Minority Business Enterprise  Small Business  Enterprise  Small Business  Enterprise  Overded Business  Disabled Veteran Owned Business  Disabled Veteran Owned Business  Disabled Veteran Owned Business  Disabled Veteran Owned Business  Enterprise  Overded Business  Enterprise  Overded Business  Disabled Veteran Owned Business  Disabled Veteran Owned Business  Enterprise  Overded Business  Disabled Veteran Owned Business  Disabled Veteran Owned Business  Enterprise  Disabled Veteran Owned Business  Enterprise  Disabled Veteran Owned Business  Disabled Veteran Owned Busin				DISCLOSU	RE O	F OWN	NERSH	IIP/PRINCIPAL	5		
Corporation   Partierantip	Business Entit	v Tvt	e (Please selec	t one)		0.9					
MBE	Sole Partnership		Limited Liability	□c <sub>o</sub>	Corporation				Other		
Small Business   Women-Owned Business   Enterprise   Small Business   Physically Challenged Business   Disabled Veteran Owned Business   Enterprise   Enterpris	Business Desi	gnati	on Group (Pleas	se select all that appl	у)	1.5					
Reinspities Enterprise  Business Enterprise  Busine			□SBE		□PBE		□VET	DVET ESB		ESB	
Corporate/Business Entity Name:  Include d.b.s., if applicable)  HOWER A HOUSEN TO BEA HANSEN ESTERPLISE  Sixed Address:  HOWER CA 9350]  POC Name:	Minority Busine Enterprise	SŠ	Business								
Street Address:	Number of	Cla	rk County N	evada Resident	s Emp	loyed:	0				
Include d.b.a., if applicable)  HOMEL A HANSEN ESTERPLISE  Street Address:  1204 Rockhovse RJ Website: hanyselsest, wet  POR Name: Howels, ref.  POR Name: Howels, ref.  Fax No:  Website: hanyselsest, ref.  POR Name: Howelsest, ref.  Fax No:  Website: hanyselsest, ref.  Website: hanyselsest, ref.  Fax No:  Website: hanyselsest, ref.  Hanyselsest, ref.  Website: hanyselsest, ref.  Website: hanyselsest, ref.  Hanyselsest, ref.  Website: hanyselsest, ref.  Website: hanyselsest, ref.  Website: hanyselsest, ref.  Hanyselsest, ref.  Website: hanyselsest, ref.  Website: hanyselsest, ref.  Hanyselsest, ref.  Website: hanyselsest, ref.  Hanyselsest, ref.  Hanyselsest, ref.  Website: hanyselsest,	Compression	inaa	Entity Name:	1							
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Telephone No:  Neveda Local Street Address: (If different from above)  City, State and Zip Code:  Local Fex No:  Local FPC Name:  Email:  Local FPC Name:  Email:  All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or financial interest. In the business entity appearing before the Board.  All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(e).  Entities include all business associations organized under or governed by Tits or of the Nevada Revised Statutes, including but not limited to private corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.  Full Name  Titis  Titis  Titis  Titis section is not required for publicly-traded corporations.  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 fish-time employee(e), or appointed/elected official(e)?  Yes  No  (If yes, pieces women or principals involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District fish-time employee(e), or appointed/elected official(e)?  Yes  No  (If yes, pieces compete two Disclosure of Relationship form on Page 2. If no, pieces print NIA on Page 2.)  Locally under pennety of perjuny, that all of the information provided herein is current, complete, and accurate, i also understand that the Board will not lake action of land-use approvals, context approvals, land sales, granters or clark County, Department of Aviation, Clark County Determine Center or Clark County Water Reclamation							1	POC Name: Homer Email: hamselyansen !!! & Pahoo, com			
Nevada Local Street Address:  (if different from above)  City, State and Zip Code:  Local Fox No:  Local POC Name:  Enail:  Enail:  Local POC Name:  Enail:  Local POC Name:  Enail:  Enail:  Enail:  Dublicly-traded antities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals with ownership of mendical interest. In 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 Tile? of the Nevada Revised Statutes, including but not divided to private corporations, loreign corporations, illimited liability companies, partnerships, limited partnerships, and professional corporations.  Full Name  Title  Full Name  Title  We Comed  (Not required for publicly-traded corporations.  Are any individual members, partners, owners or prindoples, involved in the business entity, a Clark Country Department of Aviation, Clark Country Detention Center or Clark Country Water Reclamation District full-time employee(s), or appointed/elected official(s)?  Do any individual members, partners, owners or prindoples, involved in the business entity, a Clark Country Department of Aviation, Clark Country Detention Center or Clark Country Statuteship Country applicated official(s) and partnerships of partnerships of partnerships and partnerships of partnerships of partnerships and partnerships of partnerships have a spouse, registered domestics partnerships of par	Telephone No:										
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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)?  Yes No (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.)  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, grandperent, 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 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 of land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.  Signature  Print Name  Page 2.1 2025									WII-		
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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 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 of land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.  **Frint Name**  **Description**  **Descrip	ower.	Cank	CT No.	If use misses note that	County em	nolovee(s).	or appointe	ed/elected official(s) may n	ot perform any w	ork on pr	ofessional servica
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 of land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.    Homen A. Hansevill   Print Name   Jan 21 2025   Date   Print Name   Jan 21 2025   Date   Print Name   Date   Print Name	sister, ora	ndchi	ld, grandparent,  ı ree(s), or appointe	related to a Clark Count ed/elected official(s)?	у, ⊔ерати	ment of Avi	anon, Ciare	County Deterior Corner	o, <i>bian</i> 200ing		, half-brother/half- eclamation District
Signature  Name  A. Hansen III  Print Name  JAN 21 2025			Qu-3		- Hit market	PER STONE	Section Control				and the second
OWNER	I certify under p land-use approv	enalty vals, d	of perjury, that a contract approvals	Il of the information prov., land sales, leases or e	rided here xchanges	in is current without the	at, complete	, and accurate. I also under disclosure form.  A. HANSC	erstand that the B	loard will	not take action on
Dete		4/1	,	Cu Promper Land	P	rint Name		200			
I III III III III III III III III III	Title	-10				)ate	۷ ۲۱	1015 -			

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

"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)

	and the second s
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 contracti	ng/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>quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.