Business Enti	ty Ty	pe (Please selec	t one	e)								
Sole Proprietorship		Partnership		Limited bility Company	E	Corporation	☐ Tru	ust	☐ Non-Profit Organization		☐ Other	
Business Des	ignat	ion Group (Pleas	e se	lect all that appl	у)							
□ мве		☐ WBE		SBE		☐ PBE			□ VET		DVET	☐ ESB
Minority Busine Enterprise			Small Business Enterprise		Physically Challenge Business Enterprise		d	Veteran Owned Business		sabled Veteran vned Business	Emerging Small Business	
Number of	Cla	rk County N	eva	da Resident	s E	Employed:						
Corporato/Bus	linas	e Entity Name:	V	ALIC Retirement	Sar	vices Company	/VRSC	:O)				
=	Corporate/Business Entity Name: VALIC Retirement Services Company (VRSCO) (Include d.b.a., if applicable)											
Street Addres		/piicabie)	292	29 Allen Parkway,	L6	-30		We	ebsite: AIGRS.com			
Officeradics	J.								OC Name: Tom Goody	vin		
City, State and	i Zip	Code:	H	Houston, Texas 77	701	9		-	nail: tom.goodwin@aig			
Telephone No	:			(713)831-4336					x No: (713)831-6161	-		
Nevada Local		t Address		(11/201110								
(If different fro				8985 S Eastern	Αv	enue Suite 230		***	ebsite: AIGRS.com			
City, State an												
	Local Telephone No: (702)796-0047 Local POC Name: William T. Abramowicz											
Local Telepho	ne No	o:		(702)790-1	004	''		En	nail: william.abramov	vicz@	aig.com	
Entities include	all bu	siness associations	s orga	anized under or gov	verr	ned by Title 7 of t	the Neva	ada R	xtends to the applicant a Revised Statutes, includin hips, and professional co	ng but orporat (N	not limited to priva	d slicly Traded
This section is	not re	equired for public	ly-tra	ded corporations	. A	re you a public	ly-trade	d coi	rporation? 🗵 Ye	es	□ No	
				wners or principals ion District full-time					a Clark County, Departr ed official(s)?	nent of	Aviation, Clark Co	ounty Detention
☐ Yes									ed/elected official(s) may to competitive bid.)	not p	perform any work	on professional
sister, grar	idchild		ated t	o a Clark County, D					tic partner, child, parent, anty Detention Center or			
☐ Yes		□ No (If	yes, ı	please complete the	e D	isclosure of Rela	ationship	form	n on Page 2. If no, pleas	e print	t 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.											
1	En 6	god-				Tom Goodw	/in					
Signature		-			13	Print Name						
Vice Preside	nt Bus	siness Case Develo	opme	ent		7/6/202	:1					
Title					3	Date						

List any disclosures below: N/A (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
Reclamation District.	lark County, Department of Av ship by blood. "Affinity" is a re		n Center or Clark County Water
-			
"To the second degree of cor	isanguinity" applies to the cand	didate's first and second degr	ree of blood relatives as follows:
 Spouse – Registered 	Domestic Partners – Childre	n – Parents – In-laws (first de	egree)
Brothers/Sisters – Ha	alf-Brothers/Half-Sisters – Gra	andchildren – Grandparents –	- In-laws (second degree)
For County Use Only:			
If any Disclosure of Relationship is r	noted above, please complete the folk	owing:	
☐ Yes ☐ No Is the County emp	ployee(s) noted above involved in the	contracting/selection process for thi	s particular agenda item?
☐ Yes ☐ No Is the County emp	ployee(s) noted above involved in any	way with the business in performar	nce of the contract?
Notes/Comments:			
Signature			
oignaturo			
Print Name Authorized Department Representat	tive		

