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Minority Business Enterprise	Women-Owned Business Enterprise			abled Veteran ned Business	Emerging Small Business						

Number of Cla	rk County Ne	evac	la Residents	Ε	mployed:			3 full time a	ınd 1	part time	
Corporate/Business	Entity Name:	Irer	nic Consulting (Gro	oup, LLC dba	Candy	Со	ve			
(Include d.b.a., if ap	plicable)										
Street Address:	,	342	6 Tiara Point C	Circ	ele		We	ebsite: www.CandyCo	ove.\	egas	
City, State and Zip	Code:	La	s Vegas, N	V	89146		РО	C Name: Clifton Mars	hall		
Telephone No:		702	2-281-9294				Fax	x No: 702-314-9401			
Nevada Local Stree	t Address	Market All For	经 证证 5 解示 点点的含含性的 解析的的电话的	Pictoria.	的复数 100 mm 100	7600 新山東副総裁委	PM CO	ebsite:	655-000	安徽公司即任董 州北京市公司的 在新疆,大	
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Lauraina Mauahall			D		: -!				Corp	orations/Non-profit	
Lorraine Marshall					ident				80%		
Clifton Marshall	un district de la constitución d			ce	President				20%		
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	al members, partne County Water Reck	ers, ov amatio	vners or principals, on District full-time	inv em unty	olved in the busin ployee(s), or app r employee(s), or	ness entit ointed/ele appointe	ty, a ected	Clark County, Departmen d official(s)? ected official(s) may not p	t of A		
sister, grandchild	ıl members, partne	rs, ow ated t	ners or principals h	hav	e a spouse, regi	stered do	mes	tic partner, child, parent, i unty Detention Center or 0			
Yes	✓ No (If y	/es, p	lease complete the	Dis	sclosure of Relat	ionship fo	orm c	on Page 2. If no, please p	rint N	/A on Page 2.)	
I certify under penalty land-use approvals, co								l accurate. I also understa closure form.	and th	at the Board will n	ot take action on
Clifton V	Narshall	2			Clifton Mars	hall					
Signature					Print Name						
Vice President					12/8/23						
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
n/a			
* 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 rel	lationship by marriage.	
"To the second degree of of follows:	onsanguinity" applies to the	candidate's first and second	degree of blood relatives as
Spouse – Registered	d Domestic Partners – Childrer	n – Parents – In-laws (first deg	gree)
Brothers/Sisters – Ha	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents – l	n-laws (second degree)
For County Use Only:			MANAGEMENT AND
	noted above, please complete the folio	owing:	
	ployee(s) noted above involved in the		particular agenda item?
Yes No Is the County emp	ployee(s) noted above involved in any	way with the business in performanc	e of the contract?
Notes/Comments:			
Signature			

Print Name Authorized Department Representative

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Minority Business Enterprise	Worwen-Owned Business Enterprise		imud Business Interprise	Physically Cr Business Ent		Veteran Owned Business	Owned Bus		merging Small Business
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Corporate/Busine	es Entity Hanse:	THE	DAY ONE GR	OUP, LLC		***************************************		Ti da ka ka	- Tita contra contra a contra de la contra de
(Include d.b.o., if o	pplicable)	2.7 A W		Nicolate Control of the Control of t				************	CONTRACTOR OF THE PARTY OF THE PARTY.
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City, State and Zip	Code:	Las	Vegas, N'	V 89148	1	POC Name: Christi Po Emali: Christi@d	well vedayon egr ou	ър.com	
Telephone No:		702-8	45-3041	STATE OF THE STATE		Fax No:	in cois distance to a supplication assessment		
Nevada Local Sire		575	i7 Wayne	Newton	Blvd	Websile:			
City, State and Zi		Las V	egas, NV 891	19	************	Local Fax No:	auring de propriete de la lande authorité de la maine de la lande	THE NAME OF BUILDING AND A STREET OF THE PARTY OF THE PAR	and the national depression parameter
Local Telephone t		702-845-3041 Local POC Name:				i i i i i i i i i i i i i i i i i i i 			
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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
N/A			
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"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 Disciosure 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

