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Business Entity Typ	e (Please select	one)										
Sole Proprietorship	Partnership		Limited Liability mpany	Z	Corporation	☐ Tru	ıst	Organization Non-	Profit	☐ Other		
Business Designati	on Group (Please	sele	ect all that apply)				_					
☐ MBE	□ WBE		SBE		☐ PBE			□ VET		VET	☐ ESB	
Minority Business Enterprise	Women-Owned Business Enterprise		Small Busines Enterprise	s	Physically Challeng Business Enterprise			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business	
Number of Clar	rk County Ne	vad	a Residents I	En	nployed:	None						
		v.										
Corporate/Business	Entity Name:	Swarco Reflex LLC										
(Include d.b.a., if ap	plicable)				•							
Street Address:			N. Denton				We	ebsite: www.swarco	o.com	/northameric	a	
City, State and Zip (Code:	Me	exia, TX 766	67	7			C Name: Roseann Merc	edith, Bi	id Admin, roseann.	meredith@swarco.cc	
Telephone No:		254	4-562-9879				Fa	x No: 254-562-760	1			
Nevada Local Street	t Address:		E-s d				We	bsite:			The second second second	
(If different from abo	20	no	ne									
City, State and Zip							Lo	cal Fax No:				
							Lo	cal POC Name:				
Local Telephone No):						Em	ail:			-	
financial interest. The c	disclosure requireme	ent, a oroan	s applied to land-us nized under or govern	e a	pplications, exte	nds to the Nevada	e app Revi	tors in lieu of disclosing solicant and the landowner sed Statutes, including be professional corporation	r(s). ut not lii			
O A	Full Name					Title		licly Traded organizations)				
Swarco America		warco America Inc. 100%							100%)		
Swarco AG In Ac	istria owris ov	varc	O Afficilica IIIC		10070		_					
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- 70:	en a ra Hagil aber	popular v	American Resident	er e	and come of the	dun ala al a		ration? Yes		i.		
Are any individual Center or Clark C	I members, partners	s, ow	•	ıvol	ved in the busin	ess entity	, a C	lark County, Department	-		Detention	
☐ Yes			ease note that Cour , or other contracts,					ected official(s) may not ive bid.)	perform	any work on profe	essional service	
sister, grandchild	l members, partner , grandparent, relate), or appointed/elect	ed to	a Clark County, Dep	ave	e a spouse, regi tment of Aviation	stered do i, Clark C	omes	tic partner, child, parent, Detention Center or Cla	in-law ark Cou	or brother/sister, h nty Water Reclama	alf-brother/half- tion District full-	
☐ Yes	☑ No (If ye	es, pl	ease complete the D	Disc	dosure of Relation	onship for	m on	Page 2. If no, please p	rint N/A	on Page 2.)	ge graphism - da - ge n €.	
I certify under penalty land-use approvals, co	of perjury, that all or ntract approvals, lar	f the	information provided les, leases or excha	d he	erein is current, es without the co	complete impleted	, and disclo	accurate, I also undersiosure form.	and the	at the Board will no	t take action on	
- Om	7	Jon Sproul										
Signature			1		Print Name							
GM					5/5/2025							
Title					Date							