2 REVISED 7/25/2014

CORPORATE OFFICERS OF VALIC RETIREMENT SERVICES COMPANY ("VRSCO") May 24, 2021

NAME	POSITION	ADDRESS
Kara R. Boling	President	2919 Allen Parkway Houston, TX 77019
Eric Levy	Executive Vice President	2919 Allen Parkway Houston, TX 77019
Kevin Adamson	Senior Vice President	2919 Allen Parkway Houston, TX 77019
Justin Caulfield	Vice President and Treasurer	175 Water St. New York, NY 10038
Julie A. Cotton Hearne	Vice President and Secretary	2919 Allen Parkway Houston, TX 77019
Cynthia L. Burnette	Vice President and Assistant Treasurer	2727A Allen Parkway Houston, Tx 77019
Dave Feller	Vice President	2919 Allen Parkway Houston, TX 77019
Tom Goodwin	Vice President	2919 Allen Parkway Houston, TX 77019
John Packs	Vice President	99 High Street Boston, MA 02110
Barbara Rayll	Vice President	2919 Allen Parkway Houston, TX 77019
Thomas M. Ward	Vice President	2919 Allen Parkway Houston, TX 77019
Daniel R. Cricks	Vice President, Tax Officer	2727A Allen Parkway Houston, TX 77019
Thomas Clayton Spires	Vice President, Tax Officer	2727A Allen Parkway Houston, TX 77019
Brenda Bradley	Administrative Officer	2919 Allen Parkway Houston, TX 77019

NAME	POSITION	ADDRESS
Emireth Lewis	Administrative Officer	2919 Allen Parkway
		Houston, TX 77019
Katherine A. Busa	Administrative Officer	2919 Allen Parkway
		Houston, TX 77019
Stephanie Smith	Administrative Officer	2919 Allen Parkway
-		Houston, TX 77019
Rosemary Foster	Assistant Secretary	2919 Allen Parkway
		Houston, TX 77019
Marjorie Washington	Assistant Secretary	2919 Allen Parkway
		Houston, TX 77019
Jennifer Martin	Director, VPA Trading	2727A Allen Parkway
		Houston, TX 77019
Jin Han	Manager, VPA Trading	2727A Allen Parkway
		Houston, TX 77019

Business E	ntity Ty	e (Please select	one)									
Sole Proprietorsh	nip	Partnership	Co	Limited Liability mpany		Corporation	Trus	st	Non-Profit Organization		Other	
Business E	Designati	on Group (Pleas	e sel	ect all that apply)							
□ МВЕ		□WBE		SBE		PBE			VET		VET	□ESB
Minority Bus Enterprise	siness	Women-Owned Business Enterprise		Small Business Enterprise		Physically Challenged Business Enterprise			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number	of Cla	rk County Ne	evac	da Residents	En	nployed:				12		
Corporate/	Busines	Entity Name:	Emp	ower Retiremen	nt, Ll	_C						
(Include d.I												
Street Add		, , , , , , , , , , , , , , , , , , , ,	851	5 E. Orchard Roa	ad			We	bsite: empower-retiren	ent.	com	
City, State	and Zip (Code:	Gre	enwood Village,	со	80111			C Name: Robert Gleas	on, C		l.
Telephone	No:		877	-630-4015				Fax	No: 303-801-5627			
Nevada Lo			N/A					Wei	bsite:			
City, State		-						Loc	al Fax No:			
Local POC Name:												
Local Telep	Local Telephone No: Email:											
ownership or Entitles inclu	Fublicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals with 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					% Owned ot required for Pub orations/Non-profit	licly Traded
	<u> </u>	s 100% owned b										
		at-West Life & Ar	nnuity	<u> </u>				_				
Insurance C	отрапу.											-
This section	is not re	quired for publicl	y-trac	led corporations.	Are	you a publicly	-traded c	orpo	oration? Yes	V	No	
				ners or principals, on District full-time					Clark County, Department official(s)?	of Av	iation, Clark Count	y Detention
Yes	S	No (If)	es, pl	lease note that Cou , or other contracts	unty s, wh	employee(s), or ich are not subje	appointe	d/ele npetil	cted official(s) may not pe tive bid.)	rform	any work on profe	essional service
sister,	grandchild		ated to	o a Clark County, [ic partner, child, parent, in nty Detention Center or C			
Yes	s	✓ No (If)	es, p	lease complete the	Disc	closure of Relati	onship fo	rm or	n Page 2. If no, please pr	int N/	A on Page 2.)	
I certify unde land-use app	r penalty provals, co	of perjury, that all o ntract approvals, la	f the i	information provide iles, leases or exch	d he nange	rein is current, c es without the co	complete, ompleted	and discl	accurate. I also understar osure form.	nd tha	t the Board will no	t take action on
Una Moral	bito	Digitally signed to Date: 2021,05,09			Į	Una Morabito						
Signature						Print Name						
Head of LMN	V & Gov'	Markets Client I	Mana	gement	(06/18/2021						
Title						Date						

