	0.02	2							
Business Entity Type	(Please select	one)							
Sole Proprietorship	artnership	Limited Liability Company	Corporation	Trust	Non-Profit Organization		Other		
Business Designatio	n Group (Please	e select all that apply)					THE STATE OF THE S	
MBE	WBE	SBE	☐ PBE		VET	□pv	ET	□ESB	
Enterprise	Women-Owned Business Enterprise	Small Business Enterprise					Disabled Veteran Owned Business Busines		
Number of Clar	k County Ne	evada Residents	Employed:	2	2000				
Corporate/Business	Entity Name	Dominion Voting Sys	stems, Inc.		-//				
(Include d.b.a., if app					34117.6				
	nicable)	PO Box 343		W	lebsite; www.dominion	nvoting.co	om		
Street Address:		Broomfield, CO 800	38		OC Name:				
City, State and Zip Co	ode:	Biodiffield, GO 600	30	1	aculacota@	dominior	voting.com		
		4 DEC 254 DC02			IIIIIII.				
Telephone No:		1.866.654.8683	- JH01	F	ax No:	-		200	
Nevada Local Street	Address:			N	/ebsite:				
(If different from abo	ve)								
City, State and Zip C	Code:				ocal Fax No:				
				L	ocal POC Name:				
Local Telephone No:				E	mail:				
ownership or financial in	nterest. The disclo	sure requirement, as ap	plied to land-use ap	oplications, ex	nd Directors in lieu of stends to the applicant ar	ia tùe isua	iowner(s).		
ownership or financial in Entities include all bus close corporations, fore	nterest. The disclo	sure requirement, as ap s organized under or og	fist all Corporate plied to land-use ap	oplications, ex f the Nevada	nd Directors in lieu of stends to the applicant ar Revised Statutes, including pips, and professional con	ing but no posations.	iowner(s). Ist limited to privi	ate corporations, d blicity Traded	
ownership or financial in Entitres include all bus close corporations, fore	nterest. The disclo Ilness associations Ign corporations, I	sure requirement, as ap s organized under or og	fist all Corporate plied to land-use ap	oplications, ex f the Nevada ited partnersh	dends to the applicant ar Revised Statutes, includ	ing but no porations. (Not Corpor	ot limited to privi % Owne t required for Pu	ate corporations, d blicity Traded	
ownership or financial in Entities include all bus close corporations, fore	nterest. The disclo	sure requirement, as ap s organized under or go limited flability companie	list all Corporate plied to land-use all verned by Title 7 os, partnerships, lim	plications, expensive fitted partnersh	tends to the applicant ar Revised Statutes, including and professional con	ing but no porations. (Not Corpor	ot limited to privi % Owne t required for Pu	ate corporations, id blicity Traded	
ownership or financial in Entities include all bus close corporations, fore US Dominion Inc. This section is not rec	nterest. The disclo	sure requirement, as ap s organized under or go imited flability companie	list all Corporate plied to land-use all verned by Title 7 os, partnerships, lim	oplications, expensive fithe Nevada iled partnersh	rporation?	(Not Corporations.	owner(s). It limited to priving the control of the	ate corporations, d blicty Traded it organizations)	
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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
			3443
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 de	degree of blood relatives as gree)
For County Use Only:			
	noted above, please complete the follo		
	ployee(s) noted above involved in the		
Yes No is the County em	ployee(s) noted above involved in any	way with the business in performan	ce of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	ative		

