code: 89169	Country: USA