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

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

			ט	12CFO2	UKE	: OF OWN	IEK2	HII	PRINCIPAL	>		
Business Entity	Type (Plea	se select	one)									
Sole Proprietorship	Partners	hip		Limited Liabi mpany	lity [Corporation	☐ Tru	ust	Non-Profit Organization		Other	
Business Desig	nation Grou	p (Please	sel	ect all that a	pply)	4.2					•	
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Minority Business Enterprise	Wome Busine Enterp			Small Busin Enterprise	ness	Physically Cha Business Ente		t	Veteran Owned Business		abled Veteran ned Business	Emerging Small Business

Number of C	Clark Cou	inty Ne	vac	la Reside	nts E	mployed:				139	ANNOUNCES	9
Corporate/Busin	oss Entity	Name:	Par	ndora Ventu	ıres I	LC						
				idora								
(Include d.b.a., h	аррисавіе			W. Pratt S	troot	17th Floor			bsite: www.pandora	net	WWW.	***************************************
Street Address:	***************************************		**********	***************************************					^{C Name:} Sabri La		h salat@a	ondoro not
City, State and 2	ip Code:		Da	Itimore,	עועו	21201		Em		ill ec	ii salal@p	andora.net
Telephone No:	9-10 S. (1) S. (OSSISSESSI (SIGNASIA)	443	-537-2154			MONTH OF THE REAL PROPERTY.	Fax	: No:			
Nevada Local St		is:	575	7 Wayne	New	ton Blvd. Ga	ate D	Wel	^{bsite:} Pandora.n	et		
City, State and a	Zip Code:		Las	Vegas, NV	/ 8911	1-8037		Loc	al Fax No:			
Local Telephone	No:		72	25-20)8-	3809		Loc	al POC Name: Jennif	er Co	peland (jecop	@pandora.net)
ownership or finance Entities include all	ntities and dial interest. I business as	non-profit The disclos	o rg a organ	anizations si equirement, as	hall list s applied r govern	d to land-use applied by Title 7 of the	lications, he Neva	exter da Re	Directors in lieu of di nds to the applicant and evised Statutes, includin s, and professional corpo	the lan g but n	downer(s). ot limited to prival	
	Full Nam	е					Title				% Owned t required for Pub rations/Non-profit	licly Traded
Pandora Jeweln	, LLC				Sole	Member	***************************************	-		00%		

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This section is not									boom!	V		
						lved in the busine loyee(s), or appol			lark County, Departmen official(s)?	t of Avia	ation, Clark Count	y Detention
Yes	No					employee(s), or a nich are not subje			cted official(s) may not p ive bid.)	erform	any work on profe	ssional service
	hild, grandpa	rent, relate	ed to	a Clark Count					c partner, child, parent, i ity Detention Center or 0			
Yes	√ No	(If yes	s, ple	ase complete	the Disc	closure of Relation	nship for	m on	Page 2. If no, please p	rint N/A	on Page 2.)	
I certify under penal land-use approvals,	ty of perjury, contract app	that all of the	he int d sale	formation proves, leases or e	vided he exchange	rein Is current, co es without the cor	omplete, mpleted	and a	accurate. I also understa osure form,	nd that	the Board will not	take action on
Signature			***************************************		Ţ	Luciano Rode Print Name	mbusc	h			<u> </u>	
President					(October 18, 20	023					
Title			•			Date						

SECTION 10B- DISCLOSURE OF OWNERSHIP

PAGE 2

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			
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Water Reclamation District. "Consanguinity" is a relations "To the second degree of collows: • Spouse – Registered	Clark County, Department of thip by blood. "Affinity" is a relationsanguinity" applies to the consanguinity Partners — Children alf-Brothers/Half-Sisters — Gran	ationship by marriage. candidate's first and second of - Parents - In-laws (first degr	degree of blood relatives as
Yes No Is the County empl	oted above, please complete the follor loyee(s) noted above involved in the c loyee(s) noted above involved in any v	contracting/selection process for this p	
Signature			
Print Name	Mary Control of the C		

SECTION 10B- DISCLOSURE OF OWNERSHIP

Authorized Department Representative

Business Entity Ty	pe (Please selec	t one)							
D Solo	Partnership	Limited Li	ability [Corporation	Trust	Non-Profit Organization		Other	
Business Designat	ion Group (Pleas	se select all tha	t apply)						
МВЕ	□WBE	□SBE		PBE		□VET		VET	□ESB
Minority Business Enterprise	Women-Owned Business Enterprise				Veteran Owned Business	2000/01/00/0	abled Veteran ned Business	Emerging Small Business	

