Business Entit	y Tv	pe (Please select	one)								
Sole Proprietorship		Partnership		Limited Liability mpany		Corporation	Trust	Non-P Organizat	rofit tion		Other	
Business Desi	gnati	on Group (Pleas	e sel	ect all that apply)			_				
□ мве		□WBE		SBE		PBE		□ VET		DV	ET	ESB
Minority Busine Enterprise	s s	Women-Owned Business Enterprise		Small Business Enterprise		Physically Challenged Business Enterprise		Veteran Ov Business	wned		led Veteran d Business	Emerging Small Business
Number of	Cla	rk County Ne	evac	da Residents	s Em	ployed:			:	2		
Corporate/Bus	inesi	Entity Name:	Don	ninion Voting Systems, Inc.								
(include d.b.a.,												
Street Address		Pilotolo	PO	Box 343				Website:				
City, State and		Code:	Bro	omfield, CO 8003	38			POC Name:	intracts@dor	minion	voting.com	
Telephone No:			1.86	66.654.8683		177		Fax No:				
Nevada Local		t Addrocs:	-			E.		Website:				
(If different fro								Local Fax No:				
City, State and	- P	Code.			_			Local POC Na	me:			
Local Telepho	ne No	o:						Email:				
close corporation	ns, for	eign corporations, l	limite	d liability companies	is, par	tnersnips, ilmio	ed partilets Title	silps, and profes		(Not	% Owne required for Pu ations/Non-profi	
JS Dominion In	ic.									10%		
	_											
4 Ara anu inc	disidu	aquired for publica al members, partne County Water Reck	ers, ov amati	wners or principals, on District full-time	, involvemple	ved in the busi byee(s), or app	ness entity ointed/elec	, a Clark County ted official(s)?			tion, Clark Cour	
Yes		COI	ntract	please note that Co s, or other contract	s, whi	ch are not subj	ject to com	petitive bid.)				
sister graf	ndahil	al members, partne d, grandparent, rel ee(s), or appointed.	lated I /electi	to a Clark County, ed official(s)?	Deba	nment of Aviat	ion, Clark	Journey Deterring	in domes or o		•	clamation District
Yes			-	lease complete the	-							
I certify under per land-use approve	enalty als, c	of perjury, that all contract approvals, h	of the and s	information provide ales, leases or excl	ed hei hange	rein is current, es without the c	complete, completed	and accurate. I a disclosure form.	also understar	nd that	the Board will n	ot take action on
4	_	(John Poulos						
Signature		7			-	Print Name						
President & C	EO				_	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			
		1	

- "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

^{*} 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.

Business Entitud	a /Diago salcot	one'										
Business Entity Typ	Partnership		Limited Liability	7	Corporation	Trus	st	Non-Profit Other				
Proprietorship Business Designati			npany	_				Organization				
MBE	TWBE	3 30 10	SBE		□PBE		\top	□ VET		OVET	□ESB	
Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise		Physically Challenged Business Enterprise			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business	
				_			_					
Number of Cla	rk County Ne	vac	la Residents	Ε	mployed:				2			
Corporate/Business	Entity Name:	us	5 Dominion Inc.									
(Include d.b.a., if ap	plicable)											
Street Address:		P.O	Box 343				Wel	bsite:				
City, State and Zip (Code:	Bro	omfield, CO 800	38			PO0	C Name: ail: contracts@d	omini	onvoting.com		
Telephone No:		1.86	6.654.8683				Fax	No:				
Nevada Local Stree	t Address:						Wel	bsite:				
(If different from ab-				_			-		-			
City, State and Zip	Code:	-		-				al Fax No:				
Local Telephone No):						Em					
e mentione di ancienta.	-:	0.00	nizad under or do	verr	ed by Title 7 of	the Nevad	da R	nds to the applicant and evised Statutes, includin s, and professional corp	g but oration (1)	not limited to prive is. % Owner tot required for Pul	d blicly Traded	
Dominion Intermedia	te Holdings, Inc.							Corporation 100%			ns/Non-profit organizations)	
Center or Clark (al members, partne County Water Recla No (if y	rs, ov amatic /es, p atracts	vners or principals, on District full-time lease note that Co s, or other contracts	inv em unty s, w	olved in the busi ployee(s), or app y employee(s), o hich are not sub	ness entity pointed/ele r appointe ject to con	y, a (ected ed/ele npeti	Clark County, Departmer official(s)? ected official(s) may not p live bid.)	nt of A	n any work on pro	fessional service	
sister, grandchik	d, grandparent, rela ee(s), or appointed/	ated t electe	o a Clark County, i ed official(s)?	Deb	artment of Aviat	ion, Clark	. Cou	ic partner, child, parent, nty Detention Center or	Clark	Outing Victor From	half-brother/half- clamation District	
Yes			8 E 875 E 4			46	e e	n Page 2. If no, please				
I certify under penalty land-use approvals, co	of perjury, that all o	of the and sa	information provide ales, leases or excl	ed h han	nerein is current, ges without the c	complete, completed	, and disc	accurate. I also underst losure form.	and th	at the Board will n	ot take action on	
t-	- 1				John Poulos							
Signature					Print Name							
President & CEO					1/2/24		_					
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 relation: "To the second degree of of follows: • Spouse – Registerer	Clark County, Department of ship by blood. "Affinity" is a release consanguinity" applies to the d Domestic Partners — Childrenalf-Brothers/Half-Sisters — Gra	lationship by marriage. candidate's first and second n – Parents – In-laws (first de	degree of blood relatives as gree)
For County Use Only:			
	noted above, please complete the folk		overtication annuals items?
	ployee(s) noted above involved in the		
	ployee(s) noted above involved in any	way with the business in performant	ce of the condact?
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	ative		