Duntum Fraits To	(Dienes poleet	ona)									
Business Entity Ty	De Tribase select		nited Liability			_	Non-Profit				
Sole Proprietorship	Partnership	Comp		7	Corporation	Trus	Organization			Other	
Business Designati	on Group (Pleas	e selec	t all that apply)	_							
MBE	□WBE	1	SBE		PBE		VET			VET	ESB
Minority Business Enterprise	Women-Owned Business Enterprise		Small Buşiness Enterprise						Emerging Small Business		
Number of Cla	rk County Ne	evada	Residents	Er	nployed:				2		
Corporate/Business	s Entity Name:	US Do	ominion, Inc.								
(include d.b.a., if ap	1.0										- 11100
Street Address:		PO Bo	ox 343				Website:				
City, State and Zip	Code:	Broon	nfield, CO 8003	38			POC Name:	cis@do	minio	nvoting;com	
Talauhana No.		1.866	.654.8683				Fax No:				
Telephone No:		-	(a) = = = = = = = = = = = = = = = = = = =					10 XE	-		
Nevada Local Stree							Website:				
(if different from ab					-		Lees For No.				
City, State and Zip	Code:	-					Local Fax No:				
Local Telephone No	o:						Local POC Name: Email:				
Entitles include all budose corporations, for	usiness association reign corporations, Full Name	s organi limited li	ized under or govi iability companier	vem s, pa	ed by Tille 7 of artnerships, limit	the Neva ed partne Title	da Revised Statutes. rships, and profession	including ial corpo) but n rations	ot limited to priva 3. % Owne	
Dominion Intermedia			_							ot required for Pu rations/Non-profi	
This section is not re								Yes		No	
 Are any individu Center or Clark 	County Water Recl	lamation	District full-time	emp	oloyee(s), or app	pointed/el					
Yes	No (If	yes, ple ntracts,	ase note that Co or other contract	unty s, wi	employee(s), o hich are not sub	r appoint ject to co	ed/elected official(s) m mpetitive bid.)	ay not p	erform	any work on pro	fessional service
sister, grandchi	ld, grandparent, re ree(s), or appointed	lated to l/elected	a Clark County, official(s)?	Dep	artment of Avia	tion, Clari	omestic partner, child, c County Detention Co	enter or C	Jiank (Jounty water Re	half-brother/half- clamation District
Yes	No (If	yes, ple	ase complete the	e Dis	sciosure of Rela	tionship f	orm on Page 2. If no,	please p	rint N/.	A on Page 2.)	
I certify under penalty land-use approvals, c	of perjury, that all ontract approvals,	of the in land sale	formation provides, leases or exc	ed h hạng	erein is current, ges without the	complete completed	e, and accurate. I also disclosure form.	understa	and tha	at the Board will r	not take action on
	(2x	1			John Poulos						
Sispatule	-	-			Print Name						
	7				6/4/2025						
President and CEO					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
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		111111111111111111111111111111111111111
"To the second degree of follows: • Spouse – Registere	ship by blood. "Affinity" is a re consanguinity" applies to the d Domestic Partners – Childre lalf-Brothers/Half-Sisters – Gra	candidate's first and second n – Parents – In-laws (first de	
For County Use Only:			
•	noted above, please complete the foll		n norticular accorda itam?
	ployee(s) noted above involved in the ployee(s) noted above involved in an		
Notes/Comments:	iployee(s) noted above involved in all	, may time the beautiful in personner	
Signature	(
Print Name Authorized Department Represent	ative		

