Dasiness Enercy Typ	e (Flease select olle)				
Sole Proprietorship Part	nership Limited Liability Comp	any	Trust	Non-Profit Organization	Other
Business Designation	on Group (Please sele	ct all that apply)			
MBE WBE		PBE	VET	DVET	ESB
	-Owned Small Business s Enterprise Enterprise	Physically Challenged	Veteran Owned	Disabled Veteran	Emerging Small
		Business Enterprise	Business	Owned Business	Business
	unty Nevada Resident	s Employed: 1,176			
Business Informatio					
Corporate/Business Entity N		1C.			
(Include d.b.a., if applicable					
Street Address:	745 Seventh Ave.	40		rclays.com/ib	
City, State and Zip Code:	New York, NY 100	19		Adam Aranda	
Telephone No:	(415) 274-5453		POC Email: 8	adam.aranda@bar	clays.com
			Fax No:		
Nevada Local Street Address	2280 Corporate Ci	rcle	Website:		
(If different from above)			Local POC N	ame:	
City, State and Zip Code:	Henderson, NV 89	074	Local POC E	mail:	
Local Telephone No:	(877) 523-0478		Local Fax No);	
Publicly-traded entities a	tion of publicly-traded and non- interest in the business entity a and non-profit organizations	ppearing before the Board. s shall list all Corporate (Officers and Dire	ectors in lieu of disclos	ring the names of
individuals with ownership o landowner(s).	r financial interest. The disclose	ure requirement, as applied	to land-use applic	ations, extends to the	applicant and the
Entities include all business corporations, close corporations	associations organized under or ons, foreign corporations, limite	governed by Title 7 of the N	Nevada Revised Sta	tutes, including but not	: limited to private
				and profession	mai corporations.
Full Na	ime	Ti	tle	(Not rea	% Owned uired for Publicly Traded
Nigel Higgins		Group Chairman	Corporation N/A	ns/Non-profit organizations)	
C.S. Venkatakrishnan		Group Chief Executiv	N/A		
Anna Cross		Group Finance Direct	N/A		
This section is not require	ed for publicly-traded corpo	rations. Are you a public	sly-traded corpor	ration? / Yes	No
1. Are any individual mem	bers, partners, owners or prin-	cipals, involved in the busin	ness entity a Clark	County Department	1 1
Yes No	r or Clark County Water Reclam				
Tes [NO	professional service contra	County employee(s), or ap cts, or other contracts, which	pointed/elected of h are not subject t	ficial(s) may not perfo o competitive bid.)	orm any work on
2. Do any individual memb	ers, partners, owners or princip	oals have a spouse, register	ed domestic partne	er, child, parent, in-law	or brother/sister,
nair-brother/nair-sister,	grandchild, grandparent, relati on District full-time employee(s	ed to a Clark County. Denar	tment of Aviation.	Clark County Detentio	n Center or Clark
Yes No	(If yes, please complete the	e Disclosure of Relationship	form on Page 2. I	f no, please print N/A	on Page 2.)
I certify under penalty of per	jury, that all of the information	provided herein is current.	complete, and acc	curate. I also understar	nd that the Board
will not take action on land-u	se approvals, contract approval	s, land sales, leases or exch	anges without the	completed disclosure for	orm.
Signature		Adam Aranda			
Director		Print Name April 18, 2025			
Title		Date			

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
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

^{*}County employee means an employee of Clark County, Clark County Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

- Spouse Registered Domestic Partners Children Parents In-laws (first degree)
- Brothers/Sisters Half-Brothers/Half-Sisters Grandchildren Grandparents In-laws (second degree)

If any Discl	osure 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 agend item?
Yes	No Is the County employee(s) noted above involved in anyway with the business in performance of the contract?
Notes/Com	ments:

