## **DISCLOSURE OF OWNERSHIP/PRINCIPALS**

|  | 22-   | 1/4            |                                |                      |                                       |                              |   |  |                    |  |
|--|---|----------------|--------------------------------|----------------------|---------------------------------------|------------------------------|---|--|--------------------|--|
| Business Entity T  | ype (Please selec   |                |                                |                      |                                       | 1                            |   |  |                    |  |
| Sole<br>Proprietorship   | Partnership   |                | ompany                         |                      | Trust                                 | t Non-Profit<br>Organization | Other   | Other                                    |                    |  |
| Business Designa   | tion Group (Pleas   | e sel          | ect all that a                 | pply)                |                                       |                              |   | 1  |                    |  |
| MBE  | MBE WBE   |                | SBE                            |                      | ☐ PBE                                 |                              | VET   | DVET                                     | ESB                |  |
| Minority Business Enterprise  Women-Owned Business Enterprise  |   |                | Small Busi<br>Enterprise       | ness                 | Physically Ch<br>Business Ent         |                              | Veteran Owned<br>Business                           | Disabled Veteran Owned Business Business |                    |  |
|  |   |                |                                |                      |                                       |                              |   |  |                    |  |
| Number of CI   | ark County N  | evad           | da Reside                      | ents E               | mployed:                              |                              |   | 42                                       |                    |  |
| Corporate/Busine   | Cisco Systems, Inc.   |                |                                |                      |                                       |                              |   |  |                    |  |
|  | Corporate/Business Entity Name: CISCO Systems, Inc.  (Include d.b.a., if applicable)  |                |                                |                      |                                       |                              |   |  |                    |  |
| Street Address:  | -   | 170            | ) West Tas                     | man D                | r.                                    |                              | Website: www.cisco.co                               | om                                       |                    |  |
| City, State and Zig  | Code:   | Sa             | an Jose,                       | CA 9                 | 5134                                  |                              | POC Name: Cody Ly                                   |  | @cisco.com         |  |
| Tolombono No.  |   | (40            | 8) 526-400                     | 00 (mai              | n)                                    |                              | Fax No: n/a   |  |                    |  |
| Telephone No:  |   | 1              |                                |                      |                                       | 1                            |   |  |                    |  |
| Nevada Local Stre  |   | 988            | 50 Double                      | R Blvo               | , Park Cente                          | er East                      | Website:  |  |                    |  |
| City, State and Zi   |   | Reno, NE 89521 |                                |                      |                                       |                              | Local Fax No: n/a                                   |  |                    |  |
| Local Telephone  |   | 1              | 775                            | 789                  | 9 5700                                | )                            | Local POC Name: Email:                              |  |                    |  |
| close corporations, t  | 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  W Owned  (Not required for Publicly Traded Corporations/Non-profit organizations) |                |                                |                      |                                       |                              |   |  |                    |  |
| see attached list  | of officers and o   | direct         | ors                            |                      |                                       |                              |   |  |                    |  |
|  |   |                |                                | ***                  |                                       |                              |   |  |                    |  |
|  |   |                |                                |                      |                                       |                              |   |  |                    |  |
|  | required for public   |                |                                |                      |                                       |                              |   | _  | Date offer         |  |
| Are any indivi- Center or Clai   | rk County Water Red   | clamat         | tion District fu               | II-time en           | nployee(s), or ap                     | pointed/ele                  |   |  |                    |  |
| Yes  | C   | ontrac         | ts, or other co                | ntracts,             | which are not su                      | bject to cor                 |   |  |                    |  |
| <ol> <li>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)?</li> </ol> |   |                |                                |                      |                                       |                              |   |  |                    |  |
| Yes  | No (I   | f yes,         | please compl                   | ete the C            | isclosure of Rela                     | ationship fo                 | orm on Page 2. If no, please                        | e print N/A on Page 2.)                  |                    |  |
| l certify under pena<br>land-use approvals   | Ity of perjury, that al, contract approvals,  | of the         | e information<br>sales, leases | provided<br>or excha | herein is current<br>nges without the | t, complete<br>completed     | , and accurate. I also unders<br>I disclosure form. | stand that the Board will                | not take action on |  |
| Signature  | Put   |                |                                | <b>-</b> 3           | Jenn Pate Print Name                  |                              |   |  |                    |  |
| Authorized Sig   | natory  |                |                                |                      | July 1, 20                            | 21                           |   |  |                    |  |
| Title Date   |   |                |                                |                      |                                       |                              |   |  |                    |  |