Rueiness Entit	y Tw	e (Please select	onel	()									
Sole Proprietorship		Partnership		Limited Liability	E	Corporation	Trust		Non-Profit Organization			Other	
Business Desi	gnati	on Group (Pleas	e sel	ect all that apply)								
MBE		□wbe		□SBE □PBE □VET			VET	[VET	ESB		
Minority Busine Enterprise	ss	Women-Owned Business Enterprise		Small Business Physically Challenged Business Enterprise Physically Challenged Business						abled Veteran ned Business	Emerging Small Business		
Number of	Cla	rk County Ne	evac	la Residents	E	mployed:				2			
Corporate/Business Entity Name: Dominion Intermediate Holdings Inc.													
(Include d.b.a.,									77				
Street Address		phoable	PO	Box 343				Websi	ite:				
City, State and		Code:	Bro	omfield, CO 800	38			POC N	lame:	@dorr	ninic	onvoting.com	
Telephone No:			1.86	66.654.8683				Fax N	0:		-		
Nevada Local		t Address:	-					Websi	ite:	-			
(If different fro													
City, State and								Local	Fax No:				
								Local	POC Name:				
Local Telepho	ne N) :						Email:					
Entities include close corporation	ali bu 1s, foi	isiness association: reign corporations, l Full Name	s orga Rimiter	anized under or go d liablity companie	iven is, p	ned by Title 7 of partnerships, limit	the Nevad ed partners	a Kevi ships, a	sed Statutes, incl and professional d	uomg n	tion	s. % Owne	d
SSC Dominion	Hold	ings Inc.								100	orp	ot required for Pul prations/Non-profi	
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4 Are any in	divida	equired for publicital members, partnet County Water Rector No (If	ers, ov amati ves, r	wners or oringipals.	, inv	volved in the busi aployee(s), or app by employee(s), o	ness entity pointed/ele r appointed	, a Cla cted of d/electe	rk Counly, Depart ficial(s)? ed official(s) may i				
sister, grai	rdchil	al members, partnerd, grandparent, relee(s), or appointed. No (If	ated /elect	to a Clark County,	De	partment of Avial	ion, Clark	County	Detention Gente	roru	агқ ч	County Water Red	half-brother/half- clamation District
Leadify under no	enalty als, c	of perjury, that all o	of the and s	information provid ales, leases or exc	ed t	herein is current, nges without the t	complete, completed	and ad	ccurate. I also und ure form.	erstan	d th	at the Board will n	ot take action on
Z		6	<u></u>			John Poulos							
Signature		1											
President and	ÇEO					6/4/2025 Date					_		
TILLE			_			1							

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
NO. 100 STEEL STEE			
Water Reclamation District. "Consanguinity" is a relation "To the second degree of of follows: • Spouse – Registere • Brothers/Sisters – H	Clark County, Department of ship by blood. "Affinity" is a rel consanguinity" applies to the d Domestic Partners – Children lalf-Brothers/Half-Sisters – Gra	lationship by marriage. candidate's first and second n – Parents – In-laws (first de	degree of blood relatives as gree)
For County Use Only: If any Disclosure of Relationship is	noted above, please complete the folio	owing:	
162000000000000000000000000000000000000	ployee(s) noted above involved in the		s particular agenda item?
	ployee(s) noted above involved in any		
Notes/Comments:			
Signature	5		

Business Entit	lv Tv	pe (Please select	one									
Sale Proprietorship		Partnership	П	Limited Liability	V	Corporation	Trus	st	Non-Profit Organization		Other	
Business Des	gnati	on Group (Pleas	e sel	ect all that apply)							
MBE		□wBE		□SBE		PBE	-	_ [VET		OVET	□ESB
Minority Busine Enterprise	ss	Women-Owned Business Enterprise									abled Veteran ned Business	Emerging Small Business
Number of	Cla	rk County Ne	evac	la Residents	E	mployed:				2		
0 1 100 1	Comparate/Rusiness Entity Name: SSC Dominion Holdings Inc.											
Corporate/Bus			-		-							
(Include d.b.a. Street Address		plicable	PO	Box 343				Woh	site:			
City, State and		Code:	Bro	omfield, CO 8003	38				Name:	omini	onvoting.com	
Telephone No	:		1.86	6.654.8683		14 X 31		Fax	No:			
Nevada Local		t Address:				SWIN		Web	osite:			
(If different fro												
City, State an	d Zip	Code:						Loca	al Fax No:			
								Loca	al POC Name:			
Local Telepho	ne N): 						Ema	iil:	-		
Entities include	all ba	siness association	s oros	intzed under or go	ven	ned by Title 7 of	the Neva	da Re	nds to the applicant and evised Statutes, includin s, and professional corpo	g but pration (N	not limited to priva	i blicky Traded
State Street Ca	pital	II, LP							5	9.7%		
State Street Ca	pital	II-A, LP							1	5.5%		
John Poulos										2.4%		7-7-1-1-1
lan MacVicar						- Xes			5	6.6%	The Hallett work	
1 Are any in	dividu	al members, partne County Water Recl	ers, ov amatic yes, p	on District full-time	inv em unt	olved in the bust ployee(s), or app y employee(s), o	ness entit pointed/ele r appointe	y, a C ected o	lark County, Departmen official(s)? cted official(s) may not p			
sister, gra	ndchil	d, grandparent, sel ee(s), or appointed.	ated t electe	o a Clark County, i ed official(s)?	Dep	partment of Aviat	iion, Clark	Caur	c partner, child, parent, hty Detention Center or h Page 2. If no, please p	Clark	County water Rec	nalf-brother/half- lamation District
L cartify under n	enalty als, c	of periury, that all u	of the	- W	ed h	nerein is current.	complete	, and	accurate. I also underst			ot take action on
7		(2)	۷.			John Poulos						
Signature						Print Name						
President and	CEO					6/4/2025						
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
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"To the second degree of of follows: • Spouse – Registered	ship by blood. "Affinity" is a re consanguinity" applies to the d Domestic Partners – Childre alf-Brothers/Half-Sisters – Gra	candidate's first and second n – Parents – In-laws (first de	
For County Use Only:			
•	noted above, please complete the foll		
	ployee(s) noted above involved in the		
Yes No Is the County em	ployee(s) noted above involved in any	way with the business in performan	ce of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	elíve		