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

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

[&]quot;To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

Business Entit	<u>y Type (Pl</u>	<u>ease s</u>	elect one)							
Sole Proprietorship	Partnership		Limited Liability Compan	<u>, [</u>	Corporation		Trust	Non-l Organ	Profit ization	Other
Business Desig	gnation Gre	oup (Please select	all	that apply)					
MBE	WBE		SBE		PBE		VET	DVET		ESB
Minority Business Enterprise	Women-Owned Business Enter		Small Business Enterprise		ysically Challenged Isiness Enterprise		teran Owned	Disabled Owned B		Emerging Small Business
Number of Cla	**************************************	discourage of the same of the			1	Dus	onicos	T Owned B	usiiiess	Dusiness
Business Infor		IACAUU	a itesidelles i	run	pioyeu. o	-]			
Corporate/Business		RofA S	Securities, Inc.		The state of the s		CHARLES THE STREET			Numerican de la companya de la comp
		Don't	Joodings, IIIo.		with the second		(4)	****		
(Include d.b.a., if ap	рисавіе)	One B	Iryant Park						al aaus	
Street Address:		***************************************	ork, NY 10036	3	and the second s	Website: www.bofaml.com POC Name: Matthew Jiang				
City, State and Zip C Telephone No:	vode:		37-7544		The second secon				jiang@bof	
relephone No:	- 1	000 00	or logg			-		maunew.	liaud@noi	a.com
Navada Land Chart							Fax No:		A THE STATE OF THE	
Nevada Local Street (If different from abo							Website:		The state of the s	
City, State and Zip (AND AND SECURE OF THE SECURITY				Local POC N			
Local Telephone No:							Local POC E			
	<u> </u>					<u> </u>	Local Fax N			
All entities, with th (5%) ownership or fi	ie exception of inancial interest	publicly-1 : In the b	traded and non-pr usiness entity app	rofit : earir	organizations, must i ng before the Board.	ist th	e names of it	ndividuals h	olding more	than five percent
Publicly-traded en individuals with own landowner(s). Entities include all becorporations, close or	ersnip or financ ousiness associa	tions oro	est. The disclosure nanized under or o	over	uirement, as applied	to la	and-use applic	atutes inclu	ends to the a	applicant and the
	Full Name	.	•			tle	ooy mineed par	andrompoy a		•
NB Holdings Corp		·······································	<u> </u>	Sole	Shareholder	icic			(Not reau	6 Owned ired for Publicly Traded /Non-profit organizations)
			onanamet/whichmanna rea				- Harriston de la company		•	
		******			The second secon		v			
					,					
This section is not	required for p	oublicly-	traded corporat	tions	s. Are you a public	:/y-tr	aded corpo	ration?	Yes	✓ No
Are any individu	ual members, p	artners,	owners or princip	als,	involved in the busi	ness	entity, a Clar	k County, D	Department o	of Aviation, Clark
Yes Yes	11.0				District full-time emp					
L l'es L	pro pro	yes, pie fessional	lase note that Co I service contracts	unty , or o	employee(s), or a other contracts, which	point h are	led/elected of not subject t	fficial(s) ma o competiti	ay not perfor ve bid.)	m any work on
nair-brotner/nair	-sister, grandci	ılld, grar	ndparent, related	to a	/e a spouse, register Clark County, Depa	rtmer	nt of Aviation	er, child, pa , Clark Cour	rent, in-law o	or brother/sister, Center or Clark
County Water Re	eciamation Disti	rict tull-ti	me employee(s),	or ap	pointed/elected offi	:lal(s))?			
					sure of Relationship					
I certify under penalt will not take action or	y of perjury, the land-use appr	at all of ovals, co	the information pontract approvals, I	rovid land	sales, leases or excl	ange	plete, and ac s without the	curate. I als completed	so understand disclosure fo	d that the Board rm.
Clanatura		2	7		Matthew Jiang		· · · · · · · · · · · · · · · · · · ·	walling and the state of the st		4
Signature Director	E.		•		Print Name 4/16/25					
Title	44 (44 (44 (44 (44 (44 (44 (44 (44 (44			•	Date		10-7"! 1412111111 11			

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

- Spouse Registered Domestic Partners Children Parents In-laws (first degree)
- Brothers/Sisters Half-Brothers/Half-Sisters Grandchildren Grandparents In-laws (second degree)

If any Disc	osure 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 agend item?
Yes	No Is the County employee(s) noted above involved in anyway with the business in performance of the contract?
Notes/Com	
Notes/Com	