Number of Cla	rk County N	evada Resi	dents E	imployed:		-	779		
Corporate/Busines	s Entity Name:	The Marsha	II Retail	Group, LLC		aansaa aa			TO THE ACCUSATION OF THE PARTY
(Include d.b.a., if ap		N/A							
Street Address:		3755 W. Su	nset Roa	nd, Suite A		Website: www.marsha	Ilretail	group.com	
City, State and Zip	Code:	Las Vega	as, NV	89118	ı	POC Name: Roderick M	1cOwa		.com
Telephone No:		702-949-87	77		ı	_{ax No:} 702-366-1839			
Nevada Local Stree	et Address:	es organistic established	Chicago Lan Data (La Data Andrea			Website:	NET SEA TOUR		
(If different from ab	ove)								
City, State and Zip	Code:				l l	_ocal Fax No:			
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Local Telephone No	o:		7.45° 280 P. SERVE WAY			Email:			
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Publicly-traded entitiownership or financial Entities include all buclose corporations, for Toby Keir David Charles Kevin Gotthard This section is not re 1. Are any individual Center or Clark of Yes 2. Do any individual sister, grandchilder full-time employed Yes I certify under penalty land-use approvals, contact of the contact	ties and non-prointerest. The disclusioness association reign corporations, Full Name Equired for public all members, partner county Water Reclaim members, partner digrandparent, resets, or appointed of perjury, that all ontract approvals, in the contract approv	It organization: osure requirements organized undilimited liability colors, owners or priamation District I yes, please note ntracts, or other organized to a Clark (/elected official(s) yes, please composite the information and sales, leases	CEC Pres CFC ations. An ncipals, in ull-time em that Count contracts, v ncipals have county, De y polete the Di	t all Corporate de to land-use ap ned by Title 7 of partnerships, limit of sident/COO of the you a public! yolved in the busiployee(s), or apply employee(s), or apply employee(Officers a pplications, e the Nevadated partners Title Title y-traded codiness entity, pointed/elector appointed opect to complete, a completed	and Directors in lieu of cextends to the applicant and a Revised Statutes, including hips, and professional corporation? Typoration? A Clark County, Departmented official(s)? A Clected official(s) may not be	(N Corp 0% 0% 0% or Art of Art of Art of Art of Clark print N	ng the names of ndowner(s). not limited to private. % Owner of required for Pulorations/Non-profit orations/Non-profit orations, Clark Court or prother/sister, County Water Rec	individuals with ate corporations, d blicly Traded t organizations) hty Detention fessional service half-brother/half-clamation District

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
	A CONTRACTOR OF THE CONTRACTOR		
Water Reclamation District. "Consanguinity" is a relation: "To the second degree of of follows: • Spouse – Registered	ship by blood. "Affinity" is a re	lationship by marriage. candidate's first and second n – Parents – In-laws (first de	
Yes No Is the County em	noted above, please complete the foll ployee(s) noted above involved in the ployee(s) noted above involved in any	contracting/selection process for this	
Signature	ALL COMMENTS OF THE PROPERTY O		

