DISCLOSURE OF OWNERSHIP/PRINCIPALS

B	Same (Internal and and											
-1	ype (Please select	-		Γ		_		Non-Profit		Den		
Sole Proprietorship		Company C		Corporation Trust		et	Organization		Other			
Business Design	ation Group (Pleas	e sek	ect all that apply	2_	,				_		i	
□ мве	□wBE		SBE		□PBE			☐ VET		VET	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 Clark County No		evada Residents Employed: O										
Corporate/Busine	Corporate/Business Entity Name:											
(Include d.b.a., if applicable)		HOMER A HANSEN THE BBA HANSEN ENTERPRISES										
Street Address:			4204 Rockhouse Rd			Website: hansen ENT, NET						
City, State and Zip Code:		Mojare CA 93501			1	POC Name: Homer Email: Apmortansed in R Yahoo. com						
Telephone No:	Talantana Nai		Fax No:									
Nevada Local Str	eet Address:				\sim		Website:					
(If different from above)												
City, State and Z	ip Code:						Loc	Local Fax No:				
						Loc	Local POC Name:					
Local Telephone No:						Ema	Email:					
close corporations,	foreign corporations,	s orga limited	anized under or go d llability companie	ven 18, p	ned by Title 7 of artnerships, limit	the Neva ed partne Title	ada Ra ership	evised Statutes, includin s, and professional corpo	1000 II	not limited to prive is. % Owner lot required for Pul orations/Non-profi	d Dicty Traded	
Homer A. Harren		1 11	III OWNER			ER	/00					
Flomer H. HANSCA			14									
									-			
Are any Individual Center or Clair Yes Do any individual sister, grando	No (if co lust members, partne hild, grandparent, re byea(e), or appointed	ers, ov lamatii yes, p ntracti ers, ov lated t	where or principals, on District full-time olease note that Cos, or other contract where or principals to a Clark County, ad official(s)?	em ount ts, v hav	rolved in the busi ployee(s), or app y employee(s), o which are not sub we a spouse, regi partment of Avial	ness enti pointed/el r appoint ject to co istered de tion, Clari	ity, a C lected led/ele impetr omest k Cou	Clark County, Departmen official(s)? octed official(a) may not g tive bid.) ic partner, child, parent, nty Detention Center or the	t of A perform in-law Clark	n any work on prof or brother/sister, County Water Rec	fessional service	
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. Homes A. Hawsen												
Signature Print Name Oct 24 24												
Title Date												

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
W			
350 4 950 950 950 950 950 950 950 950 950 950			
			N. M. W.
_/			

"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:
f 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 Denartment 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.