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

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

[&]quot;To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

Business Ent	ity Type (P	ease s	elect one)								
Sole Proprietorship	Partnership)	Liability Company	, [Corporation		Trust	Non-Pro Organiza		Othe	er
Business Des	ignation Gr	oup (Please select	al	l that apply)						
MBE	WBE		SBE		PBE		VET	DVET		ESB	
Minority Business Enterprise	Women-Owne Business Enter		Trysically chancing a				eteran Owned usiness	Disabled Ve Owned Busi		Emergin Business	
Number of Cl	ark County	Nevad	a Residents E	Em	ployed: 497		employed I	by JPMorgan	Chase & Co).	
Business Info	ormation:										
Corporate/Business	s Entity Name:	J.P. M	lorgan Securitie	es	LLC						
(Include d.b.a., if a	applicable)										
Street Address:		383 M	adison Avenue	9			Website: htt	ps://www.j _l	pmorgan	.com/	
City, State and Zip	Code:	New Y	ork, NY 10179)			POC Name:	Matthew C	ouch		
Telephone No:		(212)	270-6000				POC Email: r			pmorga	n.com
							Fax No:				
Nevada Local Stree	et Address:				and the state of t	itoraci to	Website:				
(If different from a	bove)						Local POC Na	ame:			
City, State and Zip	Code:						Local POC Er	mail:			
Local Telephone No	o:						Local Fax No	:			
(5%) ownership or Publicly-traded 6	financial interes	t in the b n-profit	ousiness entity appo organizations sl	eari hal i	organizations, must liing before the Board. I list all Corporate (Off	icers and Dire	ctors in lieu	of disclosi	na the na	emes of
Entities include all	business associa	ations ord	aanized under or go	over	quirement, as applied rned by Title 7 of the N lity companies, partne	lev	ada Revised Sta	tutes includi	na hut not l	limited to	private
			,				po/ca part	ineroriipo, une	profession	iai coi poi	ations.
JPMorgan Chas	Full Name e & Co.		F	Par	Tit ent Company	tie			(Not requi	o Owned red for Publicly /Non-profit orga	Traded
				20000		chico.					
					s. Are you a public		-		Service P		No
 Are any individual county Detent 	dual members, ¡ ion Center or Cla	oartners, ark Count	owners or princip	als,	involved in the busin District full-time emplo	ness	s entity, a Clark	County, Dep	partment o	f Aviation	, Clark
Yes	No (If	yes, ple	ease note that Co	unt	y employee(s), or ap other contracts, which	poi	nted/elected of	ficial(s) may	not perfor	m any w	ork on
half-brother/ha	alf-sister, grando	hild, araı	ndparent, related	to a	ave a spouse, registere a Clark County, Depar appointed/elected offic	tm	ent of Aviation	er, child, pare Clark County	nt, in-law o Detention	or brother Center o	/sister, r Clark
Yes					losure of Relationship			f no, please p	orint N/A or	n Page 2.))
I certify under pena will not take action	alty of perjury, the on land-use app	nat all of rovals, co	the information prontract approvals, l	rovio	ded herein is current, d sales, leases or exch	col	mplete, and acc ges without the	curate. I also completed di	understand sclosure fo	d that the	Board
	meear				Matthew Coucl		3 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	A-1000			
Signature Executive Director					Print Name						
Title					04/18/2025 Date						

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

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- Spouse Registered Domestic Partners Children Parents In-laws (first degree)
- Brothers/Sisters Half-Brothers/Half-Sisters Grandchildren Grandparents In-laws (second degree)

1000 E 1700	
For Cou	inty Use Only:
If any Disc	losure 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 anyway with the business in performance of the contract?
Notes/Com	
Signature	
Print Name Authorized	Department Representative