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	N/A	N/A	N/A
Water Reclamation District. "Consanguinity" is a relations "To the second degree of of follows: • Spouse – Registered	Clark County, Department of ship by blood. "Affinity" is a release consanguinity" applies to the d Domestic Partners – Children alf-Brothers/Half-Sisters – Gra	ationship by marriage. candidate's first and second n – Parents – In-laws (first de	degree of blood relatives as
For County Use Only:			
	noted above, please complete the follo	•	
	ployee(s) noted above involved in the		
Notes/Comments:	ployee(s) noted above involved in any	way with the business in performance	e of the contract?
Signature			
Print Name Authorized Department Representa	tive		

Business Entity	у Тур	e (Please select	one)								
Sole Proprietorship		Partnership		Limited Liability mpany		Corporation	Trus	st	Non-Profit Organization		Other	
Business Desig	nati	on Group (Pleas	e sel	ect all that apply)							
□ МВЕ		□WBE		SBE		□PBE			□VET		VET	□ESB
Minority Busines Enterprise			Small Business Enterprise		Physically Ch Business Ente			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business	
Number of	Claı	rk County Ne	evad	da Residents	E	mployed:				0		
Corporate/Busi	nocc	Entity Name:	Inte	rnational City Ma	na	gement Associ	iation Re	tiren	ment Corporation			
(Include d.b.a.,				sion Square Reti								
Street Address:	- 10	pilicable)		North Capitol St				Mal	bsite: www.icmarc.org			
City, State and		Code:		shington, DC 200	-				C Name: Dayla Cabeza	a de '		
Telephone No:			202	-962-4600					No: 202-962-4601			
Nevada Local S			N/A					Wel	bsite:			
								Loc	aal Eav No			
City, State and Zip Code: Local Fax No: Local POC Name:												
Local Telephone No:							Ema					
									evised Statutes, including s, and professional corpo			te corporations,
Please see attac		Full Name	Dire	ctors	Title				% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)			
Are any indi Center or Ci	vidua lark C	I members, partne county Water Recla	rs, ov amatio	on District full-time	invo	olved in the busin ployee(s), or app	ness entity ointed/ele	, a C cted	Clark County, Department official(s)?		iation, Clark Count	
sister, grand	vidual dchild	cor *to members, partner	tracts the tracts rs, ow ated t	s, or other contracts best of our knowled, ners or principals to a Clark County, E	ge. nav	hich are not subj e a spouse, regis	ect to com stered don	npetit nesti	icted official(s) may not pe tive bid.) ic partner, child, parent, ir nty Detention Center or C	ı-law	or brother/sister, h	alf-brother/half-
Yes	٠.			, ,	Dis	sclosure of Relati	onship for	m or	n Page 2. If no, please pr	int 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.											
La Offer		Digitally signed to Date: 2021.06.10	oy Erica 0 19:00:	McFarquhar 18 -04'00'		Erica McFarqu	uhar					
Signature					9	Print Name						
Authorized Repre	esen	tative				6/10/21						
Title					-	Date		_				

List any disclosures below: (Mark N/A, if not applicable.)

Authorized Department Representative

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT					
Water Reclamation District. "Consanguinity" is a relations "To the second degree of of follows: • Spouse – Registered	Clark County, Department of ship by blood. "Affinity" is a relectors anguinity" applies to the diplomestic Partners – Childrenalf-Brothers/Half-Sisters – Gra	ationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as					
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								



