DISCLOSURE OF OWNERSHIP/PRINCIPALS

				K 000					MANAGARINA		
Business Entity Typ	oe (Please select	T		Г				PROPERTY AND ADDRESS OF THE PROPERTY A			
Sole Proprietorship			Limited Liability Company		Corporation Trus		st	Non-Profit Organization		Other	
Business Designation Group (Please select all that apply)											
MBE	□WBE		□SBE		□РВЕ		_	□ VET	DOVET		☐ESB
Minority Business Women-Owned Business Enterprise			Small Business Enterprise		Physically Challenged Business Enterprise			Veteran Owned Business	Disabled Veteran Owned Business Emerging Smal Business		Emerging Small Business
	unicipia anusta na anta italia tarrette color as anost co		nya-gan-saga anakhakasa anang manantansanan	-	restates to the second		Company of the Compan	ng a shikka kananakan da kara samurang da masah karan melak da di kering kesasar	**********	and the state of t	
Number of Cla	a Residents	E	mployed:	125					and the second of the second s		
Corporate/Business Entity Name:		Monument Construction									
(Include d.b.a., if ap											
Street Address:		7787 Eastgate Rd#110					Website: www.buildmonuments.com				
City, State and Zip Code:		Henderson, NV 89011				Poc Name: Jon Wayne Nielsen Email: jwn@buildmonuments.com					
Telephone No:		702-530-2303					Fax No: ⁷⁰²⁻⁹⁴⁷⁻²⁶⁰²				
Nevada Local Street Address:							Website:				
(If different from above)											
City, State and Zip Code:							Local Fax No:				
Local Telephone No	n:						Local POC Name:				
Local releptione its							Email:				
financial interest in the Publicly-traded entit	business entity ap	pearin	g before the Board anizations shall	d. list	all Corporate	Officers	and	of individuals holding mo	sclosir	ng the names of	
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 Corporations/Non-profit organizations)		
Jon Wayne Nielsen			President				diamental description (1994 Anni Maria Mar		00%		
							e de la companya de	BC 222 CONTROL OF THE STATE OF T	eterosia in		
This section is not re			-					the second	-	No	
 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	Transis .								fessional service		
 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. If no, please print N/A on Page 2.)											
I certify under penalty land-use approvals, co	of perjury, that all contract approvals, la	of the in	nformation provide les, leases or excl	ed h	erein is current, ges without the c	complete	e, and d discl	accurate. I also understa losure form.	and th	at the Board will r	ot take action on
フルンN龍				Jon Wayne Nielsen							
Signature	MARIONALISMA POR PROPERTY AND				Print Name			and the state of t		BAROKSKI BESTAPOS TOŠI II I GODINET	ett men enne en gene en en en villefrähligt die delakte de trippengggementen
President					4/14/2025	-			***************************************	wayayaa aa	
Title				-	Date					vanication of the same	

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			
AND THE RESIDENCE HER PROPERTY OF THE PROPERTY			
* County employee means Water Reclamation District	Clark County, Department of	Aviation, Clark County Dete	ention Center or Clark County

"To the second degree of consangulaity" 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
Print Name Authorized Department Representative

[&]quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.