		DISCLOSUF	RE OF OWN	NERSHI	P/PRINCIPAL	.S		
Business Entity	Type (Please select	t one)						
Sole Proprietorship	Partnership	Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other		
Business Desig	nation Group (Pleas	e select all that apply	)			T		
ПмвЕ	□WBE	□SBE	PBE		□ VET	DVET	ESB	
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Ch Business Ent	nallenged terprise	Veteran Owned Business	Disabled Veter Owned Busine		
Number of C	Clark County No	evada Residents	Employed:	198				
Corporate/Business Entity Name:		Communication Electronic Systems Inc						
(Include d.b.a., i	f applicable)	10		- /	7507 - 127	ALE NO	5 ( 004	
Street Address:		4080 E. Lake Mylad			Website: www.cesvegas.com POC Name: Joe Lynn			
City, State and Zip Code:		1		114	POC Name: JOE CYNN  Email:			
Tolombana Mar		102-643	102-643-1564 Fax No:					
Telephone No: Nevada Local Street Address:		Vanisa illa Company de la Comp		W	Website:			
		Same	•					
(If different from		Cunc		Lo	Local Fax No:			
City, State and Zip Code:				Lo	Local POC Name:			
Local Telephone No:			Email:					
Entitles include a close corporations	, foreign corporations,	s organized under or go limited llability companie	s, partnerships, limi	ted partnershi	ps, and professional co		Owned	
	Full Name	^				(Not required t	for Publicly Traded n-profit organizations)	
<b>David</b>	Ellis	President						
Brian Josh	Thomas	Sicretary Treasurer - Director -			- a	0		
a a to alt.	determinantes partne	ly-traded corporations. ers, owners or principals, amation District full-time	involved in the busi	iness entity, a	Clark County, Departm	- Lance	s County Detention	
Yes	No (if	yes, please note that Co ntracts, or other contract	unty employee(s), o s, which are not sub	or appointed/e oject to compa	lected official(s) may no titive bid.)			
eietar arand	child, grandparent, re stovee(s), or appointed	ers, owners or principals lated to a Clark County, /elected official(s)?	Debaument of Avia	don, Olan Co	and between a single			
Yes	X No (If	yes, please complete the	e Disclosure of Rela	tionship form	on Page 2. If no, pleas	se print N/A on Page	۷.)	
l certify under pen land-use approval	alty of pocury, that all scontract approvals, I	the information provide and sairs, leases or exc	HRIIDAS MITHOUT THE	OUTTPICAGE GA	1		will not take action on	
Signature	Partr	re		100	Claunc 7-24			
Title			Date		,			

## 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
On O			
Water Reclamation District.  "Consanguinity" is a relation:  "To the second degree of of follows:  • Spouse – Registere	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 folk ployee(s) noted above involved in the ployee(s) noted above involved in any	contracting/selection process for this	
Signature  Print Name Authorized Department Represente	ative		