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Business Entity Ty	pe (Piease select	one)				Г		II		1	
Sole Proprietorship	Partnership		imited Liability	E	Corporation	Trus	st	Non-Profit Organization		Other	
Business Designat	ion Group (Pleas	e sele	ct all that apply)	_			_				1
☐ MBE	□WBE		SBE		☐ PBE		_	□ VET		DVET	□ESB
Minority Business Enterprise	Women-Owned Business Enterprise							Disabled Veteran Dwned Business	Emerging Small Business		
Number of Cla	rk County Ne	evad	a Residents	E	mployed:				0		50.000
Corporate/Business Entity Name: State Street Capital II, LP											
(Include d.b.a., if a	oplicable)										
Street Address:		1290	Avenue of the	Αm	ericas, 10th Fi	loor	We	bsite:			
City, State and Zip	Code:	New	York, NY 10104	1			PO	C Name:			
City, Ciato and Lip		_		_			Em	all:			
Telephone No:		212-	613-3100		H-10-55-48		Fax	t.No:			
Nevada Local Stree							We	bsite:			
(If different from at	iove)	-					-				
City, State and Zip	Code:	_		_				cal Fax No:			
Local Telephone N	o:					1		cal POC Name:			
and the second second			Acres de la companya del companya de la companya del companya de la companya de l				Em	ail:			
Entities Include all buclose corporations, fo	reign corporations, i	s orga imited	nized under or gov liabilitý companie:	verr s, p	ned by Title 7 of artnerships, limit	the Neva ted partne Titte	ida R ership	evised Statutes, inclu is, and professional co	orporat	ons. % Owne (Not required for Pu orporations/Non-profi	d blicly Traded
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139-2-1-								-	-		
Center or Clark	al members, partne County Water Reck	ers, ow amatio	mers or principals. on District full-time	inv em	olved in the busi ployee(s), or app	iness entii pointed/el	ly, a (ected	Clark County, Departn	nent of		
Yes	COI	ntracts	, or other contracts	s, W	hich are not sub	ject to co	mpet	itive bid.)			
sister, grandchi	ld, grandparent, rei ree(s), or appointed	tated to /electe	o a Clark County, I d official(s)?	Dep	artment of Avia	tion, Clark	Cou	tic partner, child, pare inty Detention Center	or Gla	rk County water Re-	half-brother/half- clamation District
Yes		10.00		9			775	n Page 2. If no, pleas			
I certify under penalty land-use approvals, o	of perjury, that all it contract approvals, l	of the i and sa	information provide iles, leases or excl	ed h han	erein is current, ges without the	complete completed	, and disc	l accurate. I also unde dosure form.	rstand	that the Board will r	ot take action on
I.	/5	7			John Poulos						-12 1167
Signature	1				Print Name			0			
President and Coop					6/4/2025						
Title	4				Date						

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						
	, vini								

1,000									
A.3)10.									
* 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? Notes/Comments:									
Signature									

