Contract No. 3105

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Futito To	(Disease select									
Business Entity Ty			i a la ilita		T	DNan Day	EA	T_		
Sole Proprietorship	Partnership	Limited L Company	lability	✓ Corporation	Trus	t Non-Pro		Other		
Business Designat	ion Group (Pleas	e select all th	at apply)							
MBE	□WBE	SBE		PBE		□VET		DVET	□ESB	
Minority Business Enterprise Women-Owned Business Enterprise		Small B Enterpr	usiness ise		Physically Challenged Business Enterprise			Disabled Veteran Owned Business Emerging Smal Business		
Number of Cla	rk County Ne	evada Res	idents	Employed:			6	7		
Corporate/Busines	s Entity Name:	Monument Construction								
(Include d.b.a., if a										
	oplicable)	7787 Eastgate Rd #110				Website: www.buildmonuments.com				
Street Address:						POC Name: Parth Gandhi				
City, State and Zip Code:		Henderson, NV 89011				Email: Parth@buildmonuments.com				
Telephone No:		702-530-2303				Fax No: 702-947-2602				
Nevada Local Stree	et Address:					Website:				
(If different from above)										
City, State and Zip	Code:					Local Fax No:				
Local Telephone N	0:					Local POC Name:				
						Email:				
ownership or financia Entities include all b close corporations, fo	usiness association	s organized un	der or gov	erned by Title 7 of	of the Neva	da Revised Statute	es, including ional corpora	but not limited to priv	ed ablicly Traded	
Jon Wayne Nielsen			Pr	esident		100%				
This section is not i	required for public	ly-traded corpo	orations.	Are you a public	:ly-traded (corporation?	Yes	✓ No		
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	✓ No (If	yes, please cor	mplete the	Disclosure of Re	ationship fo	orm on Page 2. If n	o, please pri	int N/A on Page 2.)		
I certify under penalt land-use approvals,	y of perjury, that all contract approvals,	of the information	on provide es or exch	d herein is current nanges without the	t, complete completed	, and accurate. I als I disclosure form.	so understar	nd that the Board will i	not take action on	
Signature	UN能			Jon Wayne	e Nielsen					
				4/22/2024						
Preisdent Title				4/22/2024 Date						
					1					

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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
N/A			
"To the second degree of of follows: • Spouse – Registere	ship by blood. "Affinity" is a re consanguinity" applies to the d Domestic Partners – Childre Half-Brothers/Half-Sisters – Gra	candidate's first and second n – Parents – In-laws (first de	gree)
For County Use Only:			
If any Disclosure of Relationship is	noted above, please complete the following	owing:	
Yes No Is the County em	nployee(s) noted above involved in the	contracting/selection process for this	particular agenda item?
Yes No Is the County em	nployee(s) noted above involved in any	way with the business in performance	ce of the contract?
Notes/Comments:			
Signature			
Drint Nama			
Print Name Authorized Department Representa	ative		