DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)									
□colo □	Partnershin	Limited Lia	ability	Corporation	Trust	Non-Profit Organization	Other		
Business Designation	on Group (Please	select all that	t apply)				·		
MBE	□WBE	SBE		□PBE		□VET	□DVET	□ESB	
Minority Business Enterprise	Women-Owned Business Enterprise	Small Bu Enterpris		Physically Ch Business Ent		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business	
Number of Clark County Nevada Residents Employed: 1,444 (employed by Cox Communications Las Vegas, Inc.)									
Corporate/Business Entity Name:		Cox Nevada Telcom, LLC							
(Include d.b.a., if applicable)		Cox Business							
Street Address:		1700 Vegas Drive			W	Website: www.cox.com			
City, State and Zip Code:		Las Vegas, NV 89106				POC Name: Victoria Zrebiec Email: victoria.zrebiec@cox.com			
Telephone No:	(877) 404-250	68		F	Fax No: N/A			
Nevada Local Street Address:					W	Website:			
(If different from abo	, i								
City, State and Zip Code:						Local Fax No:			
Local Telephone No:						Local POC Name: Email:			
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 (Not required for Publicly Traded									
- Cox Communicati	Inc.				Corporations/Non-profit organizations) 100%				
Cox Communications, Inc.							100%		
Cox Enterprises, I	nc. 1						95.4%	0	
No individual owns more than 5%									
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? 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.)									
 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 ye	s, please comp	lete the D	isclosure of Rela	tionship 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 on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.									
Signed by: Steve Westerman			Steve Westerman						
- D6C8D23CC7524A6			Print Name						
Vice President, Cox Business				1/28/2025					
				Date					

REVISED 7/25/2014

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 - Cox has no knowledge of	any affiliations						
* County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District. "Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage. "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?							
	ployee(s) noted above involved in any	way with the business in performance	e of the contract?				
Notes/Comments:							
Signature							
Print Name Authorized Department Representa	tive						