## Cisco Systems, Inc. Executive Officers:

## **Chuck Robbins**

Chairman and Chief Executive Officer

## **Gerri Elliott**

**EVP and Chief Customer and Partner Officer** 

#### **Scott Herren**

**Executive Vice President and Chief Financial Officer** 

#### Maria Martinez

**Executive Vice President and Chief Operating Officer** 

## Cisco Systems, Inc. Board of Directors:

M. Michele Burns
Wesley G. Bush
Michael D. Capellas
Mark Garrett
John D. Harris II
Dr. Kristina M. Johnson
Roderick C. McGeary
Chuck Robbins
Brenton L. Saunders
Dr. Lisa Su
Marianna Tessel

Cisco maintains updates to these lists at our investor relations website at:

https://investor.cisco.com/corporate-governance/executive-officers/default.aspx

https://investor.cisco.com/corporate-governance/board-of-directors/default.aspx

# **DISCLOSURE OF RELATIONSHIP**

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

Print Name Authorized Department Representative

| NAME OF BUSINESS<br>OWNER/PRINCIPAL  | NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE                              | RELATIONSHIP TO<br>COUNTY*<br>EMPLOYEE/OFFICIAL  | COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT |
|--|--|--|--|
| N/A  |  |  |  |
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| Water Reclamation District.  "Consanguinity" is a relation  "To the second degree of follows:  • Spouse – Registered | nship by blood. "Affinity" is a re   | elationship by marriage.<br>candidate's first and second<br>en – Parents – In-laws (first de |  |
|  | s noted above, please complete the fol                                       |  | ie paticular agenda item?                |
|  | nployee(s) noted above involved in the nployee(s) noted above involved in an |  |  |
| Notes/Comments:  |  |  |  |
|  |  |  |  |
| Signature  |  |  |  |

