DISCLOSURE OF OWNERSHIP/PRINCIPALS

		<u> </u>		<u> </u>						
Business Entity Typ	e (Please select				T	genom.				
Sole Proprietorship	Company Corporation		Trust	Non-Profit Organization	Non-Profit Other					
Business Designation	on Group (Please	select all that app	ly)							
МВЕ	□WBE	SBE		☐ PBE		VET		DVET	□ESB	
Minority Business Enterprise	Minority Business Women-Owned Sm			Physically Challenged Business Enterprise		Veteran Owned Business		Disabled Veteran Owned Business Emerging Busine		
Number of Clas	Number of Clark County Nevada Residents Employed: 62									
Corporate/Business	Entity Name:	Willis Towers Watson Insurance Services West, Inc.								
(Include d.b.a., if ap	- 0.1									
Street Address:		2328 Heather Valle	ey Dr	ive	1	Vebsite: WWW.wtwco.	com			
City, State and Zip C		Las Vegas, NV 89			5	OC Name: Chuck Ha	lsey	wco com		
						Email: Chuck.halsey@wtwco.com				
Telephone No:		1-702-496-2833			F	ax No:	_			
Nevada Local Street	42	Same as above			١,	Vebsite:				
-						ocal Fax No:				
City, State and Zip	code.									
Local Telephone No):					Local POC Name: Email:				
Entities include all bus close corporations, fore	siness associations eign corporations, lin	organized under or g nited liability compan	joverr ies, p	ned by Title 7 of artnerships, limit	the Nevada ed partners	a Revised Statutes, inclu hips, and professional co	uding but orporation	not limited to priva ns.	ate corporations,	
а		Title				% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)				
N/A										
							_			
<u> </u>			_							
This section is not re								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 Vo (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.)										
sister, grandchild	I members, partners I, grandparent, rela e(s), or appointed/e	ted to a Clark County	s hav	e a spouse, regi partment of Aviati	stered dom ion, Clark C	estic partner, child, pare ounty Detention Center	ent, in-law or Clark	or brother/sister, I County Water Rec	nalf-brother/half- lamation District	
Yes Vo (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)										
l certify under penalty of land-use approvals, co	of perjury, that all of ntract approvals, lar	the information provi nd sales, leases or ex	ded h chan	erein is current, ges without the c	complete, a completed d	nd accurate. I also unde isclosure form.	erstand th	at the Board will no	ot take action on	
Casher				Chuck Halsey						
Signature				Print Name						
Senior Vice Presiden	t			9/12/23						
Title				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	N/A	N/A	N/A		
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"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	e, please complete the following:	•		
Yes No	Is the County employee(s) no	oted above involved in the contra	cting/selection process for th	is particular agenda item'	? .
Yes No	Is the County employee(s) no	oted above involved in any way v	vith the business in performa	nce of the contract?	
Notes/Comments	s:				
		7057			
Signature					
Print Name	rtment Representative				

^{*} County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

[&]quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

DISCLOSURE OF OWNERSHIP/PRINCIPALS

- 4												
Business Entity Ty	pe (Please select	one)								1		
Sole Proprietorship]Partnership	hip		Corporation		☐ Tru	ıst	☐ Non-Profit Organization		☐ Other		
Business Designat	ion Group (Pleas	e sele	ct all that apply)						-	1	
MBE	□ WBE	□WBE · □SBE			PBE			VET		DVET	□ESB	
		Small Business Enterprise		Physically Challenged Business Enterprise			Veteran Owned Business			Emerging Small Business		
Number of Cla	Em	ployed:				30	1					
Corporate/Busines	s Entity Name:	Dixie	xie Leavitt Agency									
(Include d.b.a., if a	oplicable)	Leav	_eavitt Insurance Agency									
Street Address:		7881	W. Charleston	ton Blvd. #140 Website: www.leavitt.				osite: www.leavitt.co	m/lasv	egas e		
City, State and Zip	Code:	Las	Vegas, NV 8911				C Name: Jeric Leavitt					
Telephone No:		702-382-4010			Fax	No:						
Nevada Local Stree	et Address:						Website:					
(If different from ab												
City, State and Zip	- //				Local Fax No:					E .		
only, on the annual p	×						Loc	Local POC Name:				
Local Telephone N	o:			Email:								
close corporations, fo	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											
Jeric Leavitt			Pr	Principal, Director				12.48				
Dixon Leavitt	(1)		Pr	Principal, Director			12.48			E-		
This section is not round to the section is not round to t	al members, partne County Water Recla	rs, own amation res, ple	ners or principals, i n District full-time e	involve employ unty en	ed in the busir yee(s), or app nployee(s), or	ness entit ointed/ele	ty, a C ected ed/ele	clark County, Department official(s)?	ent of A			
sister, grandchil	d, grandparent, rela ee(s), or appointed/	ated to elected	a Clark County, E d official(s)?	Departr	ment of Aviati	on, Clark	Cour	c partner, child, parent nty Detention Center o	r Clark i	County Water Rec	half-brother/half- lamation District	
☐ Yes		_					- 15	n Page 2. If no, please accurate. I also unders		======	nt take action on	
l certify under penalty land-use approvals, c	on perjury, that all o	ind sal	es, leases or exch	a nere langes	without the c	ompleted	, and I discle	osure form.	rand til	at the board will like	STREET ASSOCIATION	
Sig lature	LUX			_	ric Leavitt rint Name							
Principal, Director				7/6	6/23							
Title				D	ate							

DISCLOSURE OF RELATIONSHIP

List any	disclosures	below:
(Mark N/A,	if not applicabl	e.)

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	_		+1
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3			
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"To the second degree of of follows: • Spouse – Registered	ship by blood. "Affinity" is a release on sanguinity" applies to the an applies to the applies to the second Domestic Partners — Children	candidate's first and second n – Parents – In-laws (first dec	gree)
Brotners/Sisters — Ha	alf-Brothers/Half-Sisters – Gra	nachilaren – Granaparents – I	n-laws (second degree)
For County Use Only:			
	noted above, please complete the folio	owing:	
•	ployee(s) noted above involved in the		particular agenda item?
Yes No Is the County emp	ployee(s) noted above involved in any	way with the business in performance	e of the contract?
Notes/Comments:			
	3969		
•			
Signature			