## DISCLOSURE OF OWNERSHIP/PRINCIPALS

				SCLOSUR	E	DE OAAN	EKS	111	PRINCIPAL				
Business Entil	уТу	e (Please selec	t one								T		
Sole Proprietorship		Partnership		Limited Liability		Corporation	Tru	st	Non-Profit Organization		Other		
Business Desi	gnati	on Group (Plea	se se	ect all that apply	)					-			
Пмве				SBE		PBE			□VET □DVET □E		□ESB		
Minority Business Enterprise  Women-Owned Business Enterprise		d	Small Business Enterprise		Physically Challenged Business Enterprise			Veteran Owned Business	Disabled Veteran Owned Business Emerging Small Business				
Number of	Cla	rk County N	eva	da Residents	Em	ployed:				1			
Corporate/Business Entity Name:			Musco Sports Lighting, LLC										
(Include d.b.a.	ifap	plicable)											
Street Address		\ <u>-</u>	100	100 1st Avenue West					Website: www.musco.com				
City, State and Zip Code:			Os	Oskaloosa,lowa 52577				POC Name: Email:					
				641-673-0411					Fax No: 641-673-48				
Telephone No:	_		104	041-073-0411									
Nevada Local	Stree	t Address:						Website:					
(If different fro	m ab	ove)	+										
City, State and	l Zip	Code:	+-					Local Fax No:					
Local Telephone No:								Local POC Name: Email:					
Entities include all business association close corporations, foreign corporations, Full Name			, limite	anized under or gov dilability companies	s, par	Title					% Owned (Not required for Publicly Traded Corporations/Non-profit organizations) 100% of Musco Sports Lighting, LLC		
Musco Corporation								100% of Muse			% of Musco Sport	s Lighting, LLC	
4 A	alis itales	al members, partr County Water Rec	ners, c	ion District full-time	invol emple	ved in the bus oyee(s), or app employee(s), o	iness enti pointed/el prappointe	ty, a ected ed/el	Clark County, Departm d official(s)? lected official(s) may no	ent of			
(if yes, please complete the Disclosure of Relationship form on Page 2.)  (if yes, please complete the Disclosure of Relationship form on Page 2.)													
Yes	enalty	of accium, that all	of the	information provide	ed he	rein is current.	complete	, an	d accurate. I also under	ra kan	The state of the state of the state of	not take action on	
land-use approv	als, c	ontract approvals,	land	sales, leases or exc	nange	es without the	complete	dis	ciosure torm.				
Signature	7.70				=	James M. Ha Print Name	ınsen	_					
Secretary					3	3/17/2025 Date							
Title	_					1							

## 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
Musco Corporation	N/A	N/A	N/A

"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

<sup>\*</sup> County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

<sup>&</sup>quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.