Business Entité To	a (Olassa palast	anal								
Business Entity Ty	pe (Please select						Non Droft			
Sole Proprietorship	Partnership		Limited Liability mpany	7	Corporation	Trust	t Non-Profit Organization		Other	
Business Designati	ion Group (Please	e sele	ect all that apply)						
ШMВЕ	□WBE		SBE		PBE		□VET		DVET	□ESB
Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch Business Ente		Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
		_								
Number of Clark County Nevada Residents Employed:										
Corporate/Business	s Entity Name:	Don	ninion Voting Sys	stem	s, Inc.					
(Include d.b.a., if a										
Street Address:		РО	Box 343				Website:			
City, State and Zip	Code:	Broo	omfield, CO 8003	38			POC Name: Email: contract:	s@domin	ionvoting.com	
Telephone No:		1.86	6.654.8683				Fax No:			
Nevada Local Stree							Website:			
(If different from ab							Local Fax No:			
City, State and Zip	Code:									
Local Telephone No	o:					- 1	Local POC Name: Email:			
Entities include all hu	isiness associations	s orga	anized under or go	verne	ed by Title 7 of	the Nevad	extends to the applican la Revised Statutes, ind ships, and professional	cluding but corporation	not limited to priva	d
US Dominion Inc.									orations/Non-profi	
								-		
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sister, grandchil	al mambare nartne	ers, ow lated t	o a Clark County, I	have	a snouse regi	stered dan	nestic partner, child, pa County Detention Centi	rent, in-lav er or Clark	v or brother/sister, County Water Red	half-brother/half- clamation District
Yes				e Disc	closure of Relat	tionship for	m on Page 2. If no, ple	ase print N	I/A on Page 2.)	
I certify under penalty land-use approvals, c	of perjury, that all contract approvals, la	of the and sa	information provide ales, leases or excl	ed he hange	rein is current, es without the c	complete,	and accurate. I also un disclosure form.	derstand th	nat the Board will n	ot take action on
the same	100									
Ja	1				John Poulos					
Signature				ı,=	Print Name					
Signature President & CEO Title				-						

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			
Water Reclamation District. "Consanguinity" is a relations "To the second degree of of follows: • Spouse – Registered	Clark County, Department of ship by blood. "Affinity" is a release on sanguinity" applies to the standard Domestic Partners – Children alf-Brothers/Half-Sisters – Gra	ationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as
Yes No Is the County em	noted above, please complete the follo	contracting/selection process for this	
	ployee(s) noted above involved in any	way with the business in performance	e of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	tive		

