DISCLOSURE OF OWNERSHIP/PRINCIPALS

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Business Entity Type (Please select one)								
Sole Proprietorship]Partnership	Limited Liability Company	Corporation	☐ Trust	☐ Non-P Organization	rofit		
Business Designation Group (Please select all that apply)								
□ мве	□WBE	SBE	☐ PBE		□ VET	DVET	☐ ESB	
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically (Business Ent		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business	
Number of Clark County Nevada Residents Employed:								
Corporate/Business Entity Name:		Karpel Computer Systems Inc. Karpel Sofutions 97,7 Landmark Yarrway Website: Www. Karpel.com						
(Include d.b.a., if applicable)		Karpol Societions						
Street Address:		97,7 Landmark Yarkway Website: www. Karpel.com						
City, State and Zip Code:		5+ Louis. Mo 63128		Pr Er	Website: WWW. Karpel.com POC Name: LIZ Karpel Email: /Karpel@ Karpel.com			
Telephone No:		314-892-6	6300 Fax No:					
Nevada Local Street Address:				W	Website:			
(If different from above) City, State and Zip Code:				L	Local Fax No:			
Local Telephone No:				L	Local POC Name:			
				E	Email:			
Publicly-traded entitles 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). Entitles 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.								
Jeffer	Full Name	Title CEO		Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)			
Elizaba	- // W	aspel	CFO			45	6	
Lee Anr	Kara	01	Presid	lent		109	()	
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?								
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 (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.)								
 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 full-time employee(s), or appointed/elected official(s)? 								
Yes (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.								
Chaques de Karpel Elizabath Karpel								
Signature Suly 26.2023								
Titte			Date	\supset				

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				
MA							
			347				
-							
"To the second degree of cor • Spouse – Registered	ship by blood. "Affinity" is a reasonable to the cand be applied to	didate's first and second degr					
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?							
	ployee(s) noted above involved in an						
Notes/Comments:							
Signature							
Print Name Authorized Department Representa	tive						