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

| Business Entity Ty  | ne (Please select   | one)                                   |                                     |                        |                           |                             |                                     |                         |                        |                                     |  |
|---|---|--|-------------------------------------|------------------------|---------------------------|-----------------------------|-------------------------------------|-------------------------|------------------------|-------------------------------------|--|
| Sole  | Partnership   | Limited Li                             | ability                             | Corp                   | oration                   | Trus                        | t Non-                              | -Profit                 |                        | Other                               |  |
| Proprietorship Business Designat  |   |  | t anniv)                            | NI                     |                           |                             | Organiz                             | adon                    |                        |                                     |  |
| MBE   | □WBE  | SBE                                    | cappiyi                             | ПР                     | PRF                       |                             | □VET                                |                         | Пр                     | VET                                 | □ESB                                     |
| Minority Business Women-Owned S   |   |  | Business Physically (<br>Business E |                        | sically Cha               |                             | Veteran (<br>Business               |                         | Disabled Veteran Emerg |                                     | Emerging Small<br>Business               |
| Number of Cla   |   | evada Resi                             | dents                               | Emplo                  | oyed:                     | 13                          |                                     |                         |                        |                                     |  |
| Corporate/Busines   | nvergeOne, Inc.   |  |                                     |                        |                           |                             |                                     |                         |                        |                                     |  |
| (Include d.b.a., if a   | ***** . W   |  |                                     |                        |                           |                             |                                     |                         |                        |                                     |  |
|   | phousicy  | 10900 Ne                               | sbitt A                             | venue                  | S                         |                             | Website:                            | www.conve               | erge                   | one.com                             |  |
| City, State and Zip Code: Bloomington, MI   |   |  |                                     |                        | POC Name: David Peers     |                             |                                     |                         | n                      |                                     |  |
| Telephone No:   |   | 888 321 62                             | 227                                 |                        |                           |                             | Fax No:                             |                         |                        |                                     |  |
| Nevada Local Stree  | t Addrona:  |  |                                     |                        |                           |                             | Website:                            |                         |                        |                                     |  |
| (If different from at   |   |  |                                     |                        |                           |                             |                                     |                         |                        |                                     |  |
| City, State and Zip   |   |  |                                     |                        |                           |                             | Local Fax No                        | 0:                      |                        |                                     |  |
| Ony, State and Lip  | Out.  | Local POC Name:                        |                                     |                        |                           |                             |                                     |                         |                        |                                     |  |
| Local Telephone N   | o:  |  |                                     |                        | Email:                    |                             |                                     |                         |                        |                                     |  |
| Entities include all b close corporations, fo   | reign corporations,  Full Name                                      | limited liability o                    | ompanies                            | s, partners            | ships, limit              | ted partner                 | rships, and pro                     | fessional corpo         | mation                 | s.<br>% Owne<br>ot required for Pul | d  |
| ConvergeOne   | Holdings, Inc.  |  | а                                   | Delaw                  | elaware corporation       |                             |                                     |                         |                        | orations/Non-profi<br>100%          | it organizations)                        |
|   |   |  |                                     |                        |                           |                             |                                     |                         |                        |                                     |  |
| This section is not   | required for public   | ly-traded corpo                        | rations.                            | Are you                | a publici                 | y-traded o                  | corporation?                        | Yes                     | ×                      | (No                                 |  |
| 4 Aro any individ   | ual members, partne<br>County Water Rec                             | ers, owners or p<br>lamation District  | rincipals,<br>full-time             | , involved<br>employee | in the bus<br>e(s), or ap | siness entit<br>pointed/ele | y, a Clark Cou<br>ected official(s) | 11                      |                        |                                     |  |
| Yes (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.) |   |  |                                     |                        |                           |                             |                                     |                         |                        |                                     |  |
| sister, grandch   | ual members, partne<br>ild, grandparent, re<br>yee(s), or appointed | lated to a Clark<br>//elected official | County,<br>s)?                      | Departme               | ent of Avia               | ition, Clark                | County Deten                        | nion Center or t        | Clark                  | County Water New                    | half-brother/half-<br>clamation District |
| Yes   | No (If  | yes, please cor                        | nplete the                          | e Disclosu             | ire of Rela               | ationship fo                | orm on Page 2.                      | If no, please p         | orint N                | /A on Page 2.)                      |  |
| I certify under penalt<br>land-use approvals,   | y of perjury, that all contract approvals,                          | of the information                     | on provides or exc                  | ed herein<br>hanges w  | is current,<br>ithout the | , complete<br>completed     | , and accurate<br>I disclosure for  | . I also understa<br>m. | and th                 | at the Board will r                 | not take action on                       |
| 1/1   |   |  |                                     |                        | tephen                    | Monter                      | ros                                 |                         |                        |                                     |  |
| Regional Vice   | President, SL   | .ED                                    |                                     | 0                      | 4/30/20                   | 021                         |                                     |                         |                        |                                     |  |
| Title   |   |  |                                     | Dat                    |                           | 1                           |                                     |                         |                        |                                     |  |

## **DISCLOSURE OF RELATIONSHIP**

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

Print Name Authorized Department Representative

| NAME OF BUSINESS<br>OWNER/PRINCIPAL  | NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE   | RELATIONSHIP TO<br>COUNTY*<br>EMPLOYEE/OFFICIAL  | COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|
| N/A  |   |  |  |  |  |  |  |  |  |
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| Water Reclamation District.  "Consanguinity" is a relation  "To the second degree of follows:  • Spouse – Registere        | ship by blood. "Affinity" is a reconsanguinity" applies to the domestic Partners – Childre                              | elationship by marriage.<br>candidate's first and second<br>en – Parents – In-laws (first de |  |  |  |  |  |  |  |
| <ul> <li>Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)</li> </ul> |   |  |  |  |  |  |  |  |  |
| Yes No Is the County en  | noted above, please complete the fol<br>aployee(s) noted above involved in the<br>aployee(s) noted above involved in an | e contracting/selection process for this   |  |  |  |  |  |  |  |
| Signature  |   |  |  |  |  |  |  |  |  |