B 13 12 2 2 2	g-500	a Vinta and the state of												
Business Entit		e (Please select		Limited Liability		7.0			Non-Profit		Other			
Proprietorship		Partnership		mpany	Ľ	Corporation	Trus	šī	Organization		L Couler			
Business Desig	nati	on Group (Please	e sel	ect all that apply		I		Т						
МВЕ	_	□WBE	-	SBE	_	PBE		+	VET	DVET		□ ESB		
Minority Busines Enterprise	ss	Women-Owned Business Enterprise		Small Business Enterprise		Physically Challenged Business Enterprise			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business		
Number of	Clar	k County Ne	evac	la Residents	E	mployed:				2				
			Dominion Intermediate Holdings, Inc.											
Corporate/Busi	ness	Entity Name:	Don	III II	nic.	rtoluliga, iise.								
(Include d.b.a.,		plicable)	D 0	Day 242	-			104-1	l 14					
Street Address	-			Box 343	_		-		bsite:					
City, State and	Zip C	ode:	Bro	omfield, CO 8003	38			PO0 Ema	C Name: all: contracts@d	omini	onvoling.com			
Telephone No:			1.86	66.654.8683				Fax	: No:					
Nevada Local S	treet	Address:						Wel	bsite:					
(if different from	n abo	ove)			_			_	15	-				
City, State and	Zip	Code:			_				ocal Fax No:					
Local Telephon	e No	:							Local POC Name: Email:					
Entitles include a dose corporation	all bus s, fore	siness associations eign corporations, I	s orga imited	anized under or go d liability companie:	verr s, p	ned by Title 7 of artnerships, limite	ed partition	da Ri rship:	evised Statutes, includir s, and professional corp	ng but oration	not limited to privans. % Owner			
000 Di-i I	الداحا:	Full Name	Title					(Not required for Publicly Traded Corporations/Non-profit organization 100%						
SSC Dominion F	TOIUII	igs LLC												
					-			-						
d Annanyind	م راه نه	il members, partne County Water Reck	rs, ov amati	on District full-time	inv em	olved in the busin ployee(s), or app	ness entity ointed/ele	y, a (ected	Clark County, Department official(s)?	nt of A				
Yes		cor	ntracts	s, or other contract	s, w	hich are not subj	ect to con	прец						
sister oran	dchild	l, grandparent, rel e(s), or appointed/	ated t electe	o a Clark County, ad official(s)?	Det	artment of Aviau	ion, Clark	Cou	tic partner, child, parent, nty Detention Center or	Olain	V	half-brother/half- lamation District		
Yes		✓ No (If	yes, p	lease complete the			====		n Page 2. If no, please		104470			
I certify under per land-use approve	nalty	of perjury, that all on intract approvals, le	of the and s	information provide ales, leases or excl	ed h han	erein is current, ges without the c	complete, completed	, and disc	l accurate. I also undersi losur e form.	and th	at the Board will n	ot take action on		
4-	_	1				John Poulos								
Signature						Print Name								
President & CEC)					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 reconsanguinity" applies to the diplomestic Partners – Childre	Aviation, Clark County Deter lationship by marriage. candidate's first and second n – Parents – In-laws (first deg andchildren – Grandparents – I	degree of blood relatives as gree)
Yes No Is the County employees No Is the County employees Notes/Comments:	noted above, please complete the folloployee(s) noted above involved in the ployee(s) noted above involved in any	owing: contracting/selection process for this way with the business in performanc	particular agenda item? se of the contract?
Print Name Authorized Department Representa	tive		