Business Entity Typ	o (Plassa salart	onel								
To-I-	- "'		imited Liability	-		Castoon	Non-Profit		342	
Proprietorship	Partnership		npany	1	Corporation	Trust	Organization		Other	
Business Designation	on Group (Pleas	e sele	ct all that apply)				1		
□ МВЕ	□WBE		SBE		PBE		VET		OVET	ESB
Minority Business Women-Owned Business Enterprise Enter						Veteran Owned Business		abled Veteran ned Business	Emerging Small Business	
Number of Clark County Nevada Residents Employed: 2										
Corporate/Business	Entity Name:	US E	Dominion Inc.							
(Include d.b.a., if ap	plicable)									
Street Address:		P.O	Box 343			W	/ebsite:			
City, State and Zip C	Code:	Broo	omfield, CO 800	38			OC Name: mail: contracts@	domini	onvoting.com	
Telephone No:		1.86	6.654.8683			F	ax No:			
Nevada Local Street	t Address:					v	/ebsite:			
(If different from abo										
City, State and Zip						L	ocal Fax No:			
only, otato and Esp						L	ocal POC Name:			
Local Telephone No):						mail:			
financial interest in the	business entity ap	pearin	g before the Board	d.			es of individuals holding			
financial interest in the Publicly-traded entiti ownership or financial i	business entity ap ies and non-prof interest. The disclo siness associations eign corporations, l	pearing	g before the Board anizations shall equirement, as ap	d. list plied verne	all Corporate I to land-use ap	Officers are plications, extended the Nevada ted partnersh	es of individuals holding ad Directors in lieu of tends to the applicant an Revised Statutes, includ ips, and professional cor	disclosi d the la ing but	ng the names of ndowner(s). not limited to priva ns.	individuals with
financial interest in the Publicly-traded entiti ownership or financial i	business entity ap ies and non-prof interest. The disclo- siness association eign corporations, l	ppearing fit organisme re sorganisme di limited	g before the Board anizations shall equirement, as ap	d. list plied verne	all Corporate I to land-use ap	Officers are	ad Directors in lieu of dends to the applicant an Revised Statutes, includ	disclosi d the la ing but poration	ng the names of ndowner(s). not limited to private. % Owne lot required for Pulporations/Non-profi	individuals with ate corporations, d
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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			
C			
Water Reclamation District. "Consanguinity" is a relations	ship by blood. "Affinity" is a rel	Aviation, Clark County Deter lationship by marriage. candidate's first and second	
Spouse – Registered	d Domestic Partners – Childrei	n – Parents – In-laws (first deg	ree)
Brothers/Sisters – Haller	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents – I	n-laws (second degree)
For County Use Only:			
If any Disclosure of Relationship is r	noted above, please complete the follo	owing:	
Yes No Is the County emp	ployee(s) noted above involved in the	contracting/selection process for this	particular agenda item?
Yes No Is the County emp	ployee(s) noted above involved in any	way with the business in performanc	e of the contract?
Notes/Comments:			

Business Er	tity Ty	e (Please select	one)									
Sole Proprietorshi		Partnership		Limited Liability	V	Corporation	Trus	st	Non-Profit Organization		Other	
Business De	signati	on Group (Pleas	e sele	ect all that apply)	-				_		1
□ МВЕ		□WBE		SBE		□PBE		1	VET		OVET	ESB
Minority Busi Enterprise	ness	Women-Owned Business Enterprise		Official Educations 1 Hydreamy Estates 1 Hydreamy Estates					abled Veteran ned Business	Emerging Small Business		
Number of Clark County Nevada Residents Employed: 2												
Corporate/B	usines	Entity Name:	Don	ninion Intermedia	ate	Holdings, Inc.						
(Include d.b.	a., if a	plicable)										
Street Addre	ss:		P.O	Box 343				Web	site:			
City, State a	nd Zip	Code:	Broo	omfield, CO 800	38			POC Ema	Name: iil: contracts@d	omini	onvoting.com	
Telephone N	lo:		1.86	66.654.8683				Fax	No:			
Nevada Loca	al Stree	t Address:						Web	osite:			
(If different f	rom ab	ove)	-							_		
City, State a	nd Zip	Code:	-						al Fax No:			
Local Telepi	one N	o:						Loca	al POC Name:			
Entities included close corporation	de all bu ions, for	isiness association reign corporations, Full Name	s orga limited	anized under or go d liability companie	verr s, p	ned by Title 7 of artnerships, limit	the Neva ed partne Title	ida Re erships	evised Statutes, includir s, and professional corp	ig but oration	not limited to priva	
SSC Dominic	n Hold	-									Not required for Pul porations/Non-profi	blicly Traded
1 Are any	individu	County Water Rec	ers, ov amatio	vners or principals, on District full-time	inv em	olved in the busi ployee(s), or app y employee(s), o	ness entit pointed/ele r appointe	ty, a C ected ed/eled	clark County, Department official(s)? cted official(s) may not	nt of A		
sister, o	randchil	d, grandparent, re ee(s), or appointed	lated t	to a Clark County, ed official(s)?	Dep	partment of Aviat	tion, Clark	(Cour	c partner, child, parent, nty Detention Center or n Page 2. If no, please	Clark	County vvater Ked	half-brother/half- clamation District
I certify under	penalty ovals, c	of perjury, that all ontract approvals,	of the and sa	information provide ales, leases or exc	ed h han	nerein is current, ges without the o	completed	e, and	accurate. I also undersi osure form.	and th	nat the Board will n	ot take action on
Signature						Print Name	-					
President &	CEO					1/26/24						
Title					-	Date						
						1						

