DISCLOSURE OF OWNERSHIP/PRINCIPALS

					III							
Business Entity Typ	e (Please select									1		
Sole Proprietorship	Partnership		Limited Liability npany	7	Corporation	Tru	st	Non-Profit Organization		Other		
Business Designati	on Group (Please	e sele					-		I _		I	
MBE	WBE		SBE		PBE			□ VET		DVET	ESB	
Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch Business Ente			Veteran Owned Business	1	abled Veleran med Business	Emerging Small Business	
Number of Clark County Nevada Residents Employed: 240												
Corporate/Business Entity Name:		CODALE ELECTRIC SUPPLY, INC										
(Include d.b.a., if applicable)												
Street Address:			5225 W 2400 S Website: WWW.CO						DALE.COM			
City, State and Zip Code:		SALT LAKE CITY UT 84120					POC Name: Troy Gentry Director of Industrial Sales - West Email:					
Telephone No:		702-384-8500					Fax No: 702-384-9027					
Nevada Local Street Address:		3920 W SUNSET ROAD					Website: WWW.CODALE.COM					
City, State and Zip	(If different from above)		LAS VEGAS NV 89118					Local Fax No: 702-384-9027				
Local Telephone No:			702-384-8500				Local POC Name: Casey Soliwoda, Industrial Electrical Sales Email: CaseyS@codale.com					
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)			
HASLEY COOK			DIRECTOR					LESS THAN 5%				
DAVID GABRIEL	DAVID GABRIEL			DIRECTOR					LESS THAN 5%			
PAUL TRUDEL			DIRECTOR/SEC					LESS THAN 5%				
ANDREW WARIN	G	*****	TF	₹E,	ASURER			L	ESS	THAN 5%		
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes Volume Yes Yes Volume Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye												
 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 y	yes, pi	lease complete the	Di	sclosure of Relat	ionship fo	orm o	on Page 2. If no, please p	rint N	/A on Page 2.)	8 % °	
l 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.												
Heili	Digital synchology (2005) in the first Damy (2005) bea / embryony (2005) on the A / Digital Open	15 5.00, H S	Kinasi Februari Seni Pad		Troy Gentry							
Signature					Print Name							
Director of Industrial Sales - Wes					01/13/2025							
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					
N/A	N/A	N/A	N/A					
* County employee means Water Reclamation District.	* County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.							
"Consanguinity" is a relation	ship by blood. "Affinity" is a re	lationship by marriage.						
"To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:								
Spouse – Registere	d Domestic Partners – Childre	n – Parents – In-laws (first de	gree)					
Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)								
F ************************************			Was all the second seco					
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								
oignaturo								
Print Name Authorized Department Representa	ntive							