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Business Enti	ty Type (P	ease s	elect one)								
Sole Proprietorship	Partnership)	Limited Liability Compar	ny [Corpora	ation		Trust	Non-Pro Organiza		Other
Business Des	ignation Gr	oup (Please selec	t all	that ap	ply)					
₩ BE	WBE		SBE		PBE			VET	DVET		ESB
Minority Business Enterprise	Women-Owne Business Enter		Small Business Enterprise		ysically Ch siness Ent			teran Owned siness	Disabled Ve Owned Bus		Emerging Small Business
Number of Cl	ark County	Nevad	a Residents	Emp	oloyed:	0					
Business Info	rmation:				1			_			
Corporate/Business	Entity Name:	Samu	el A. Ramirez	& Cc	o., Inc.		-	The state of the s		Mining and Prince of the Control of	
(Include d.b.a., if a	pplicable)			******	***************************************						200 1 20 1 20 1 20 1 20 1 20 1 20 1 20
Street Address:		61 Bro	adway, 29th F	Floor Website; www.ramirezco.				co.com			
City, State and Zip	Code:	New Y	ork, NY 1000	6	• • • • • • • • • • • • • • • • • • • •	19-49-9-4-8-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4		POC Name:	/incent A.	Mazzaro	
Telephone No:	*************************	(212) 2	248-0525					POC Email: V	incent.ma:	zzaro@ra	amirezco.com
				(C) Company		I KAN I		Fax No:			
Nevada Local Stree	t Address:	N/A						Website: N/A	4		Annual Control of the
(If different from at	ove)							Local POC Na	_{ime:} N/A		
City, State and Zip	Code:	N/A	W277W					Local POC En	_{nail:} N/A		
Local Telephone No	1	N/A						Local Fax No:	N/A		
All entities, with t (5%) ownership or	he exception of financial interesi	publicly-t	raded and non-prusiness entity app	rofit o earin	rganizatio g before ti	ns, must li ne Board.	st th	e names of inc	dividuals hold	ilng more t	nan five percent
Publicly-traded e individuals with own landowner(s).	nership or financ	ial intere	st. The disclosure	e requ	uirement, a	as applied	to la	nd-use applica	itlons, extend	ds to the a _l	oplicant and the
Entities include all corporations, close of	business associa corporations, for	tions org eign corp	anized under or g orations, limited I	overn liabilit	ed by Title y compani	7 of the Nies, partne	levac rship	la Revised Stat s, limited parti	tutes, includir nerships, and	ng but not li I profession	mited to private al corporations.
	Full Name					Tit	:le			%	Owned
Samuel A. Ramir	ez		F	President and CEO				(Not requir Corporations/i	ed for Publicly Traded Non-profit organizations)		
Samuel A. Ramir	ez, Jr.		\$	Senior Managing Director				31,4%			
ANIGAT											

This section is not	required for t	uibliciv-	traded cornors	Hone	Å KA LIDI	ı a miklici	filate	SASA OSHBOR	A/662	Yes	
			owners or princip						f		No No
County Detention	on Center or Cla	rk County	/ Water Reclamat	ion Di	istrict full-	ime emplo	yee(s), or appointe	ed/elected of	ficial(s)?	riviation, Clark
Yes	No (If	yes, plea fessional	ase note that Co service contracts	unty or o	employee	(s), or appacts, which	ooint are	ed/elected off	icial(s) may	not perform	n any work on
2. Do any individu			vners or principal							•	r brothnulalates
half-brother/hal	f-sister, grandci	iild, gran	doarent, related	to a	Clark Cour	ity. Depart	tmen	it of Aviation.	Clark County	Detention	Center or Clark
	1		me employee(s),								,
	\	***************************************	se complete the [
will not take action o	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. Vincent A. Mazzaro										
Signature Signature	77		**************************************	-	Print Mai	ne	*****	-			
Chief Operating (officer		- And and Andrews	_	4/1	5/20	25	2			
Title					Date	•					

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

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- Spouse Registered Domestic Partners Children Parents In-laws (first degree)
- Brothers/Sisters Half-Brothers/Half-Sisters Grandchildren Grandparents In-laws (second degree)

	The state of the same and the s				
ror cou	nty Use Only:				
If any Disc	osure of Relationship is noted ab	ove, please complet	e the following:		
Yes	No Is the County employee	(s) noted above in	inhed in the con	tracting/celection p	ocess for this particular agenda
	item?			irrocurig/acidetion pr	ocess to this particular agentic
Yes	No Is the County employee(s) noted shove invol	ved in anyway w	ith the business in n	erformance of the contract?
				idi die busiliess in p	eriormance of the conducti
Notes/Comi	ments:				
Signature					
Print Name					
Authorized I	Department Representative				

