DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)														
Sole Sole		Partnership		Limited Liability	Z	Corporation	☐ Tru	ıst	☐ Non-Profit Organization		☐ Other			
Business Design	natio	on Group (Pleas	e sel	ect all that apply)									
МВЕ		□wbe		SBE		□PBE			□VET		DVET	□ESB		
Minority Business Enterprise Women-Owned Business Enterprise			Small Business Enterprise		Physically Challenged Business Enterprise		i	Veteran Owned Business Disabled Veteran Owned Business Emerging Small Business						
Number of Clark County Nevada Residents Employed: 27														
Commental Description - Facility Manney			Dixie Leavitt Agency, Inc.											
Corporate/Business Entity Name:			Leavitt Insurance Agency											
(Include d.b.a., if applicable)									Vebsite: www.leavitt.com					
Street Address: City, State and Zip Code:			Las Vegas, NV 89117					POC Name: Jeric Leavitt						
	Colombono No:			702-382-4010					Email: Jenc-leavil(@leavil(.com Fax No:					
Telephone No:	-		702	302 4010										
Nevada Local St								We	Website:					
(If different from			Las					Lor	ocal Fax No:					
City, State and Zip Code: Local Telephone No:								Local POC Name:						
							Email:							
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 (Not required for Publicly Traded rporations/Non-profit organizations)			
Jeric Leavitt				Di	Director					12.48				
Dixon Leavitt				Di	irec	ctor				12.48				
Leavitt Group Ent	lerpi	rises			_					65.67	0			
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														
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.														
Am Part Jeric Leavitt														
Signature					Print Name									
Executive Director 11-10-2025														
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	·							
Tonas and the second se	The state of the s							
	Sanga and Vincentina and Carlotte Committee Co	P damiliated linguists party till the elistic styres recommended to the contract of the contra	AD ADMINISTRAÇÃO					
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named a graph or of Continue Minimum at Continue Minimum Activities and Continue Minimum Activ								
"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:		3						
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 Represental	tive							