List any disclosures below: N/A (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
eclamation District.	s Clark County, Department onship by blood. "Affinity" is		ention Center or Clark County Wa
eclamation District. Consanguinity" is a relation To the second degree of the second degree	onship by blood. "Affinity" is consanguinity" applies to the	a relationship by marriage.	legree of blood relatives as follows
eclamation District. Consanguinity" is a relation to the second degree of the second degree	onship by blood. "Affinity" is consanguinity" applies to the red Domestic Partners – Ch	a relationship by marriage.	legree of blood relatives as follows degree)
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Minority Business Enterprise Municipal Enterprise Dusiness Downed Business Entity Name (Included d.b.a., if applicable) Included d.b.a., if applicable) Street Address: SANTA RE SPEINES, (Iv., State and Zip Code: Cofe 2 944 - 8818 Fax No: Cf2 2 944 - 2298 Nevada Local Street Address: (If different from above) City, State and Zip Code: Local Fax No: Local POC Name: Entering Enterprise Website: Website: Website: Website: Website: Website: Website: Website: Local POC Name: Enterprise Enterprise Enterprise Enterprise Enterprise Owned Business Business Downed Business Downed Business Business Downed Business Business Business Downed Business Downed Business Business Downed Business Downed Business Business Downed Business Business Downed Business Business Downed Business Business			700						
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MBE WBE SBE PRE VET OVER Chairmage Work Chairmage Wo		on Group (Please				0.1			
Minority Business Woman Ovned Enterprise Enterprise Number of Clark County Nevada Residents Employed: — O - Corporate/Business Entity Name: (Included b.ta., if applicable) Street Address: (Included b.ta., if applicable b.ta., included b.ta., including b.ta., including b.ta. to thinking b.ta. to	/					□ VET		OVET	☐ ESB
Corporate/Business Entity Name: (Include di.b.s., if applicable) Street Address: (Include di.b.s., if applicable) Street Address: (Include di.b.s., if applicable) Street Address: (Include di.b.s., if applicable) SANTA FE SQRINGS, CA 96470 Email: SALESSE APPOXIMATERS.COM Fealth Santa FE SQRINGS, CA 96470 Email: SALESSE APPOXIMATERS.COM Fealth Santa FEANO: (SE2) 944 - 2298 Nevada Local Street Address: (Include Telephone No: Local Fax No: Local Fax No: Local Fox No: Publicly-traded ontities and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership on financial interest. The disclosure requirement, as applied to individual applications, discretion interest. The disclosure requirement, as applied to individual applications, discretion is lieu of disclosing the names of individuals with ownership on financial interest. The disclosure requirement as application of governed by Tax of the Nevade Reveal disables, including but not limited to private corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations. Full Name Full Name Title (Rod required for publicly-traded corporations. Are you a publicly-traded corporations. Professional partnerships, invited partnerships, and professional corporations. Full Name Full N	Minority Business	Business							Emerging Small Business
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City, State and Zip Code: SAFTA FE SPEINES, A 96170 Email: SIXLES APEXAVERASCOM Telephone No: (562) 944 - 2298 Website: Website: Website: Local Fax No: Local Fa		priodolo	11033 FURT	EST PL.	v	lebsite: www. Ar	EX.	MARKER	. COM
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Local Telephone No: Local POC Name: Email:			1-17)			ocal Fax No:			I.
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1. 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	JANGI	YANG		SECICE	71041				
sister, grandchild, grandparent, related to a Clark County, Department of Aviability Clark County Setembri Center of Setembri C	Are any Individu Center or Clark Yes	al members, partner County Water Recla No (If y	rs, owners or principals. Imation District full-time res, please note that Co tracts, or other contracts	involved in the busin employee(s), or apportunity employee(s), of s, which are not subj	ness entity, a ointed/electe or appointed/e ect to compe	Clark County, Department d official(s)? elected official(s) may not titive bid.)	of Avia	ation, Clark County	essional service
I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action of land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form. Signature TANT ANG Print Name TOTAL TANG Print Name	sister grandchil	d, grandparent, relat s), or appointed/elec	ted to a Clark County, D ted official(s)?	epartment of Aviauo	II, Clark Cou	nty Determion Contor of Co.			half-brother/half- ation District full-
Signature Fint Name TANET ANG Print Name 5/7 55		F-							
Z. VICE PRESIDENT 5/7/25	land-use approvals, c	of perjury, that all contract approvals, la	of the information provid and sales, leases or excl	ed herein is current, nanges without the c	complete, a completed dis	nd accurate. I also unders closure form.	tand th	at the Board will n	ot take action on
	Z. VIC	E-PRESI	DENT		/7/	\$5			

