## DISCLOSURE OF OWNERSHIP/PRINCIPALS

	WDI .									
Business Entity Ty		in Limited Liability			□ Non-F	Profit -	7 Othac			
Sole Proprietorship	]Partnership	Company	☐ Corporation	Trust	Organization		] Other			
Business Designat	tion Group (Please	e select all that appl	у)							
□ МВЕ	□WBE	☐ SBE	☐ PBE		☐ VET	DVE		□ ESB		
Minority Business Enterprise			Business Ent		Veteran Owned Business	Disabled Veteran Owned Business		Emerging Small Business		
Number of Clark County Nevada Residents Employed: 0										
Corporate/Busines	s Entity Name:	OpenGov, Inc								
(Include d.b.a., if a	pplicable)									
Street Address:		660 Third Stre	et, Suite 100	) w	ebsite: WWW.Op	engov.	com			
City, State and Zip	in Code: Can Eronaicae CA 94107				aggie Chao pengov.com					
Telephone No:		(650) 336-7167			ax No:					
Nevada Local Stre	eet Address: Website:									
(If different from al					and Env No.					
City, State and Zip Code:			Local Fax No:							
Local Telephone No:			Local POC Na			OC Name.				
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)					
no one owns	more than 5°	%								
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes X No  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).    Vec.										
service contracts, or other contracts, which are not subject to competitive bid.)										
sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center of Clark County Vater Resembles of 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.								
I certify under penalty on land-use approval	y of perjury, that all c ls, contract approval	of the information provides, land sales, leases or	ded herein is curren exchanges without	t, complete, a the complete	and accurate. I also unde ed disclosure form.	rotaria tria	the Board will	not take action		
I certify under penalty on land-use approval	y of perjury, that all cls, contract approval	s, land sales, leases or	Maggie	the complete	and accurate. I also unde ed disclosure form.		t the Board will	not take action		
on land-use approval	is, contract approval	s, land sales, leases or	Maggie Print Name	the complete	and accurate. I also unde ed disclosure form.	, staria tria	the Board wil	not take action		
I certify under penalty on land-use approval Signature	is, contract approval	s, land sales, leases or	Maggie	the complete	and accurate. I also unde ed disclosure form.	, starid tria	the Board will	not take action		

## 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
N/A			
	,		
	ship by blood. "Affinity" is a rensanguinity" applies to the can		ree of blood relatives as follows
Spouse – Registered	d Domestic Partners – Childre	en – Parents – In-laws (first de	egree)
<ul> <li>Brothers/Sisters – H</li> </ul>	alf-Brothers/Half-Sisters – Gr	andchildren – Grandparents -	- In-laws (second degree)
For County Use Only:			
	noted above, please complete the fol	lowing:	
	ployee(s) noted above involved in the		is particular agenda item?
☐ Yes ☐ No Is the County em	ployee(s) noted above involved in an	y way with the business in performa	nce of the contract?
Notes/Comments:			
Oi-mathura			
Signature			