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									
Water Reclamation District. "Consanguinity" is a relations "To the second degree of of follows: • Spouse – Registered	"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)								
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 Representa	itive								

Busin	noss Entity	Tur	e (Please select	onel	W								
Sc					Limited Liability	gara.	T a			Non-Profit			
	rietorship		Partnership		mpany	✓	Corporation	Tru	st	Organization	_	Other	
Busi	ness Desig	nati	on Group (Please	e sel	ect all that apply)			_		1		I
ПМ	BE		WBE		SBE		PBE		+	VET		DVET	ESB
Minor Enter	rity Busines prise	s	Women-Owned Business Enterprise		Citian Edonicos Tily Claus, grant Tillian Edonicos						abled Veteran rned Business	Emerging Small Business	
						-							
Nun	nber of (Cla	rk County Ne	evac	la Residents	Ε	mployed:				2		
Corp	orate/Busi	ness	Entity Name:	SSC	Dominion Holdi	ng	s LLC						
(Inclu	ıde d.b.a.,	if a p	plicable)										
	t Address:			P.O	Box 343				We	bsite:			
City,	State and	Zip (Code:	Bro	omfield, CO 800	38			PO Em	C Name: ail: contracts@d	domini	onvoting.com	
Teler	hone No:			1.86	66.654.8683				Fax	r No:			
		tree	t Address:						We	bsite:			
	ferent fron												
-	State and					Ξ			Loc	cal Fax No:			
									Loc	cal POC Name:			
Loca	l Telephon	e No):						Em	ail:			
owne	rship or final es include a	ncial all bu	interest. The disclo	sure	requirement, as app anized under or gover	plie verr	d to land-use app ned by Title 7 of	plications the Neva	, exte da R	Directors in lieu of or ends to the applicant and tevised Statutes, includi is, and professional corp	ng but poration	ndowner(s). not limited to priva	ate corporations,
Staple	e Street Ca	pital	II, LP									Not required for Pu porations/Non-profi	
Staple	Street Ca	pital	II-A, LP								15.5%	5	
John I	Poulos										12.4%)	
lan M	acVicar										5.6%		
1	Are any ind	ividu	County Water Recl	rs, ov amati yes, p	vners or principals, on District full-time	inv em unt	rolved in the busi ployee(s), or app y employee(s), o	ness enti pointed/ele r appointe	ty, a ected ed/eld	Clark County, Departme I official(s)? ected official(s) may not	ent of A		
	sister, gran	dchile	d, grandparent, rel ee(s), or appointed	ated t	to a Clark County, ed official(s)?	Dep	partment of Aviat	tion, Clark	Cou	tic partner, child, parent inty Detention Center o	r Clark	County Water Red	half-brother/half- clamation District
	Yes		✓ No (If	yes, p	lease complete the	e Di	sclosure of Relat	tionship fo	orm c	on Page 2. If no, please	print N	I/A on Page 2.)	
l certi land-	ify under per use approva	nalty is, co	of perjury, that all contract approvals, la	of the and s	information provide ales, leases or excl	ed h han	ges without the o	completed	, and I disc	l accurate. I also unders closure form.	tand th	at the Board will n	ot take action on
Sions	dura	_	1	_			John Poulos Print Name	.			-		
Signa	`	_					1/26/24						
Pres	sident & CE	<u> </u>		_			Date		_				
1100		_		_									

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			
Water Reclamation District. "Consanguinity" is a relations "To the second degree of of follows: • Spouse – Registered	Clark County, Department of ship by blood. "Affinity" is a release consanguinity" applies to the disconsensic Partners – Children alf-Brothers/Half-Sisters – Gra	lationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as
Yes No Is the County emp	noted above, please complete the folloployee(s) noted above involved in the ployee(s) noted above involved in any	contracting/selection process for this	
Signature			
Print Name Authorized Department Representa	tive		