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Business Entity T	ype (Pl	ease s	elect one)						
Sole Proprietorship	Partnership		✓ Limited Liability Company	Corporation		Trust	Non-Profit Organization	Other	
Business Designa	tion Gr	oup (Please select	all that apply)					
MBE \	WBE		SBE	PBE		VET	DVET	ESB	
	nen-Owned iness Enter		Small Business Enterprise	Physically Challenged Business Enterprise	1	eran Owned iness	Disabled Veteran Owned Business	Emerging Small Business	
Number of Clark	County	Nevad	a Residents E	mployed: 9					
Business Informa	_								
Corporate/Business Entit		RBC (Capital Markets	s, LLC					
(Include d.b.a., if applica		RBC V	Wealth Manage	ement					
Street Address:		Three	World Financia	al Center, 200 Vese	y St	Website: WW	/w.rbccm.com		
City, State and Zip Code	:	New York, NY 10281			POC Name: Tom A. Yang				
Telephone No:		(415) 445-8206				POC Email: tom.a.yang@rbccm.com			
						Fax No: (415) 445-8679			
Nevada Local Street Address:		40004 W Objector Blod				Website: www.rbcwealthmanagement.com			
(If different from above)		10801 W Charleston Blvd			Local POC Name: Michael Merback				
City, State and Zip Code);	Las Ve	egas, NV 8913	5		Local POC Email: Michael.Merback@rbc.com			
Local Telephone No:		702-89	702-893-8700			Local Fax No:			
All entities, with the ex (5%) ownership or finan	ception of	publicly-	traded and non-pr	ofit organizations, must	list the			than five percent	
Publicly-traded entition individuals with ownersh landowner(s). Entities include all busing corporations, close corporations.	ilp or finand ness associa	cial interd ations org	est. The disclosure ganized under or go	e requirement, as applied overned by Title 7 of the	d to la Nevad	ind-use applicated and the state of the stat	ations, extends to the tutes, including but no	applicant and the	
	l Name	5	, ,		Title	-,		•	
RBC USA Holdco Co		n			lue		(Not req	% Owned pulled for Publicly Traded ns/Non-profit organizations)	
		=							
							,		
This section is not rea	uired for	publicly	-traded corporat	tions. Are vou a publi	iclv-tr	aded cornor	ation? Yes	√ No	
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes 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)?									
	No (If	yes, ple	ease note that Co	ounty employee(s), or a s, or other contracts, whi	ppoint	ed/elected of	ficial(s) may not perfo	orm any work on	
a Do any individual m	•			•			,	and booth outstall	
half-brother/half-sis	ter, grando	:hild, gra	ndparent, related	s have a spouse, registe to a Clark County, Depa or appointed/elected off	artmen	nt of Aviation,	er, child, parent, in-law Clark County Detention	or brother/sister, on Center or Clark	
Yes ✓	No (If	yes, ple	ase complete the [Disclosure of Relationship	p form	on Page 2. I	f no, please print N/A	on Page 2.)	
I certify under penalty of will not take action on lar	f perjury, tl	nat all of	the information pontract approvals	rovided herein is current	t, com	plete, and acc	curate. I also understa	nd that the Board	
am a fore			a 21 appi 0 1010)	Tom A. Yang	iai igc	o maiout aic	completed disclosure i	OTTH	
Signature			Print Name						
Managing Director Title				April 17, 2025 Date					
. 144				Parc					

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
	EMPLOYEE/OFFICIAL AND JOB TITLE	EMPLOYEE/OFFICIAL COUNTY* EMPLOYEE/OFFICIAL N/A N/A N/A

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Yes [No. Is the County employee(s) noted above involved in the contracting/selection process for this particular agen item?
Yes [No Is the County employee(s) noted above involved in anyway with the business in performance of the contract?
Notes/Com	nents:
Notes/Com	ments:
Notes/Com	nents:
Notes/Com Signature	ments:
	ments:
Signature Print Name	ments: Department Representative