#### DISCLOSURE OF OWNERSHIP/PRINCIPALS

| 7.0   |  |  |  |   |   |  |   |   |   |  |  |  |
|---|--|--|--|---|---|--|---|---|---|--|--|--|
| Business Entity Ty  | pe (Please select  |  |  |   |   | 1  | 1   |   |   |  |  |  |
| Sole<br>Proprietorship  | Partnership  | Limit<br>Compar  | ted Liability<br>ny  | X   | Corporation   | Trus   | st  | Non-Profit Organization   | Other   |  |  |  |
| Business Designat   | ion Group (Pleas   |  |  |   |   |  |   | _   |   | 1-   |  |  |
| ■ MBE   ■ WBE   |  | $\Box$   | SBE  |   | PBE   |  |   |   | DVET  | ESB  |  |  |
| Minority Business Enterprise  Women-Owned Business Enterprise   |  |  | nall Business<br>terprise  |   | Physically Challenged<br>Business Enterprise  |  |   | Veteran Owned<br>Business   | Disabled Veteran<br>Owned Business  | Emerging Small<br>Business   |  |  |
| Number of Cla   | rk County No   | evada F  | Residents  | s Em  | ployed:   | 0  |   |   |   |  |  |  |
| Corporate/Busines   | Conv   | ConvergeOne Holdings, Inc.   |  |   |   |  |   |   |   |  |  |  |
| (Include d.b.a., if a   | pplicable)   |  |  |   |   |  |   |   |   |  |  |  |
| Street Address:   |  | 1090   | 0 Nesbit   | tt Av   | enue S  |  | Web   | osite: WWW.COI  | nvergeone.co  | m  |  |  |
| City, State and Zip   | Code:  | Bloomington, MN 55437  |  |   |   | ,  | POC Name: Rui Goncalves Email: RGoncalves@convergeone.com |   |   |  |  |  |
| Telephone No:   |  | 888-321-6227   |  |   |   |  | Fax No:   |   |   |  |  |  |
| Nevada Local Stre   | ot Address:  |  |  |   |   |  | Wel   | osite:  |   |  |  |  |
| (If different from al   |  | N/A  |  |   | website.  |  |   |   |   |  |  |  |
| City, State and Zip   |  |  |  |   |   |  | Loc   | Local Fax No:   |   |  |  |  |
| Oldy, other and In-   |  |  |  |   |   |  |   | Local POC Name:   |   |  |  |  |
| Local Telephone N   | o:   |  |  |   |   |  | Email:  |   |   |  |  |  |
| close corporations, fo  | preign corporations,   | limited liab   | ility companie   | es, par   | tnerships, lim  | ited partne  | ership  | evised Statutes, includin<br>s, and professional corpo  | orations.   |  |  |  |
| (Not required for Publicly Traded Corporations/Non-profit organizations)  PVKG Intermediate Holdings, Inc. a Delaware corporation There are no individuals that own more than 5   |  |  |  |   |   |  |   |   | % Own   |  |  |  |
| PVKG Interm   | Full Name  | dings,   | Inc. a   | a De  | elaware   | Title<br>corpo   | ratio   | on There are n  | (Not required for Procured for | ublicly Traded<br>fit organizations)   |  |  |
| In lieu of pro  | nediate Holo   | tage of  | ownershi   | p det   | tails, the E  | corpo  | of Di   | on There are no rectors of PVKG.  | (Not required for Pr<br>Corporations/Non-pro<br>o individuals that  | ublicly Traded<br>fit organizations)<br>t own more thar  |  |  |
| In lieu of pro  | nediate Holo   | tage of  | ownershi   | p det   | tails, the E  | corpo  | of Di   | rectors of PVKG   | (Not required for Pr<br>Corporations/Non-pro<br>o individuals that<br>Intermediate Hol  | ublicly Traded<br>fit organizations)<br>t own more thar  |  |  |
| In lieu of pro<br>Lars Haegg,   | nediate Holo<br>viding percen<br>James Christ  | tage of<br>topoulos  | ownerships, Christop   | p det<br>pher<br>s. Are   | tails, the E<br>Colpitts a  | corporation corpor | of Din<br>nn A.   | rectors of PVKG. McKenna, Jr.   | (Not required for Pr<br>Corporations/Non-pro<br>o individuals that<br>Intermediate Hol  | ublicly Traded fit organizations) t own more thar Idings, Inc. are:  |  |  |
| In lieu of pro<br>Lars Haegg,   | viding percent<br>James Christ<br>required for public<br>ual members, partna<br>County Water Rec   | tage of<br>topoulos<br>cly-traded<br>ners, owner<br>clamation D  | ownerships, Christop   | p det<br>pher<br>s. Are   | you a public ved in the bus oyee(s), or as  | CORPORATION CONTROL CO | corpo   | rectors of PVKG. McKenna, Jr.  pration? Yes Clark County, Department official(s)?   | (Not required for Pr<br>Corporations/Non-pro<br>o individuals that<br>Intermediate Hol  | ublicly Traded fit organizations) t own more than Idings, Inc. are:  |  |  |
