## DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity	y Tyr	e (Please select	one)									
Sole Proprietorship		Partnership		Limited Liability	7	Corporation	Trus	st	Non-Profit Organization		Other	
Business Desig	nati	on Group (Pleas	e sele	ect all that apply	)			_				
МВЕ		WBE		SBE		PBE			☐ VET		VET	ESB
Minority Business Enterprise  Women-Ov Business Enterprise				Small Business Enterprise			Physically Challenged Business Enterprise		Veteran Owned Business	Disabled Veteran Owned Business  Emerging Small Business		
Number of Clark County Nevada Residents Employed:												
Corporate/Business Entity Name:			HR&A Advisors, Inc.									
(Include d.b.a., if applicable)												
		piicabiej	99 Hudson Street, 3rd Floor					Website: www.hraadvisors.com				
Street Address:  City, State and Zip Code:			New York, NY 10013				POC Name: Danny Fuchs					
	<u>.</u>							Lillan.				
Telephone No:			212.977.6171					Fax No: N/A				
Nevada Local S								We	bsite:			
								Local Fax No:				
City, State and	Zip	Code:						Local POC Name:				
Local Telephon	e No	):						Email:				
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 Corporations/Non-profit organizations)									e corporations,			
HR&A Advisors, Inc. ESOP								100%			organizations)	
			han s	6)								
(no individual employee owns more than 5%)												
											- 6	
				ded corporations.							No	ty Detention
Are any ind     Center or C	Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?											
Yes	contracts, or other contracts, which are not subject to competitive bid.)											
<ol> <li>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)?</li> </ol>												
Yes	Yes Vo (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, Iand sales, leases or exchanges without the completed disclosure form.												
DHF				Danny Fuchs								
Signature Print Name												
Partner						10/9/2024						
Title						Date						

## **DISCLOSURE OF RELATIONSHIP**

## List any disclosures below: (Mark N/A, if not applicable.)

Signature

Print Name Authorized Department Representative

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	N/A	N/A	N/A					
* 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:								