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Business Enti	Business Entity Type (Please select one)								
Sole Proprietorship			Limited Liability Company	y Corporation Trust		ust	Non-Profit Organization	✓ Other	
Business Des	ignation Gr	oup (Please select	all that apply)					
MBE	WBE		SBE	РВЕ	VE	Т	DVET	ESB	
Minority Business Enterprise	Women-Owne Business Enter		Small Business Enterprise	Physically Challenged Business Enterprise	Vetera Busine	an Owned	Disabled Veteran Owned Business	Emerging Small Business	
		I	<u> </u>	Employed: 982	T Daoine		OTTITUE DESITION	Dusiness	
Business Info		140444	a Residents i	imployed: 002					
Corporate/Business		Wells	Fargo Bank, N	ational Association				***************************************	
(Include d.b.a., if a									
Street Address:		30 Hu	dson Yards, 15	5th Floor		Website:			
City, State and Zip	Code:	New York, NY 10001				POC Name: Kevin Carney			
Telephone No:		(212)	(212) 214-2829			POC Email: kevin.g.carney@wellsfargo.com			
						Fax No:			
Nevada Local Street Address:						Website:			
(If different from above)						Local POC Name:			
City, State and Zip	Code:					ocal POC E			
Local Telephone No	o:				L	ocal Fax No);		
Publicly-traded eindividuals with ow landowner(s). Entities include all	entities and no nership or finan I business associ corporations, fo Full Name	on-profit cial inter ations or reign cor	organizations s est. The disclosure ganized under or g	earing before the Board. hall list all Corporate e requirement, as applied overned by Title 7 of the liability companies, partn	Officer d to land Nevada	l-use applic Revised Sta	rations, extends to the atutes, including but no the thereships, and profession (Not re	applicant and the	
1. Are any indivi	dual members,	partners,	owners or princip	tions. Are you a publicate, involved in the bustion District full-time emp	iness en	itity, a Clari	لــــــا k County, Department	No of Aviation, Clark	
Yes				ounty employee(s), or a s, or other contracts, whi				orm any work on	
half-brother/h	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)?					on Center or Clark			
I certify under pen- will not take action	alty of perjury, t on land-use app	hat all o	f the information pontract approvals,	rovided herein is curren land sales, leases or exc	t, comple hanges	ete, and ac without the	curate. I also understa completed disclosure	and that the Board form.	
Vail Coy				Kevin Carney					
Signature / Managing Director				Print Name					
Title				April 10, 2024 Date					

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 an employee of Clark County, Clark County Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

- Spouse Registered Domestic Partners Children Parents In-laws (first degree)
- Brothers/Sisters Half-Brothers/Half-Sisters Grandchildren Grandparents In-laws (second degree)

	nty Use Only:
f any Disc	losure 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 anyway with the business in performance of the contract?
Notes/Com	ments:
Signature	
Print Name	Department Representative

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

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

[&]quot;To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

WELLS FARGO BANK, NATIONAL ASSOCIATION

<u>Directors and Regulation O Executive Officers</u> (Effective as of January 30, 2025¹)

Directors

Mark A. Chancy Theodore F. Craver Jr. Richard K. Davis - Chair CeCelia G. Morken Maria R. Morris Charles W. Scharf*

Regulation O Executive Officers

Charles W. Scharf Chief Executive Officer and President

Muneera S. Carr Executive Vice President, Chief Accounting Officer, and Controller

Bridget E. Engle Senior Executive Vice President and Head of Technology

Kristy W. Fercho Senior Executive Vice President and Head of Diverse Segments, Representation & Inclusion

Derek A. Flowers Senior Executive Vice President and Chief Risk Officer

Kyle G. Hranicky

Senior Executive Vice President and CEO of Commercial Banking

Bei Ling

Senior Executive Vice President and Head of Human Resources

Ellen R. Patterson Senior Executive Vice President and General Counsel

Scott E. Powell Senior Executive Vice President and Chief Operating Officer

Fernando S Rivas Senior Executive Vice President and CEO of Corporate & Investment Banking

Jason M. Rosenberg Senior Executive Vice President and Head of Public Affairs
Michael P. Santomassimo Senior Executive Vice President and Chief Financial Officer
Kleber R. Santos Senior Executive Vice President and CEO of Consumer Lending

Barry Sommers Senior Executive Vice President and CEO of Wealth & Investment Management
Saul Van Beurden Senior Executive Vice President and CEO of Consumer, Small & Business Banking
Ather Williams III Senior Executive Vice President and Head of Strategy, Digital Platform, and Innovation

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^{*}Executive Director

¹ Subject to Board approval on February 25, 2025.