DIRECTORS, OFFICERS, & AUTHORIZED REPRESENTATIVES

Directors

Tanisha Briley, Chair

Brian Clarke

Lee Feldman

Lynne Ford

Robert Jones

Opal Mauldin-Jones

Marc Ott

Deanna Santana

Cynthia Steer

Denean Williams

Officers

Lynne Ford, President

Dai Shi, Treasurer

Rhonda Mims, Secretary

Authorized Representatives

Natacha Lafleur, Authorized Representative

Thomas McAndrews, Authorized Representative

Erica McFarquhar, Authorized Representative

Barbara Stotler, Authorized Representative

George Suzich, Authorized Representative

Richard Whitty, Authorized Representative

				-					_		
Business Entity Ty	e (Please select	one	<u> </u>								
Sole Proprietorship	Partnership		Limited Liability mpany	~	Corporation	Tru	ıst	Non-Profit Organization		Other	
Business Designati	on Group (Pleas	e sel	ect all that apply)							
МВЕ	□WBE		□SBE		□PBE			□VET	DVET		□ESB
Minority Business Enterprise	•		Small Business Enterprise		Physically Ch Business Ente		1	Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of Cla	rk County Ne	evac	da Residents	E	mployed:				1		
Corporate/Business	s Entity Name:	Nati	ionwide Retirem	ent	Solutions, Inc.						
(Include d.b.a., if applicable)											
Street Address:		10 \	W Nationwide Bl	vd.			We	bsite: www.nrsforu.com	m		
City, State and Zip	Code:	Col	umbus, Ohio 432	215			РО	C Name: Marshall Gof	f		
							Em		@nat	ionwide.com	
Telephone No:		(877	7) 677-3678	_				(No: (877) 677-4329			
Nevada Local Stree		N/A					We	bsite: ^{N/A}			
(If different from ab		NUA		-				NI/A			
City, State and Zip Code: N/A Local Fax No: N/A Local POC Name: N/A											
Local Telephone No	:	N/A					Em	NI/A			
								levised Statutes, including s, and professional corpo			te corporations,
N/A	Full Name		N.	Title N/A				% Owned (Not required for Publicly Trade Corporations/Non-profit organizat N/A			licly Traded
IVA											
Are any individua	Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?										
Do any individua	cor Il members, partne	tracts	s, or other contracts	s, w	hich are not subj e a spouse, regis	ect to co	mpeti omest	ic partner, child, parent, i	n-law	or brother/sister. h	alf-brother/half-
 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.) 											
	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.										
Jack Kilbane	Digitally subpand by: Jack Milliams Digit ON = Jack Nilbarn ensell = just hit Ingelstern COL in AVP, Program	peneglinesered	e,com C = Lttl O = Natignwas Ratinsvent		Jack Kilbane						
Signature	Spikeone OU = AVP, Finence - Diest 2021,01,01 12.15:16 -04'00'			33	Print Name						
Associate Vice Dece	dont Potinoman	Dia	Proposal-		July 4 0004						
Associate Vice Presi	uent, Retirement	rıar	roposais	3	July 1, 2021						

List any disclosures below: (Mark N/A, if not applicable.)

Print Name Authorized Department Representative

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	N/A	N/A	N/A
	- :		
Water Reclamation District. "Consanguinity" is a relation: "To the second degree of of follows: • Spouse – Registered	Clark County, Department of ship by blood. "Affinity" is a reconsanguinity" applies to the d Domestic Partners Children alf-Brothers/Half-Sisters Gra	lationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as
Yes No Is the County em	noted above, please complete the folloployee(s) noted above involved in the ployee(s) noted above involved in any	contracting/selection process for this	-
Signature			

Business Entit	у Тур	e (Please select	one)								
Sole Proprietorship		Partnership	Co	Limited Liability mpany	v	Corporation	Trus	st	Non-Profit Organization		Other	
Business Desi	gnati	on Group (Pleas	e sel	ect all that apply)							
□ МВЕ		□WBE		SBE		□PBE			VET		OVET	□ESB
Minority Busines Enterprise	ss	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch Business Ente			Veteran Owned Business	_	abled Veteran ned Business	Emerging Small Business
Number of	Cla	rk County Ne	evad	da Residents	E	mployed:				0		
Corporate/Bus	iness	Entity Name:	Pru	dential Retireme	nt I	nsurance and	Annuity (Com	npany			
(Include d.b.a.,							<u>·</u>		· ·			
Street Address			280	Trumbull Street				We	ebsite: www.prudenti	al.com		
City, State and		Code:	Har	tford, CT 06103				РО	C Name: Brian McCl	eave	orudential.com	
			614	-270-0107					nail: bnan.mccie x No: 860-534-2052	avew	Jrudermal.com	
Telephone No:	_		014	-270-0107	-		-			-		
Nevada Local \$			N/A					We	ebsite: N/A			
City, State and			N/A					Loc	cal Fax No: N/A			
Oity, Otate une	Lip	out.						Local POC Name: N/A				
Local Telephor	ne No	:	N/A					Em	nail: N/A			
Entities include	all bu	siness associations	s orga	nized under or gov	verr	ned by Title 7 of	the Neva	da R	ends to the applicant an Revised Statutes, includ os, and professional cor	ina but	not limited to priva	te corporations,
Please refer to t	he fo	Full Name	list o	of Corpor: Pl	Title Please refer to the following a			Corpo			% Owned (Not required for Publicly Traded rporations/Non-profit organizations)	
Are any ind	Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?											
sister, gran	dchild	I members, partner	rs, ow ated t	o a Clark County, [hav	e a spouse, regi	stered dor	mest	itive bid.) tic partner, child, parent anty Detention Center o	i, in-law r Clark (or brother/sister, h County Water Recl	alf-brother/half- amation District
Yes		records.		` '	Dis	sclosure of Relat	ionship fo	rm o	n Page 2. If no, please	print N	/A on Page 2.)	
				information provide ales, leases or exch					l accurate. I also unders losure form.	tand the	at the Board will no	t take action on
Stun	Ma	ente				Steven Haerte	əl					
Signature	Signature Print Name											
Vice President						June 25, 2021						
Title						Date						

