## DISCLOSURE OF OWNERSHIP/PRINCIPALS

			DISCE	JOUNE	C OF CVVI	LKOH	PIPRINCIPAL	<u> </u>			
Busine	ss Entity T	ype (Please selec	t one)	····							
Sole Proprie	e etorship	Partnership	Limited L Company	lability	✓ Corporation	Trust	Non-Profit Organization		Other		
' Busine	ess Designa	tion Group (Pleas	e select all th	at apply)							
. 🔲 мва	E	□WBE	SBE		□РВЕ		□VET:		VET	□ESB	
Minority Business Enterprise  Women-Owned Business Enterprise		Small E Enterpr	Business ise	Physically Challenged Business Enterprise		Veteran Owned Business	Disabled Veteran Owned Business		Emerging Small Business		
			,								
Numl	ber of CI	ark County N	evada Res	idents I	Employed:			200			
Cornerate/Pusiness Fulls Nove			Valley Automotive Group								
Corporate/Business Entity Name:			Ford Country								
(Include d.b.a., if applicable)			280 N. Gibson Rd.								
Street	Address:		280 N. Gloson Rd.				Website:				
City, State and Zip Code:			Henderson, NV 89014				POC Name: Tom Craddock  Email: fleet@fordcountrylv.com				
Teleph	one No:		702-558-8064				Fax No:				
Nevada Local Street Address: (If different from above)							Website:				
	State and Zi						I and Facilities				
Oity, C	State and Zi	p coue.					Local Fax No:				
Local	Telephone I	No:				1	Local POC Name: Email:				
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			Title			% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)		
H, Gar	H, Gary Ackerman			President			100%				
				-			*				
					•						
		required for public	•		• • •			home	No		
1. Ar	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)?								•		
2 D	Yes Ves (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.)										
sis	<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	V No (If	yes, please con	nplete the D	Disclosure of Relat	ionship 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.											
			_		Tom Craddo	ck	ť	_			
Signatu	ire			Print Name							
Floot M	Manager				^ *	22/2/	1,				
Title	nanayer		·	<del></del>	Date Do	<u>20/24</u>	<u>r                                    </u>	·		-	
						-					

## **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					
NA								
* 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 Representa	tive							