Business Entit	y Tv	pe (Please select	one									
Sole Proprietorship		Partnership		Limited Liability		Corporation	Tru	ıst	Non-Profit Organization		Other	181
Business Desi	gnati	on Group (Pleas	e sel	ect all that apply)	·						
□ МВЕ		□WBE		SBE		□PBE			□ VET		DVET	□ESB
Minority Busine Enterprise	ss	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch Business Ente		i	Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of Clark County Nevada Residents Employed:												
Corporate/Bus	inace	Entitu Nama:	Star	ole Street Capital	Ш.	LP						
			-		Ė							
(Include d.b.a.,		pricable	129	0 Avenue of the	Am	ericas 10th FI	nor	14/-	bsite:			
Street Address	:						-					
City, State and	Zip	Code:	INEV	v York, NY, 1010					C Name:			
			242	-613-3100	_				nail:	-		
Telephone No:	_		212	-613-3100	_		-	Fax	k No:	_		
Nevada Local								We	bsite:			
City, State and								Loc	cal Fax No:			
City, State and	Lip	code.		=					cal POC Name:			
Local Telephor	ne No	:							nail:			
Entities include	all bu	siness associations	s oraa	nized under or gov	verr	ned by Title 7 of	the Neva	ada R	ends to the applicant and tevised Statutes, includi ss, and professional corp	ng but poration	not limited to priva is. % Owned	i
Staple Street Ca	apital	II GP LP								Corp	lot required for Pub orations/Non-profit controlled	
1. Are any inc	dividu	al members, partne	ers, ov	ded corporations. vners or principals, on District full-time	inv	olved in the busi	ness enti	ity, a	Clark County, Departme	_	No Viation, Clark Coun	ty Detention
Yes	JIGI K	✓ No (If	yes, p		unty	employee(s), o	r appoint	ed/ele	ected official(s) may not	perforr	n any work on prof	essional service
sister, gran	dchil	d, grandparent, rel ee(s), or appointed/ ——	ated t	o a Clark County, I ed official(s)?	Dep	artment of Aviat	ion, Clarl	k Cou	tic partner, child, parent, inty Detention Center or	Clark	County Water Rec	nalf-brother/half- lamation District
Yes		✓ No (If	yes, p	lease complete the	Dis	sclosure of Relat	ionship f	orm c	on Page 2. If no, please	print N	/A on Page 2.)	
I certify under per land-use approve	enalty als, co	of perjury, that all contract approvals, la	of the and sa	information provide ales, leases or exch	ed h	ges without the c	complete completed	e, and d disc	I accurate. I also unders closure form.	tand th	at the Board will no	ot take action on
//						John Poulos						
Signature						Print Name						
President & CE	0					1/26/24						
Title					_	Date		_				

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			
-			
Water Reclamation District. "Consanguinity" is a relations "To the second degree of of follows: • Spouse – Registered	ship by blood. "Affinity" is a rel	lationship by marriage. candidate's first and second n – Parents – In-laws (first deg	
For County Use Only:			
•	noted above, please complete the follo		norticular agenda item?
	ployee(s) noted above involved in the ployee(s) noted above involved in any		
Notes/Comments:	ployee(s) floted above involved in any	way with the business in performance	o of the contract.
Signature			
Print Name Authorized Department Representa	ative		