Authorized Department Representative

Print Name

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Business Entity Type (Ple	terrera.			T			<u> </u>	
Sole Proprietorship Partne	risnip <u>Co</u>	Limited Liability mpany	Corporation	Trust	Non-Profit Organization		Other	
Business Designation Gr			<u> </u>					7
Пмве Пм	/BE	☐ SBE	PBE		VET	\Box	DVET	☐ ESB
Enterprise Busin	nen-Owned ness rprise	Small Business Enterprise	Physically Ch Business Ent		Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of Clark Co	ounty Nevad	da Residents	Employed:			0		
Corporate/Business Entit	y Name: Me	Ishire DFW LF	3				***************************************	
(Include d.b.a., if applicab	le) Nat	talie's Candy	Jar					
Street Address:		770 Colt Rd , #	7 840	100	_{lebsite:} nataliesc	andv.c	om	
City, State and Zip Code:		llas , Texas		P	oc _{Name:} Cielo	M Ta		om
Telephone No:	214	-642-0231			ax No: 214-572-7		. o o o o o r r o y r o	
NO DESCRIPTION OF THE PROPERTY	al-Siron and security							
Nevada Local Street Addr	ess:			W	ebsite:			
(If different from above)		,					4-t	
City, State and Zip Code:		***************************************			ocal Fax No:			
Local Telephone No:					ocal POC Name: nail:			
Entities include all business close corporations, foreign corporations.	rporations, limited	nized under or gov I liability companies	erned by Tille 7 of , partnerships, limit	the Nevada ed parlnersh	Revised Statutes, Incl ips, and professional c	uding but orporation	not limited to privans. % Owne	, ,
Cielo M Taub		Ma	anaging Partn			00 (N Corp 76 %	lot required for Pul orations/Non-profi	blicly Traded
Mark Taub		Pa	rtner			24 %		
					- to the strenger, and	***************************************		
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full-time employee(s), or			DI					
Yes V No	(If yes, pl	ease complete the			on Page 2. If no, plea	(S) (S) (S) (S)		
Yes No I certify under penalty of perjuland-use approvals, contract a	(If yes, pl ry, that all of the li pprovals, land sal	ease complete the	l herein is current,	complete, an	d accurate. I also unde	(S) (S) (S) (S)		
Yes V No	(If yes, pl ry, that all of the li pprovals, land sal	ease complete the	l herein is current,	complete, an ompleted dis	d accurate. I also unde	(S) (S) (S) (S)		

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
	MANDADA MANDA AND AND AND AND AND AND AND AND AND		
ph., (1),, (1)			
- Laure Andrew Delay English Hall		мания по	

"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
Print Name
Authorized Department Representative

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

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

Business Entity Tyr	o (Blosso solost	ono)		0. 0		// 1			
Business Entity Type (Please select one) Sole Destrosselie Limited Liability Corporation Trust Non-Profit Other									
Proprietorship	Partnership	Company	L	Corporation	Trus	organization	<u> </u>	Other	
Business Designati			ply)			Пист		N/FT	Пгор
✓ MBE	 ✓ WBE		✓ SBE PBE VET					OVET	ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Busine Enterprise						abled Veteran ned Business	Emerging Small Business
Number of Cla	rk County Ne	vada Resider	nts E	mployed:			0	:	
Corporate/Business	Entity Name:	Prevost Consul	Iting C	Group, LLC		×			
(Include d.b.a., if ap	0.00 0.00 0.00								
Street Address:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	506 W Main Str	reet			Website: n-a			
City, State and Zip	Code:	Brenham, 7	ΓX 7	7833		POC Name: Susan P		enlink.net	
		979-255-9216				Email:			
Telephone No:		979-200-9210	PERMIT		Author Maps William	Fax No: N-a	APPLICATION (MEXIS	SERVICE STREET,	
Nevada Local Stree		n-a				Website:			
(If different from ab						Lacal Fau No.			
City, State and Zip	Code:					Local Fax No:			
Local Telephone No	o:					Local POC Name: Email:			
Entities include all bu	isiness associations	organized under or	r gover	ned by Title 7 of	f the Neva	extends to the applicant da Revised Statutes, incl rships, and professional c	uding but	not limited to priv	vate corporations,
	Full Name				Title			% Ownow Not required for Poporations/Non-pro	ublicly Traded
Susan Prevost			Pres	President & Managing Member			51		
JSRW Ventures L	LC		Mer	Member			49	<u> </u>	
								*	
								-/	
This section is not re							_	No	Datashi
		rs, owners or princip amation District full-t				ty, a Clark County, Depart ected official(s)?	ment of A	Aviation, Clark Co.	unty Detention
Yes		yes, please note tha ntracts, or other cont				ed/elected official(s) may may may may mpetitive bid.)	not perfor	m any work on pr	ofessional service
sister, grandchil		ated to a Clark Coul				omestic partner, child, par c County Detention Cente			
Yes	✓ No (If	yes, please complete	e the D	isclosure of Rela	ationship f	orm on Page 2. If no, plea	ase print l	N/A on Page 2.)	editorio de la Colora Santo a Santo de la Colora de la Colo
I certify under penalty land-use approvals, c						e, and accurate. I also und d disclosure form.	erstand t	hat the Board will	not take action on
Signature	D			Susan Prev	ost		*		
President Title				10-27-2023 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
N/A			
2			
* County employee means Water Reclamation District.	Clark County, Department of	Aviation, Clark County Dete	ention 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
 Spouse – Registere 	d Domestic Partners – Childre	n – Parents – In-laws (first de	gree)
Brothers/Sisters – H	alf-Brothers/Half-Sisters – Gra	andchildren – Grandparents –	In-laws (second degree)
			MICHAEL MANAGEMENT AND
For County Use Only:			
	noted above, please complete the follower		
	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 performance	ce of the contract?
Notes/Comments:			
Cignoture			?
Signature			
Print Name Authorized Department Representa	tive		