| In lieu of pro<br>Lars Haegg,  This section is not  1. Are any individ<br>Center or Clark   | viding percenty James Christy required for public ual members, partner County Water Rec  | cly-traded mers, owner clamation E f yes, pleas ontracts, or   | ownerships, Christop   | p det<br>pher<br>s. Are<br>s, invol<br>e emple<br>county e                      | you a public  you a public  ived in the busoyee(s), or any employee(s), ich are not su  | Corporation Corpor | corpo   | rectors of PVKG. McKenna, Jr.  oration? Yes Clark County, Department official(s)? ected official(s) may not litive bid.)  | (Not required for Pr<br>Corporations/Non-pro<br>o individuals that<br>Intermediate Hol<br>No<br>nt of Aviation, Clark Corperform any work on pr   | ublicly Traded fit organizations) t own more than dings, Inc. are: unty Detention ofessional service   |  |  |
| In lieu of pro Lars Haegg,  This section is not  1. Are any individ Center or Clark Yes  2. Do any individ sister, grandch  | required for public viding percent James Christ vide and members, partner County Water Recursive No (Iff county water Recursive No (Iff county water Recursive No (Iff county water No (Iff county wat | cly-traded mers, owner clamation E f yes, pleas ontracts, or mers, owner elated to a d/elected or          | ownerships, Christop corporations rs or principals District full-time se note that Co other contract s or principals Clark County, fficial(s)?                 | p det<br>pher<br>s. Are<br>s, invol<br>e empl<br>county e<br>cts, whi<br>s have | you a public  you a public  ived in the busoyee(s), or an  employee(s), ich are not su  a spouse, re-  rtment of Avia                                 | Board of and John siness entopointed/e or appoint bject to congistered diation, Clar   | corpo   | praction? Yes Clark County, Department official(s)? exceed official(s) may not eitive bid.) tic partner, child, parent, anty Detention Center or  | (Not required for Pr<br>Corporations/Non-pro<br>o individuals that<br>Intermediate Hol<br>No<br>nt of Aviation, Clark Corperform any work on pr<br>in-law or brother/sister<br>Clark County Water Re  | ublicly Traded fit organizations) t own more than Idings, Inc. are: unty Detention ofessional service  |  |  |
| In lieu of pro Lars Haegg,  This section is not and a content or Clark  Yes  2. Do any individual sister, grandch   | required for public viding percent James Christ vide and members, partner County Water Recursive No (Iff county water Recursive No (Iff county water Recursive No (Iff county water No (Iff county wat | cly-traded mers, owner clamation E f yes, pleas ontracts, or mers, owner elated to a d/elected or          | ownerships, Christop corporations rs or principals District full-time se note that Co other contract s or principals Clark County, fficial(s)?                 | p det<br>pher<br>s. Are<br>s, invol<br>e empl<br>county e<br>cts, whi<br>s have | you a public  you a public  ived in the busoyee(s), or an  employee(s), ich are not su  a spouse, re-  rtment of Avia                                 | Board of and John siness entopointed/e or appoint bject to congistered diation, Clar   | corpo   | rectors of PVKG. McKenna, Jr.  Pration? Yes Clark County, Department official(s)?  Sected official(s) may not litive bid.)  | (Not required for Pr<br>Corporations/Non-pro<br>o individuals that<br>Intermediate Hol<br>No<br>nt of Aviation, Clark Corperform any work on pr<br>in-law or brother/sister<br>Clark County Water Re  | ublicly Traded fit organizations) t own more than Idings, Inc. are: unty Detention ofessional service  |  |  |