Business Entity Ty	ne /Please solor	t one)					
Elo.	11	Limited Liability		gard .	Non-Profit		
Proprietorship	Partnership	Company	Corporation	Trust	Organization	Other	
Business Designati	ion Group (Pleas	e select all that appl	у)				
МВЕ	□WBE	SBE	PBE		VET	DVET	ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically C Business En		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of Cla	rk County N	evada Residents	s Employed:			0	
Corporate/Business	s Entity Name:	Staple Street Capita	al II-A, LP				
(Include d.b.a., if a	oplicable)						
Street Address:		1290 Ave of the Am	nericas 10th floor	w	ebsite:		
City, State and Zip	Code:	New York, NY		11.	OC Name:		
Telephone No:		212.613.3100		Fa	x No:		
Nevada Local Stree	ot Address:			w	ebsite:		
(If different from ab							
City, State and Zip				Lo	ocal Fax No:		
				Lo	ocal POC Name:		
Local Telephone No	0:			Er	nail:		
ownership or financial	interest. The disclusiness association	osure requirement, as a	pplied to land-use a overned by Title 7 o	oplications, ex f the Nevada	tends to the applicant a Revised Statutes, inclu	ding but not limited to priv	vate corporations,
State Street Capital	II GP LP				i i i i i i i i i i i i i i i i i i i	Corporations/Non-pro	
				4			
		ly-traded corporations				_	_
Are any individu Center or Clark	County Water Rec	lamation District full-time	e employee(s), or ap	pointed/electe	ed official(s)?	nent of Aviation, Clark Cou	
Yes	co	ntracts, or other contrac	ts, which are not su	bject to compe	etitive bid.)	ot perform any work on pro	
sister, grandchil	d, grandparent, re	ers, owners or principals lated to a Clark County, l/elected official(s)?	s have a spouse, re Department of Avia	gistered dome ation, Clark Co	stic partner, child, parer ounty Detention Center	nt, in-law or brother/sister or Clark County Water Re	, nait-brother/nait- clamation District
Yes	✓ No (If	yes, please complete th	ne Disclosure of Rela	ationship form	on Page 2. If no, pleas	se print N/A on Page 2.)	
I certify under penalty land-use approvals, c	of perjury, that all ontract approvals, I	of the information provid and sales, leases or exc	ded herein is current changes without the	i, complete, ar completed dis	nd accurate. I also unde sclosure form.	rstand that the Board will	not take action on
Fr.	53		John Poul	os			
Signature			Print Name				
President & CEO			1/26/24 Date				

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									
	110								
* 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)									
Yes No Is the County emp	noted above, please complete the folloployee(s) noted above involved in the ployee(s) noted above involved in any	contracting/selection process for this							

Business Entity	Type (Please	select	one)) I									
Sole Proprietorship	Partnershi	0	Co	Limited Liability mpany		Corporation	Tru	ıst	Non-Profit Organization		Other		
Business Desig	nation Group	(Please	sel	ect all that apply)					_			
□MBE	□WBE			SBE		PBE			□VET		OVET	□ESB	
Minority Business Enterprise Women-Owned Business Enterprise				Small Business Enterprise		Physically Challenged Business Enterprise			Veteran Owned Business	ned Disabled Veteran Owned Business Business			
Number of Clark County Nevada Residents Employed:													
Corporate/Business Entity Name:			Staple Street Capital II GP LP										
(Include d.b.a., i	f applicable)												
Street Address:			1290 Avenue of the Americas, 10th Floor					We	Website:				
City, State and 2	City, State and Zip Code:		New York, NY, 10104					POC Name:					
Talkilla and Nac			212-613-3100					Email: Fax No:					
relephone No:	Felephone No:												
Nevada Local S		:						We	bsite:				
City, State and								Loc	cal Fax No:				
City, State and	Zip Code.								cal POC Name:				
Local Telephone	No:		Email:										
Entities include all business associations organized under close corporations, foreign corporations, limited liability comp			d liability companie	anies, partnerships, limited partnersl Title			ership	ships, and professional corporation		ns. % Owned Not required for Publicly Traded porations/Non-profit organizations)			
Hootan Yaghoobzadeh			Managing Director						x	50%			
Stephen Ownes			Managing Director						50%				
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes V No 1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention													
Yes	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 y	/es, p	lease complete the	e Di	sclosure of Relat	ionship f	orm c	on Page 2. If no, please	print N	I/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, lead sales, leases or exchanges without the completed disclosure form.													
4-	150					John Paulos							
Signature						Print Name							
President & CEO)					1/26/24							
Title					_	Date							

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	ANDOODING	EMI EO I EL TOTAL	DEFAILIMENT					
51								
* 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 Representati	ive							