				-		P=2 407	RHUR	AND THACH IN	2)		
Business Entity Ty	pe (Please select	опе)								
Sole Proprietorship	Partnership		Limited Liability mpany	E	Corporation	Tru	ıst	Non-Profit Organization		Other	
Business Designati	on Group (Please	e sel	ect all that apply)	· · · · · · · · · · · · · · · · · · ·						
☑ MBE	□WBE		□SBE		PBE		□VET □DVET □			□EŞB	
Minority Business Women-Owned Small Busin Enterprise Enterprise Enterprise					Physically Ch Business Ente			Veteran Owned Business		abled Veteran med Business	Emerging Small Business
Number of Cla	rk County Ne	vac	la Residents	E	mployed:	,			0		
Corporate/Business Entity Name: SKYLINE CONCESSIONS, INC.											
(Include d.b.a., if ap											
Street Address:		P.C	D. Box 280238			1	1010	bsite:			
City, State and Zip (Code:	Sa	n Francisco	ο,	CA 9412	8	********	C Name: Manuel So		/ ie@gmail.com	
Telephone No:		(65	0) 743-6199				Fax	(No:		///	***************************************
Nevada Local Street	t Address:						We	bsite:		Marine publicated Marine Marine	7
(If different from abo	ove)										
City, State and Zip	Code:						Loc	al Fax No:			**************************************
Local Telephone No				Loc			Local POC Name:				
Local Telephone (40	•	سنداساه		Email:			ail:				
Entitles include all bus close corporations, fore	siness associations aign corporatións, lir	orga nited	nized under or gov liability companies	em , pa	ed by Title 7 of t rtnerships, limite	he Neva d partne	da Ro rship:	evised Statutes, includings, and professional corpo	g but i eration	not limited to priva s.	te corporations,
	Full Name		0			Title			Corpo	% Owned ot required for Pub orations/Non-profit	licly Traded
Manuel Soto, IV Louie Soto	······································			CEO/President					52%		
Priscilla Baricuatro				Vice President					12%		
Oscar Soto & John	····			Secretary Each are Managing Member			nho-		12%	mund # 90/	· · · · · · · · · · · · · · · · · · ·
			in the second se	1	وأحسب		_	وبرشك جائد السعيب اعادا كباشا	acn	own 12%	
This section is not required for publicity-traded corporations. Are you a publicity-traded corporation? Yes 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 No (If yes, please note that employee(s), or appointed/elected official(s) may not perform any work on professional service											
sister, grandonia,	contracts, or other contracts, which are not subject to competitive bid.)										
Yes	√ No (If ye	s, ple	ase complete the I	Disc	losure of Relatio	nship for	m on	Page 2. If no, please p	rint N/	A on Page 2.)	
I certify under penalty of land-use approvals, con	f perjury, that all of t tract approvals, lan	the in	formation provided es, leases or excha	hei Inge	rein is current, co es without the co	omplete, mpleted	and a	accurate. I also understa osure form.	nd tha	t the Board will no	t take action on
Signature	Manuel Soto IV										
					Print Name	0 - 1					
CEO/President						<u> 30/2</u>	3				
1 max					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						
N/A	N/A	N/A	N/A						
		7							
* County employee means (Water Reclamation District.	Clark County, Department of	Aviation, Clark County Deten	tion Center or Clark County						
"Consanguinity" is a relations	hip by blood. "Affinity" is a rela	ationship by marriage							
•									
follows:	onsanguinity" applies to the o	candidate's first and second of	degree of blood relatives as						
 Spouse – Registered 	Domestic Partners – Children	- Parents - In-laws (first degr	·ee)						
Brothers/Sisters – Ha	lf-Brothers/Half-Sisters – Gran	ndchildren – Grandnarents – Ir	a-laws (second degree)						
21011010/0101010	ii Brothers/rian-olsters - Gran	ideniidien – Grandparents – II	riaws (second degree)						
For County Use Only:									
If any Disclosure of Relationship is no	oted above, please complete the follow	ving:							
Yes No Is the County empl									
Yes No Is the County empl	oyee(s) noted above involved in any v	vay with the business in performance	of the contract?						
Notes/Comments:	Notes/Comments:								
Signature									
Print Name									
Authorized Department Representativ	е								

