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<b>Business Entity Type</b>	e (Please :	select one)	_							
Tio-I-	Partnership 2		Limite of Limbellity		Trust	Non-Profit Organization		Other		
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City, State and Zip Code:		57	20425	PC			POC Name: KEVIN F, SCHOTT  Email: KEVIN L KNOWINK, COM			
Telephone No:				5-5723		ax No: 855				
Nevada Local Street	Address			the second second		/ebsite:				
If different from abo	103		VIA		,	160310.				
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# **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
NIA			
7,7			
"To the second degree of follows:  • Spouse – Registere	nship by blood, "Affinity" is a reconsanguinity" applies to the ed Domestic Partners – Childre Half-Brothers/Half-Sisters – Gr	candidate's first and second	
For County Use Only:			
	s noted above, please complete the fo		
	mployee(s) noted above involved in th		•
Notes/Comments:	πρίογεε(s) noted above involved in ar	ny way with the business in performan	ce of the contract?
rvotos outimonts.			
Signature			
Print Name Authorized Department Represent	tative		

### DISCLOSURE OF OWNERSHIP/PRINCIPALS

				Ţ. <b>J</b> .						
Business Entity Typ	e (Please select	one)	_		r					
Sole Proprietorship	Partnership	Limited Liability		Corporation	Trust	Non-Profit Organization Other				
Business Designati	on Group (Pleas	e select all that app	oly)							
MBE	□WBE	SBE		□РВЕ		□VET		DVET	ESB	
Minority Business Enterprise  Women-Owned Business Enterprise		Small Busine Enterprise	ss	Physically Challenged Business Enterprise		Veteran Owned Business			Emerging Small Business	
Number of Clark County Nevada Residents Employed:										
Corporate/Business	Entity Name:	Herm Co-Invest	, LLC							
(Include d.b.a., if ap										
Street Address:		7701 Forsyth Bl	vd., \$	STE 1000	W	/ebsite: N/A				
City, State and Zip	Code:	St. Louis, M	St. Louis, MO 63105			OC Name: Daniel W. dfort@her mail:			el	
Telephone No:		314-863-9200			F	ax No: N/A				
Nevada Local Stree	t Address:	N/A			v	Website: N/A				
(If different from ab	ove)	14/74								
City, State and Zip	Code:		Local Fax No:			ocal Fax No:				
I I Talambana Ne		Local POC Name:			ocal POC Name:					
Local Telephone No	o: 	Email:				mail:				
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										
		Barraffaial Oumor				(Not required for Publicly Traded Corporations/Non-profit organizations 21%				
Robert R. Herman	n, Jr.		Beneficial Owner Beneficial Owner			7.78%				
Carlota H. Holton			Ben	eliciai Owner			7.70	70		
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?										
1. 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 7 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.)										
<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 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, land sales, leases or exchanges without the completed disclosure form.										
Dolwfax				Daniel W. F	ort					
Signature Print Name										
General Counsel				8/5/2021						
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							
Water Reclamation District.  "Consanguinity" is a relation:  "To the second degree of of follows:  • Spouse – Registere	ship by blood. "Affinity" is a re	lationship by marriage. candidate's first and second n – Parents – In-laws (first de					
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 Represent	ative						