Business Entity Ty	pe (Please selec	t one)									
Sole Proprietorship	Partnership	Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other					
Business Designat	ion Group (Pleas	e select all that apply)		1		1_				
Пмве	□WBE	SBE	PBE		VET	DVET	ESB				
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Ch Business Ent		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business				
Number of Cla	rk County N	evada Residents	Employed:	11		2					
		SSC Dominion Hold	C Dominion Holdings LLC								
Corporate/Busines		OGG BOHIMBH HOLE	go aas								
(include d.b.a., if a	pplicable)	P.O Box 343		\ \	/ebsite:						
Street Address:			120		OC Name:						
City, State and Zip	Code:	Broomfield, CO 800				dominionvoting.com					
Telephone No:		1.866.654.8683		F	ax No:						
Nevada Local Stree	et Address:			v	/ebsite:						
(if different from at	ove)										
City, State and Zip	Code:			L	ocal Fax No:						
I I T-I N				L	ocal POC Name:						
Local Telephone N	o: 			E	mail:						
ownership or financia	interest. The discl	sure requirement, as ap	piled to land-use ap verned by Title 7 of	the Nevada ted partnersh	Klerius to the applicant a	ding but not limited to priv rporations.	ate corporations,				
Olivela Charak Conito	Full Name			Title		% Owned (Not required for Publicly Traded Corporations/Non-profit organizations) 59.7%					
Staple Street Capital						15.5%					
	II II-A, LF					12.4%					
John Poulos tan MacVicar						5.6%					
This section is not i	ial members, partni County Water Rec	amation District full-time	involved in the bus employee(s), or ap	iness entity, pointed/elect	a Clark County, Departm ed official(s)?	ent of Aviation, Clark Cou					
Yes		ntracts, or other contract	s, which are not sub	oject to comp	etitive bid.)	ot perform any work on pro					
sister grandchi	ld, grandparent, ire ree(s), or appointed	lated to a Clark County, l/elected official(s)?	Department of Avia	LION, CIAIR O	bully Belefition Come.	nt, in-law or brother/sister, or Clark County Water Re	half-brother/half- clamation District				
Yes					n on Page 2. If no, pleas						
I certify under penalty land-use approvals, o	of perjury, that all contract approvals,	of the information provident and sales, leases or exc	ed herein is current, hanges without the	, complete, a completed d	nd accurate. I also under isclosure form.	rstand that the Board will i	not take action on				
Har	1		Jahn Poulo	s							
Signature	<u> </u>		Print Name								
President & CEO			1/26/24								
,			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	Clark County, Department of ship by blood. "Affinity" is a relaconsanguinity" applies to the diplomestic 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 gree)
Yes No Is the County em	noted above, please complete the folk ployee(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 Entitu	. T	o (Diango galact	onol										
Sole		e (Please select		Limited Liability		_			Non-Profit		Flow		
Proprietorship		Partnership		npany		Corporation	Tru	ıst	Organization	_	Other		
Business Desig	natio	on Group (Pleas	e sel	ect all that apply))			_		-			
□ МВЕ		□WBE		□ \$BE		☐ PBE		_	□VET		OVET	□ESB	
Minority Busines Enterprise	\$	Women-Owned Business Enterprise		Small Business Enterprise		Physically Challenged Business Enterprise		ı	Veteran Owned Business	Disabled Veteran Owned Business		Emerging Small Business	
					_					_			
Number of C	Clar	k County Ne	vac	la Residents	Ε	mployed:				0			
Corporate/Busin	ness	Entity Name:	Stap	Staple Street Capital II, LP									
(Include d.b.a.,													
Street Address:			129	O Avenue of the A	Αm	ericas, 10th Fl	oor	We	bsite:				
City, State and 2		ode:	Nev	York, NY, 1010	4			PO Em	C Name:				
Telephone No:			212-	-613-3100				Fax	(No:				
**				- 147				Wa	bsite:				
Nevada Local S						•		""					
(If different from								100	cal Fax No:				
City, State and	Zip	Jode:							cal POC Name:				
Local Telephon	e No	:						Em					
Entities include a close corporations	, fore	iness associations ign corporations, I Full Name	s orga imited	nized under or gov liability companies	verr 5. p	ned by Title 7 of artnerships, limite	the Neva ed partne Title	ada R ership	tevised Statutes, includir s, and professional corp	(N	not limited to priva is. % Owned ot required for Put orations/Non-profit	d Dilicly Traded	
Staple Street Cap	pital	II GP LP						100% controlled					
84.													
This section is n	ot re	quired for publicl	y-trac	led corporations.	Ar	e you a publicly	r-traded	corp	oration? Yes	_] No		
1 Are one indi	vidua	l members, partne ounty Water Reck	rs, ov amatic	ners or principals, on District full-time e	inv em	olved in the busin ployee(s), or app	ness enti ointed/el	ty, a (ected	Clark County, Departme Lofficial(s)?				
Yes	-	cor	itracts	s, or other contracts	5, W	hich are not subj	ject to co	mpet					
sister, grand	child	, grandparent, rela e(s), or appointed/	ated t	o a Clark County, [ed official(s)?	Deb	artment of Aviati	ion, Clan	K Cou	tic partner, child, parent, inty Detention Center or	Clark	County valer nee	narr-prothermali- lamation District	
Yes									on Page 2. If no, please				
I certify under pen land-use approval	alty o	of perjury, that all on intract approvals, la	of the and sa	Information provide ales, leases or exch	ed h	erein is current, ges without the c	complete complete	and d disc	l accurate. I also undersi dosure form.	tand th	at the Board will no	ot take action on	
Han	-	أجم				John Poulos							
Signature	-	7				Print Name							
`	,					1/26/24							
President & CEC	_					Date	-0						