List any disclosures below: (Mark N/A, if not applicable.)

Authorized Department Representative

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	N/A	N/A	N/A						
"To the second degree of of follows: • Spouse – Registered	ship by blood. "Affinity" is a releconsanguinity" applies to the domestic Partners – Childrer alf-Brothers/Half-Sisters – Gra	candidate's first and second	ree)						
For County Use Only:									
If any Disclosure of Relationship is r	noted above, please complete the folio	owing:							
Yes No Is the County emp	ployee(s) noted above involved in the	contracting/selection process for this	particular agenda item?						
Yes No Is the County emp	ployee(s) noted above involved in any	way with the business in performance	e of the contract?						
Notes/Comments:									
Signature									
Print Name									

Prudential Financial's Officers

Frudential Fillancial 5 Officers	
Appointment Type	Appointed Entity
Appointed Actuary	DOOLEY, BRENT
Assistant Controller	AXEL, ROBERT D
Assistant Controller	BANERJEE, ADITI
Assistant Controller	CAPRARI, BRAD C
Assistant Controller	CARUSO, SUSAN
Assistant Controller	CHACKO, ROBERT
Assistant Controller	LASRY, FLORENCE
Assistant Controller	LEUNG, ELSPETH
Assistant Controller	LEZON, STANLEY
Assistant Controller	MORGADO MOODY, LYDIA
Assistant Controller	SRODECKA, ALINA D
Assistant Controller	TATUM, ANN
Assistant Controller	TRINKLE, DIANNE
Assistant Controller	VISICARO, JOHN F
Assistant Secretary	BUCKLEY, RICHARD
Assistant Secretary	CAFIERO, JOHN M
Assistant Secretary	COLON-PEREZ, IDA
Assistant Secretary	DRUMMEY, MICHELE M
Assistant Secretary	FORAN, MARGARET M
Assistant Secretary	HUGHES, ANDREW
Assistant Secretary	PALEN, MAGGIE
Assistant Secretary	PIGNATELLA, MICHAEL A
Assistant Treasurer	CHUPAK, JASON R
Assistant Treasurer	DAVI, SUSANNA
Assistant Treasurer	HERSEY, ANDREW J
Assistant Treasurer	MCCARTHY, JOSEPH B
Chairman	FRIAS, YANELA C
Chief Actuary	KEEFE, KATHLEEN J
Chief Financial Officer	BOYLE, ROBERT E
Chief Investment Officer	CURRAN, BRIAN J
Controller	Burkhart, Robert L
Legal Entity Risk Officer	BREZIN, EVA S
PFI Chief Investment Officer	SCHMIDT, TIMOTHY L
President	FRIAS, YANELA C
Secretary	SILLS, KAREN M
Senior Vice President	BOYLE, ROBERT E
Senior Vice President	DALESSIO, HARRY A
Senior Vice President	GAUL, SCOTT E
Senior Vice President	KEEFE, KATHLEEN J
Senior Vice President	MANGANIELLO, SUZANNE
Senior Vice President	SCHMIDT, TIMOTHY L
Treasurer	MONGIA, NANDINI
Vice President	Burkhart, Robert L
Vice President	CURRAN, BRIAN J
Vice President	DOMINGOS, MICHAEL