	DISCLUSUR	E OF OW	MEKSH	PIPRINCIPA	LS			
Business Entity Type (Please selec	t one)					· · · · · · · · · · · · · · · · · · ·		
Sole Proprietorship	Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other	1		
Business Designation Group (Pleas	se select all that apply))						
MBE DWBE	SBE	□PBE		□ VET	DOVET	☐ ESB		
Minority Business Women-Owned Business Enterprise	Small Business Enterprise	Physically Business E	Challenged Interprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business		
Number of Clark County No	evada Residents	Employed			4			
Corporate/Business Entity Name:	orate/Business Entity Name: Prepango LLC							
(Include d.b.a., if applicable)								
Street Address:	806 Starboard St.		1	ebsite: https://prep	ando aomi			
City, State and Zip Code:	Chula Vista, C	A 91914	P	oc Name: Lego	ango.com/			
Telephone No:	(619) 710 1680			nail: _{IX No:} marcos@pre	ananan com			
Nevada Local Street Address:					spango.com	W 2 7 7 7 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(If different from above)			, w	ebsite:				
City, State and Zip Code:		***	Le	ocal Fax No:				
Local Telephone No:				Local POC Name:				
			Er	Email:				
ownership or financial interest. The disclored include all business associations close corporations, foreign corporations, if Full Name	and the second s							
Marcos Modiano	Pre	President			(Not required for Publicly Traded Corporations/Non-profit organizations) 98%			
This section is not required for publicly								
This section is not required for publicly 1. Are any individual members, partners Center or Clark County Water Reclar	e attitore or orbitalisate to			The state	s ✓ No ent of Aviation, Clark Cour	ntv Detention		
Yes 7 No (if ye		ty amployee(s)	or oppoleted/et	ondial(a)	l perform any work on prof			
 Do any individual members, partners sister, grandohild, grandparent, relat full-time employee(s), or appointed/ei 	Outpose as advantage to			•	it, in-law or brother/sister, i or Clark County Water Rec	naif-brother/half- lamation District		
Property Comments	s, please complete the D							
l certify under penalty of perjury, that all of land-use approvals, contract approvals, lan	the information				stand that the Board will no	ot take action on		
Signature	and the same of th	Marcos Mod	liano					
DEO and Founder		Print Name	lat la	V23				
Title	Mary - Complete and the formation destroying to the second		105/2	043				
		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		
N/A	N/A	N/A	N/A		

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water Reclamation District.			ention Center or Clark County		
"Consanguinity" is a relations	ship by blood. "Affinity" is a rel	lationship by marriage.			
"To the second degree of of follows:	onsanguinity" applies to the	candidate's first and second	degree of blood relatives as		
 Spouse – Registered 	l Domestic Partners – Children	n – Parents – In-laws (first de	gree)		
Brothers/Sisters – Ha	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents –	In-laws (second degree)		
For County Use Only:					
•	oted above, please complete the folio	-			
	ployee(s) noted above involved in the				
	oloyee(s) noted above involved in any	way with the business in performance	ce of the contract?		
Notes/Comments:					
Signature					
orginature					
Print Name Authorized Department Representat	ive				