Business Entity Ty	no (Planes enjact	one)								
Elou.	Partnership	Limited Liability	Corporation	n Trus	Non-Profit Organization		Other			
Business Designat	ion Group (Pleas	e select all that apply	()							
□ мве	□wse	☐ \$BE	☐ PBE		□VET		DVET	ESB		
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Small Business Physicatly Challenged Business Enterprise Physicatly Challenged Business Enterprise Business Owned Business					Emerging Small Business		
								- Kirila		
Number of Cla	rk County No	evada Residents	s Employed	:		0	7/4/			
Corporate/Business Entity Name: State Street Capital II-A, LP										
(Include d.b.a., if a							***************************************	~		
Street Address:	phicapie	1290 Avenue of the	Americas, 10th	Floor	Website:			-11-2		
Street Address:		New York, NY 1010			POC Name:					
City, State and Zip	Code:	THE PORT OF THE		1	Email:					
		212-613-3100		• •	Fax No:					
Telephone No:		212 010 0100				-				
Nevada Local Stree	et Address:				Website:					
(If different from at	oove)									
City, State and Zip	Code:				Local Fax No:					
Local Telephone N	o:	Local POC Name:								
	Full Name	mines isomy company	200	Title	rships, and professional co	(l Con	% Owne Not required for Pu porations/Non-prof	blicly Traded		
State Street Capital	II, GP LP				200	100%		Well-MC		
			THE				пус.			
	-	ly-traded corporations				-] No	al Danel		
Are any individu Center or Clark	County Water Reci	amation District full-time	employee(s), or	appointed/ele						
Yes	co	ntracts, or other contrac	ts, which are not	subject to cor	·					
sister, grandchi	ld, grandparent, re ree(s), or appointed	lated to a Clark County, /elected official(s)?	, Department of A	viation, Clark	mestic partner, child, pare County Detention Center	or Clark	County Water Re	half-brother/half- clamation District		
Yes	✓ No (II	yes, please complete th	e Disclosure of R	elationship fo	orm on Page 2. If no, pleas	se print f	N/A on Page 2.)			
l certify under penalty land-use approvals, o	of perjury, that all contract approvals, t	of the information provid and sales, leases or exc	led herein is curre changes without t	ent, complete he completed	, and accurate. I also unde I disclosure form.	erstand ti	hat the Board will r	not take action on		
\leq	0	ッ	John Poul	nc						
Signature	1		Print Name		Hard Control of the C					
President and EO	7		6/4/2025							
Title			Date							

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

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NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
OWNERS KINGII AL	ANDOODTHEE	CMI EOTELOTTIONE	DEFARMENT
Water Reclamation District. "Consanguinity" is a relation: "To the second degree of of follows: • Spouse – Registered	ship by blood. "Affinity" is a rel	lationship by marriage. candidate's first and second n – Parents – In-laws (first de	
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 periorman	ce of the contract:
Signature			
Print Name Authorized Department Representa			

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Business Entity Typ	e (Please seleci	1	inclinal Linkiliku				, Non-Profi	Tit			
Sole Proprietorship	Partnership		mited Liability pany	E	Corporation	Trus	Organization	J		Other	
Business Designation	on Group (Pleas	e selec	t all that apply	1)							
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Minority Business Enterprise	inority Business Women-Owned		Small Buşiness Enterprise		Physically Chatlenged Business Enterprise		Veteran Owne Business	ed	Disabled Veteran Owned Business		Emerging Small Business
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Number of Cla	rk County N	evada	a Residents	s E	mployed:				0	***	
Corporate/Business Entity Name:		State	Street Capital	11, 0	GP LP						
(Include d.b.a., if applicable)											
Street Address:	phoduloj	1290	Avenue of the	Am	ericas, 10th Fl	loor	Website:				
Street Address: City, State and Zip Code:		New	New York, NY 10104				POC Name: Email:				
Trimbone Nev		212-6	212-613-3100				Fax No:				
Telephone No:	Cones -		212-013-0100				Website:				
Nevada Local Stree							website:				
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List any disclosures below: (Mark N/A, if not applicable.)

Print Name Authorized Department Representative

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NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
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* 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 re	lationship by marriage.	
"To the second degree of of follows:	consanguinity" applies to the	candidate's first and second	degree of blood relatives as
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