

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
<b>Business Designation Group (Please select all that apply)</b>						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed:</b> <span style="float: right;">3</span>						
<b>Corporate/Business Entity Name:</b> Hobbs, Ong & Associates, Inc.						
<i>(Include d.b.a., if applicable)</i>						
<b>Street Address:</b>		6385 S. Rainbow Blvd., Suite 105		<b>Website:</b> hobbsong.com		
<b>City, State and Zip Code:</b>		Las Vegas, NV 89118		<b>POC Name:</b> Katherine Sisolak		
				<b>Email:</b> kathy@hobbsong.com		
<b>Telephone No:</b>		702-733-7223		<b>Fax No:</b> N/A		
<b>Nevada Local Street Address:</b>				<b>Website:</b>		
<i>(If different from above)</i>						
<b>City, State and Zip Code:</b>				<b>Local Fax No:</b>		
<b>Local Telephone No:</b>				<b>Local POC Name:</b>		
				<b>Email:</b>		

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 Corporations/Non-profit organizations)
Guy S. Hobbs	Managing Director	60
Katherine Sisolak	Director	40

*This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?*  Yes  No

- 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 (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  No (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.

Signature	Katherine Sisolak Print Name
Director	01/13/2021 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			

\* 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

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
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<b>Business Designation Group (Please select all that apply)</b>						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed:</b>						0
<b>Corporate/Business Entity Name:</b> PFM Financial Advisors LLC						
<i>(Include d.b.a., if applicable)</i>						
<b>Street Address:</b>		801 S. Figueroa Street, Suite 4500		<b>Website:</b> www.pfm.com		
<b>City, State and Zip Code:</b>		Los Angeles, CA 90017		<b>POC Name:</b> Thomas Toepfer		
				<b>Email:</b> toepfert@pfm.com		
<b>Telephone No:</b>		213-489-4075		<b>Fax No:</b> 213-489-4085		
<b>Nevada Local Street Address:</b> <i>(if different from above)</i>		N/A		<b>Website:</b>		
<b>City, State and Zip Code:</b>				<b>Local Fax No:</b>		
<b>Local Telephone No:</b>				<b>Local POC Name:</b>		
				<b>Email:</b>		

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Full Name	Title	% Owned <small>(Not required for Publicly Traded Corporations/Non-profit organizations)</small>
PFM I, LLC	Owner/Holding Company	100%

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 \_\_\_\_\_  
 Signature

Michael Berwanger  
 \_\_\_\_\_  
 Print Name

Managing Director  
 \_\_\_\_\_  
 Title

03/11/2020  
 \_\_\_\_\_  
 Date

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(Mark N/A, if not applicable.)

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N/A	N/A	N/A	N/A

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Signature

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Print Name  
Authorized Department Representative

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<b>Number of Clark County Nevada Residents Employed:</b>						0
<b>Corporate/Business Entity Name:</b>		PFM I, LLC				
<i>(Include d.b.a., if applicable)</i>						
<b>Street Address:</b>		1735 Market Street, 43rd FL		<b>Website:</b> www.pfm.com		
<b>City, State and Zip Code:</b>		Philadelphia, PA 19103		<b>POC Name:</b> William Gagliardi		
				<b>Email:</b> gagliardiw@pfm.com		
<b>Telephone No:</b>		215-567-6100		<b>Fax No:</b> 215-567-4180		
<b>Nevada Local Street Address:</b> <i>(if different from above)</i>		N/A		<b>Website:</b>		
<b>City, State and Zip Code:</b>				<b>Local Fax No:</b>		
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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Marty Margolis	Partner	5.60
Glen Willard	Partner	5.02

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	Michael Berwanger
Signature	Print Name
Managing Director	03/11/2020
Title	Date

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