	DISCLOSURE OF OWNERSHIP/PRINCIPALS												
Business Entity	у Тур	o (Please select	one		*****		ç						
Sole Proprietorship	D	Partnership	E Co	Limited Liability		Corporation	Птл	ust	Non-Profit Organization				
Business Design	gnatic	n Group (Please	e sel	ect all that apply)			T	OCCUPATION OF THE PROPERTY OF		organisas (1987) — martin and mar		
ПМВЕ		Пмве		Цѕве		□РВЕ			Пует		VET	L ESB	
Minority Busines Enterprise	38	Women-Owned Business Enterprise	- 9:00/jmw r 44/hr4:0	Small Business Enterprise		Physically Ch Business Ente		:1	Veteran Owned Business		abled Veteran ned Business	Emerging Small Business	
Number of	Clar	k County Ne	vac	da Residents	E	mployed:	53	······································					
Corporate/Busi	Corporate/Business Entity Name: Brighton Collectibles - Nevada, LLC												
(Include d.b.a.,	if app	ilicable)	1 months of the same	······································			and my and	,	and the state of t		Western the Committee of the Committee o		
Street Address	<u> </u>		140	22 Nelson Ave	nu	3	***************************************	We	bsite: www.brighto	n.com			
City, State and	Zip C	ode:	Ci	ty of Industi	ry	CA 91746	3		C Name:				
Telephone No:	27+122+(MIXIO) +11+4-1			HI WAS AND A SOUTH OF THE PERSON OF THE PERS		-		Fax	(No:				
Nevada Local S		· .		The state of the s				We	bsite:				
(If different from			********				o (###**********************************	Loc	cal Fax No:		4444. 4444. 4444. 4444. 4444. 4444. 4444. 4444. 4444. 4444. 4444. 4444. 4444. 4444. 4444. 4444. 4444. 4444. 4		
City, State and	<u> </u>	.003.		<u> </u>					Local POC Name:				
Local Telephon	e No:				En			Em	Emall:				
ownership or finar	ncial ir	iterest. The disclos	oros	equirement, as app mixed under or cov	olled verm	to land-use app ad by Title 7 of I	olications the Neva	i, exte ida R	Directors in lieu of ends to the applicant an evised Statutes, includ s, and professional cor	ia ine iar Ina but r	idowner(s). iot limited to priva		
	F	full Name			Title				Corpo	% Owner ot required for Pub orations/Non-profit	licly Traded		
Brighton Collec			WW			Member - Ma				100%			
It is owned by Br	*************	***************************************	loldi			Member - Ma	·			100%			
It is owned by J	CHANGE BELLEVIANTE	#200 0.000000000000000000000000000000000	······································		President, Treasurer and D			Dire	***************************************				
Terri Kohl (hust	oand	and wife via th	ielr I	rust) Se	cre	tary and Dire	ctor			50%			
4 Am and fadh	Center or Clark County Water Reclamation District full-time employee(s), or appointed elected official(s) may not perform any work on professional sender												
eleter nrends	 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 ye	s, pli	ease complete the	Olsc	losure of Relati	onahip ƙ	arm o	n Page 2. If no, please	print N/	A on Page 2.)		
I certify under pene land-use approvals	certify under penelty 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 and-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form. Christopher Cansiani												
Signature	1			Accessoration and an analysis of the second analysis of the second analysis of the second and an analysis of the second and an	****	Print Name	MINTER STREET		novelle grote province for the control of the contr	-yatique vagenation and	Marianta pulsagan rahvusia ra	SCOOL CONTRACTOR OF THE STATE O	
•						lo/	187	ros					
CFO THA	www.community		ettatorio (astrono	And the second s	***	Date							

Title

List any	discl	losures	below:
(Mark N/A	if not	applicable	le)



NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
Water Reclamation District.	Clark County, Department of ship by blood. "Affinity" is a rel		ntion Center or Clark County
	consanguinity" applies to the		degree of blood relatives as
Spouse – Registered	d Domestic Partners – Childrer	n – Parents – In-laws (first deg	gree)
Brothers/Sisters – H.	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents – I	n-laws (second degree)
For County Use Only:			
If any Disclosure of Relationship is r	noted above, please complete the follo	owing:	
Yes No Is the County emp	ployee(s) noted above involved in the	contracting/selection process for this	particular agenda item?
	ployee(s) noted above involved in any	way with the business in performanc	e of the contract?
Notes/Comments:			
Signature			
Print Name			
Authorized Department Representat	ive		