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					
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			
Yes No Is the County em	noted above, please complete the folk ployee(s) noted above involved in the ployee(s) noted above involved in any	contracting/selection process for this			
Signature					

	(C)204m1 = 200 1												
Business Entity Ty	pe (Please select					Ī		Non-Profit		_			
Sole Proprietorship	Partnership		Limited Liability mpany		Corporation	Trus	st	Organization Other					
Business Designat	ion Group (Pleas	e sele	ect all that apply)									
Пмве	□wsE		SBE		PBE		I	VET		DVET	☐ ESB		
Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch. Business Ente			Veteran Owned Business	Disabled Veteran Owned Business Emerging Sma Business				
	Company of the Compan			_	W 1200 1				0				
Number of Cla	rk County No	evac	la Residents	Er	nployed:								
Corporate/Busines	s Entity Name:	Stap	Staple Street Capital II-A, LP										
(include d.b.a., if a	oplicable)								_				
Street Address:		129	O Ave of the Ame	erica	as 10th floor		Web	site:					
City, State and Zip	Code:	Nev	York, NY				POC Ema	Name:					
		212	.613.3100				Fax						
Telephone No:		212.	,013,3100				-						
Nevada Local Stree							Web	site:					
City, State and Zip							Loca	al Fax No:					
City, State and Zip	Code.	\vdash					Loca	al POC Name:					
Local Telephone N	o;	l		Email:									
Entitles include all buclose corporations, for	reign corporations,	s orga Ilmited	inized under or gov I liability companies	vern s, pa	ed by Title 7 of artnerships, limit	eo parme	da Re rships	vised Statutes, includi , and professional corp	ng but coration	not limited to privans. % Owne			
	Full Name	Title					% Owned (Not required for Publicly T Corporations/Non-profit organ 100% controlled				blicly Traded		
State Street Capital	II GP LP			-									
						ا السيداد		ration? Yes	[7	7 No			
This section is not r	equired for public	iy•trac	ded corporations.	Are	you a publicly	ness entit	tv. a C	lark County, Departme			nty Detention		
Are any individu Center or Clark	County Water Red	lamatic	on District full-time	emp	noyee(s), or app	ounterren	ÇCIÇU (official(s)?					
Yes	co	ntracts	s, or other contract:	s, w	hich are not sub	ject to cor	mpetit	ive bia.)					
sister grandchii	ld, grandparent, re ree(s), or appointed	lated t l/electe	o a Clark County, ed official(s)?	иер.	anment of Aviat	BOH, CIAIN	Coun	c partner, child, parent nty Detention Center o		,	half-brother/half- ciamation District		
Yes		_						Page 2. If no, please	_				
I certify under penalty land-use approvals, c	of perjury, that all contract approvals, I	of the	information provide ales, leases or excl	ed hi hang	erein is current, ges without the c	complete completed	e, and I disclo	accurate. I also unders osure form.	tand th	nat the Board will n	ot take action on		
-F	150				John Poulo)S							
Signature	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				Print Name								
President & CEO					1/26/24								
					Date								

