## DISCLOSURE OF OWNERSHIP/PRINCIPALS

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Business Entity Type (Please select one)								
Sole Proprietorship		Limited Liability ompany	Z Corporation	☐ Trust	Organization Non-P	rofil		
Business Designation Group (Please select all that apply)								
☐ MBE	☐ WBE	SBE	☐ PBE		☐ VET	□DVET	☐ ESB	
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically C Business Ent		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business	
777								
Number of Clark County Nevada Residents Employed: 273								
Corporate/Business Entity Name:		Reliance Sewitthing.						
(Include d.b.a., If a			^ -					
Street Address:		3656 N. Rancho DR. Website: WWW. religince Security US. COM				S.COM		
City, State and Zip Code:		POC Name: JOE 1  45 Veg45, NV 89130 Email: JOE1erche				LOGAN INCESECUNITYUS COM		
Telephone No:	70	2- 178-37			x No: 702-778-			
Nevada Local Stree	t Address:	Website:		ebsite:				
(If different from ab	ove)							
City, State and Zip Gode:		Local Fax No:		ocal Fax No:				
Local Telephone No	a:		Local POC Nar		ocal POC Name:	:		
Local Tolophone III		Email:		mall:				
Entitles include all business associations organized close corporations, foreign corporations, limited liable Full Name		led liability companies,	President / CEC		ahips, and professional cor	% Owner (Not required for Put Corporations/Non-profit	i Jicky Traded	
0061 60	JOEI LOGER PRESIDENT/CEO 100%							
		7-1-						
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?								
Yes Sano (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.)								
<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 Ao (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 pedury, 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, centract approvals, land sales, leases or exchanges without the completed disclosure form.								
Signature	1		Print Name	, <u> </u>	y ur			
1 1111	Print Name  PEB 15, 2022							
Tille	/		Date					

## DISCLOSURE OF RELATIONSHIP

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

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
WIA			
.,			
"To the second degree of co • Spouse – Registere	ship by blood. "Affinity" is a rensanguinity" applies to the cared Domestic Partners — Childre	ndidate's first and second degreen – Parents – In-laws (first d	
For County Use Only:			
if any Disclosure of Relationship is	noted above, please complete the fo	llowing:	
Yes No Is the County en	nployee(s) noted above involved in th	e contracting/selection process for th	nis particular agenda item?
☐ Yes ☐ No Is the County en	nployee(s) noted above involved in ar	ny way with the business in performa	nce of the contract?
Notes/Comments:			
Signature			