Vice President	DOOLEY, BRENT
Vice President	GROPACK, KELLY
Vice President	Hyten, Alexandra L
Vice President	KESSLER, AMY R
Vice President	MCDONALD, MARGARET G
Vice President	MCINTOSH, DOUGLAS S
Vice President	NAVRATIL, PAUL
Vice President	ROSERO, JOHN D
Vice President and Chief Information Security Officer	DOUGHTY, THOMAS W

Prudential Financial's Board of Directors

Appointment Type	Appointed Entity
Director	SCHMIDT, TIMOTHY L
Director	BOYLE, ROBERT E
Director	DALESSIO, HARRY A
Director	FRIAS, YANELA C
Director	GAUL, SCOTT E
Director	HERSEY, ANDREW J
Director	KEEFE, KATHLEEN J

Business Entit	у Тур	e (Please select	one)									
Sole Proprietorship		Partnership	Co	Limited Liability		Corporation	Tru	st	Non-Profit Organization		Other		
Business Desi	Business Designation Group (Please select all that apply)												
□MBE		□WBE		□SBE		□РВЕ			□VET		VET	□ESB	
Minority Busines Enterprise	ss	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch Business Ente			Veteran Owned Business	Disabled Veteran Owned Business Emerging Sm Business		Emerging Small Business	
Number of	Number of Clark County Nevada Residents Employed:												
Cornerate/Busi		Entity Name	TCC	TCG Trusted Capital Group. a Hub International company									
Corporate/Bus													
Street Address		,	900	S. Capital of Tex	xas	Hwy., Ste 350		We	bsite: www.tcgservice:	s.con)		
City, State and		Code:	Aus	stin, TX 78746				РО	C Name: Chris Jamail, ail: rfp@tcgservic	CFP			
Telephone No:									(No: 88989247				
Nevada Local S	Street	Address:							bsite: N/A				
(If different from	n ab	ove)	N/A										
City, State and	Zip	Code:	N/A					Loc	cal Fax No: N/A				
Local Telephor	o No		N/A					Loc	Local POC Name: N/A				
Local Telephol	Local Telephone No: N/A Email: N/A												
Entities include a close corporation	ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s). Entitles 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 % Owned (Not required for Publicly Traded Corporations/Non-profit organizations)						licly Traded						
N/A													
Are any ind	Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?												
sister, grand	 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)	es, p	lease complete the	Dis	sclosure of Relat	ionship fo	orm o	n Page 2. If no, please p	int 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.												
	>	Q				Chris Jamail,	CFP						
Signature					2	Print Name							
Chief Marketing	Offic	er, Partner				07/06/2021							
Title						Date							

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			
* County employee means Water Reclamation District.	Clark County, Department of	Aviation, Clark County Dete	ntion Center or Clark County
"Consanguinity" is a relations	ship by blood. "Affinity" is a rel	ationship by marriage.	
"To the second degree of collows:	consanguinity" applies to the	candidate's first and second	degree of blood relatives as
Spouse – Registered	d Domestic Partners – Children	n – Parents – In-laws (first de	gree)
Brothers/Sisters – Ha	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents –	In-laws (second degree)
For County Use Only:			
	noted above, please complete the folio	owing:	
Yes No Is the County emp	ployee(s) noted above involved in the	contracting/selection process for this	particular agenda item?
Yes No Is the County emp	ployee(s) noted above involved in any	way with the business in performanc	ee of the contract?
Notes/Comments:			
CD.D			
Signature			
Print Name Authorized Department Represental	tive		