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				
"To the second degree of of follows: • Spouse – Registered	ship by blood. "Affinity" is a reconsanguinity" applies to the diplomestic Partners – Childre alf-Brothers/Half-Sisters – Gra	candidate's first and second n – Parents – In-laws (first de	gree)	
Yes No Is the County em	noted above, please complete the foll ployee(s) noted above involved in the ployee(s) noted above involved in any	contracting/selection process for this		
Signature				

Business Entit	у Ту	e (Please select	one									
Sole Proprietorship		Partnership	П	Limited Liability mpany	Г	Corporation	Tru	st	Non-Profit Organization		Other	
Business Desi	nati	on Group (Pleas	e sel	ect all that apply)					_		
□ МВЕ		□WBE		SBE		☐ PBE			VET		OVET	ESB
Minority Busines Enterprise	ority Business Women-Owned S		Small Business Enterprise		Physically Challenged Business Enterprise			Veteran Owned Business	Disabled Veteran Owned Business		Emerging Small Business	
Number of Clark County Nevada Residents Employed:												
Corporate/Busi	ness	Entity Name:	Staple Street Capital II GP LP									
(Include d.b.a.,												
		phodolog	129	0 Avenue of the	Am	ericas, 10th Fl	oor	We	bsite:			
	Street Address: New York, NY, 1 City, State and Zip Code:			v York, NY, 1010	D104 PO			POC Name: Email:				
	-		242 642 2400									
Telephone No:			212-613-3100 Fax No:									
Nevada Local S	tree	t Address:						We	bsite:			
(If different from	n ab	ove)	-	_	_			1				
City, State and	City, State and Zip Code:				_			Local Fax No:				
Local Telephone No:				Local POC Nam				ame.				
Entities include all business associations organized diability companies, partnerships, limited partnerships, and professional corporations. Full Name												
and the state of t			M	Managing Director			;	Corporations/Non-profit organizations) 50%				
Hootan Yaghoobzadeh				Managing Director				50%				
Stephen Ownes	n Ownes Managing Director						1122					
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)? 1. Yes 1. No 1. Yes												
2. 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	Yes V 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.												
4-	-	1				John Poulos						
Signature	-					Print Name						
President & CE	٥					1/26/24						
Title						Date				_		

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							
* County employee means Water Reclamation District.	Clark County, Department of	Aviation, Clark County Dete	ntion Center or Clark County				
"Consanguinity" is a relations	"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	d Domestic Partners – Childrer	n – Parents – In-laws (first deg	gree)				
Brothers/Sisters – Ha	D. W. (Circum, Mark Death and Welf Circum, Crandohildron, Grandopronts, Inclaws (second degree)						
Plotticis/cisters - Figit-Diotticis/Hall Cisters Challed mid-on Challegarette							
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?							
Nates/Comments:							
Signature							
oignaturo							