## DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity T	уре	(Please select or	1e)	7							r		
☐ Sole Proprietorship	□F	Partnership		imited Liability	X	] Corporation	Trus	t	☐ Non-Profit Organization		☐ Other		
Business Designation Group (Please select all that apply)													
☐ MBE		☐ WBE		☐ SBE		☐ PBE		_	□ VET		VET	□ESB	
		Women-Owned Business Enterpr	Small Business ise Enterprise			Physically Challenged Business Enterprise			Veteran Owned Business         Disabled Veteran Owned Business         Emerging Small Business				
Number of CI	Number of Clark County Nevada Residents Employed: 56												
Corporate/Business Entity Name:			CMWorks, Inc., a Kleinfelder company										
(Include d.b.a., if applicable)													
Street Address:			6960 Smoke Ranch Road, Suite 110					Website: Kleinfelder.com					
City, State and Zip Code:			Las Vegas, NV 89128					POC Name: David S. Alexander, PE, CCM dalexander@kleinfelder.com					
Telephone No:			702-255-8100					Fax No: 702-255-8375					
Nevada Local Street Address:  (If different from above)								Website:					
City, State and Z	City, State and Zip Code:			J					Local Fax No:				
								Local POC Name:					
Local Telephone	No:						Email:						
Publicly-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 (Not required for Publicly Traded Corporations/Non-profit organizations)			iblicly Traded	
Kleinfelder, Inc.									-	100%			
	nomen or				George Control			198 V.					
This section is not	t req	uired for publicly-	tradeo	d corporations. Ar	e y	ou a publicly-trac	ded corpo	ratio	<i>n</i> ? ☐ Yes ☐ I	No			
<ol> <li>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)?</li> </ol>													
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.)													
2. 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	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 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.													
David S. Alexander, PE, CCM Print Name													
Vice President						December	r 18, 2024						
Title						Date							

## **DISCLOSURE OF RELATIONSHIP**

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

NAME OF BUSINESS	NAME OF COUNTY* EMPLOYEE/OFFICIAL	RELATIONSHIP TO COUNTY*	COUNTY* EMPLOYEE'S/OFFICIAL'S				
OWNER/PRINCIPAL	AND JOB TITLE	EMPLOYEE/OFFICIAL	DEPARTMENT				
N/A							
	),						
_							
-							
Water Reclamation	District.	epartment of Aviation, Cla	ark County Detention Center or Clark County				
"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 Rel	ationship 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