| In lieu of pro Lars Haegg,  This section is not at the content of Clark  1. Are any individed Center of Clark  Yes  2. Do any individed sister, granden full-time emplo   | required for public viding percent James Christ required for public vide members, partner County Water Recurs No (If control of perium, that all professions, that all professions, that all vide perium, that all vide perium that all v | cly-traded mers, owner clamation E f yes, pleas ontracts, or mers, owner elated to a d/elected of the info | ownerships, Christop corporations rs or principals District full-time se note that Co other contract s or principals Clark County, fficial(s)? se complete the | p det<br>pher  s. Are s, involue emploounty ects, which s have p, Depa          | you a public ved in the busoyee(s), or an employee(s), ich are not su a spouse, reintment of Avia closure of Rel                                      | Corpole Soard of And John Siness ent oppointed/e or appoint object to congistered diation, Clar ationship for the complete | corpo   | rectors of PVKG. McKenna, Jr.  Pration? Yes Clark County, Departmel official(s)? ected official(s) may not titive bid.) dic partner, child, parent, inty Detention Center or on Page 2. If no, please | (Not required for Pr<br>Corporations/Non-pro<br>o individuals that<br>Intermediate Hol<br>No<br>nt of Aviation, Clark Corperform any work on pr<br>in-law or brother/sister<br>Clark County Water Re<br>print N/A on Page 2.)   | ublicly Traded fit organizations) t own more than Idings, Inc. are: unty Detention ofessional service , half-brother/half- eclamation District |  |  |
| In lieu of pro Lars Haegg,  This section is not of the content of Clark  Yes  2. Do any individual sister, granden full-time emplo Yes  I certify under penaltiand-use approvess.   | required for public viding percent James Christ required for public vide members, partner County Water Recurs No (If control of perium, that all professions, that all professions, that all vide perium, that all vide perium that all v | cly-traded mers, owner clamation E f yes, pleas ontracts, or mers, owner elated to a d/elected of the info | ownerships, Christop corporations rs or principals District full-time se note that Co other contract s or principals Clark County, fficial(s)? se complete the | p det<br>pher  s. Are s, involue emploounty ects, which s have p, Depa          | you a public ved in the busoyee(s), or an employee(s), ich are not su a spouse, re- entrement of Avia closure of Rel rein is curren es without the    | Board of and John siness entopointed/e or appoint biject to congistered diation, Clarationship for the complete e complete   | corporation A.  | rectors of PVKG. McKenna, Jr.  Pration? Yes Clark County, Departmel official(s)? ected official(s) may not titive bid.) dic partner, child, parent, inty Detention Center or on Page 2. If no, please | (Not required for Pr<br>Corporations/Non-pro<br>o individuals that<br>Intermediate Hol<br>No<br>nt of Aviation, Clark Corperform any work on pr<br>in-law or brother/sister<br>Clark County Water Re<br>print N/A on Page 2.)   | ublicly Traded fit organizations) t own more than Idings, Inc. are: unty Detention ofessional service , half-brother/half- eclamation District |  |  |
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# DISCLOSURE OF RELATIONSHIP

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

Print Name Authorized Department Representative

| NAME OF BUSINESS<br>OWNER/PRINCIPAL                     | NAME OF COUNTY*<br>EMPLOYEE/OFFICIAL<br>AND JOB TITLE   | RELATIONSHIP TO<br>COUNTY*<br>EMPLOYEE/OFFICIAL                  | COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT |
|---|---|--|--|
| N/A   |   |  |  |
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|   |   |  | d.                                       |
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| "To the second degree of follows:  • Spouse – Registere | ship by blood. "Affinity" is a reconsanguinity" applies to the domestic Partners – Childre                              | candidate's first and second<br>on – Parents – In-laws (first de |  |
| Yes No Is the County en                                 | noted above, please complete the fol<br>nployee(s) noted above involved in the<br>nployee(s) noted above involved in an | e contracting/selection process for thi                          |  |

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