Business Entity 1	Business Entity Type (Please select one)										
Sole Proprietorship	Partnership		Limited Liability mpany	X	Corporation	Trus	st	Non-Profit Organization		Other	
Business Design	Business Designation Group (Please select all that apply)										
□ МВЕ	□WBE		SBE		PBE			VET		VET	□ESB
Minority Business Enterprise	Women-Owned Business Enterprise	l	Small Business Enterprise		Physically Ch Business Ente			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of C	Number of Clark County Nevada Residents Employed: 3										
Corporate/Busine	ess Entity Name:	Vc	ya Institutional Plai	n Se	ervices						
(Include d.b.a., if			oya Financial								
Street Address:			ne Orange Way				We	bsite: Voya.com			
City, State and Zi	p Code:	w	indsor, CT 06095				PO Em	C Name: Bishop Bastie		n	
Telephone No:		(916) 764-1171				Fax	No: (612) 492-0682			
Nevada Local Str	9		60 Howard Hu lite 559	ıgh	ies Parkway,		Wel	bsite: Voya.com			
City, State and Z		L	as Vegas, NV 8	91	69		Loc	al Fax No:			
			0 .					al POC Name:			
Local Telephone	No:						Em				
Entities include all	business association	s orga	anized under or go	verr	ned by Title 7 of	the Nevad	da R	ends to the applicant and evised Statutes, including s, and professional corpo	but in the part of	not limited to priva	d olicly Traded
Please refer to Pa	ige 4 for a list of Voya I	nstitu	tional Plan Services C	ffic	ers and Directors						
											
Are any individual Center or Clar Yes	Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)? [I] Yes [I] 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.)										
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	Yes No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)										
land-use approvals,	ty of perjury, that all of contract approvals, I					ompleted		accurate. i also understa losure form.	nd tha	at the Board will no	ot take action on
Signature					Print Name						
Vice President Title				8	July 21, 2021 Date						

List any disclosures below: (Mark N/A, if not applicable.)

Authorized Department Representative

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT			
Not applicable						
Water Reclamation District.	Clark County, Department of ship by blood. "Affinity" is a rel	·	ntion Center or Clark County			
"To the second degree of of follows:	consanguinity" applies to the	candidate's first and second	degree of blood relatives as			
Spouse – Registered	d Domestic Partners – Childrer	n – Parents – In-laws (first dec	gree)			
Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)						
For County Use Only:						
If any Disclosure of Relationship is I	noted above, please complete the folio	owing:				
	ployee(s) noted above involved in the					
_	ployee(s) noted above involved in any	way with the business in performance	e of the contract?			
Notes/Comments:						
Signature						
Print Name						

Appointment Type	Appointed Entity	Date First Elected Ranking Order
Assistant Secretary	Schultz, TMS	26/07/2009 00080
Director	Bertucci	01/03/2020 00002
President	Nelson	09/04/2016 00018
Secretary	O'Donnell, M.A.	01/08/2019 00072
Senior Vice President	Harmon	10/09/2018 00050
Senior Vice President	Lavallee, HHL	01/07/2016 00050
Senior Vice President	O'Neill	08/09/2015 00050
Senior Vice President and Chief Tax Officer	Bertucci	01/10/2017 00050
Tax officer	Bryant	02/11/2020 00087
Tax officer	Craytor, CSC	02/11/2020 00087
Tax officer	Kallenberg, AMK	01/10/2017 00087
Treasurer	Bertucci	01/03/2020 00073
Vice President	Awadzi, KA	05/11/2012 00055
Vice President	Baranowski, BJB	02/05/2017 00055
Vice President	Blue	22/08/2018 00055
Vice President	Brennan	01/04/2019 00055
Vice President	Cimini	09/05/2019 00055
Vice President	Duffy	01/04/2019 00055
Vice President	Elrod, G.	05/11/2012 00055
Vice President	Falkner, R.	09/09/2008 00055
Vice President	Feleciano	10/09/2018 00055
Vice President	Freer	07/12/2017 00055
Vice President	Gilarde, L.S.	04/04/2011 00055
Vice President	Gruenberg, GTG	07/12/2017 00055
Vice President	Heyel	09/05/2019 00055
Vice President	Keating	06/02/2014 00055
Vice President	Keen	06/02/2014 00055
Vice President	Lombardo, L.A.	19/08/2016 00055
Vice President	McAuliffe	06/10/2016 00055
Vice President	Moy	13/01/2017 00055
Vice President	Murphy, JEM	28/06/2006 00055
Vice President	Nastar	03/05/2016 00055
Vice President	Solimine	07/12/2017 00055
Vice President	Stevens	31/03/2018 00055
Vice President	Thistle, Jr.	07/12/2017 00055
Vice President	White	18/12/2020 00055
Vice President	Wood	09/05/2019 00055
Vice President and Assistant Treasurer	Peck, NAP	02/11/2020 00055
Vice President and Assistant Treasurer	Reimer, K.J.	15/04/2016 00055
Vice President and Chief Financial Officer	Hart	15/01/2018 00055