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

Print Name Authorized Department Representative

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
NIA			
	-		
"To the second degree of	consanguinity" applies to th		degree of blood relatives as follows:
 Spouse – Registe 	ered Domestic Partners – Ch	nildren – Parents – In-laws (first	degree)
Brothers/Sisters -	- Half-Brothers/Half-Sisters	– Grandchildren – Grandparent	s – In-laws (second degree)
For County Use Only:			
If any Disclosure of Relationship	is noted above, please complete t	the following:	
☐ Yes ☐ No Is the County	employee(s) noted above involved	I in the contracting/selection process fo	r this particular agenda item?
☐ Yes ☐ No Is the County	employee(s) noted above involved	I in any way with the business in perfor	mance of the contract?
Notes/Comments:	2001		
Signature Signature	9		

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Business Entity	Тур	e (Please select	one								I		
Sole Proprietorship		Partnership	_	Limited Liability	□ c	orporation	Trus	t	Non-Profit Organization		Other		
Business Desig	nati	on Group (Please	e sel	ect all that apply)									
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Minority Busines Enterprise	S	Wamen-Owned Business Enterprise		Small Business Enterprise	Physically Challenged Business Enterprise				Veteran Owned Business		abled Veteran ned Business	Emerging Small Business	
Number of	Clai	k County Ne	vac	la Residents	Emp	loyed:	2						
Corporate/Busi	ness	Entity Name:	No	Norton Consulting dba Silver State Barricade and Sign									
(Include d.b.a.,	if ap	plicable)											
				540 Copper	r 50	sae s	34.	We	ebsite: ssbsnv.com				
	Street Address: City, State and Zip Code:			540 Copper is viegas,	NV	8911	5		c Name: Doug	De es	. Sousa ousa OS	sbsnv.cor	
Telephone No:				702-329-3348 Fax No:							1		
Nevada Local S	tree	t Address:						We	bsite:				
(If different from	n ab	ove)	_					_					
City, State and	Zip	Code:						Lo	cal Fax No:				
Local Telephon	e No) :						Local POC Name:					
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close corporation	s, for	siness associations eign corporations, in Full Name	limited liability companies, partnerships, limited par				the Neva ted partne Title	rada Revised Statutes, including but not limited to private corporations. **Owned** (Not required for Publicly Trader Corporations/Non-profit organizations/Non-profit org					
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1. Are any ind Center or C	ividu Iark	al members, partne County Water Recl	ers, ov amati yes, p ntract	on District full-time of please note that Cou ts, or other contracts	involve employ inty en i, which	ed in the bus vee(s), or app nployee(s), on the are not sub	iness entit pointed/ele or appointe oject to co	y, a ected ed/el mpe	Clark County, Departmen d official(s)? ected official(s) may not p titive bid.)	t of A	m any work on pro	fessional service	
sister, gran	dchil	d, grandparent, re ee(s), or appointed	lated /elect	to a Clark County, t ed official(s)?	Јерап	ment of Avia	mon, Clan	K Cu	stic partner, child, parent, ounty Detention Center or	O lai l	*	, half-brother/half- clamation District	
☐ Yes							-	-	on Page 2. If no, please p				
I certify under pe land-use approva	nalty	of perjury, that all ontract approvals, I	of the and s	information provider ales, leases or exch	anges	without the	completed	, uis		and th	at the Board will n	ot take action on	
Signature C	_	J.			P	rint Name	107/	1-	Benet 2025				
Terse	0	1 cona	F		-	ate /	- 6 (

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			
5)			

* County	employee	means	Clark	County,	Department	of	Aviation,	Clark	County	Detention	Center	or	Clark	County
Water Re	clamation I	District.												

"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	Count	v Use	Only:
, v.	CUUIII	y 030	O

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:

Print Name

Authorized Department Representative

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

			DISC	LOSUF		<u> </u>							
Business Entity	Type (P	lease select	one)										
Sole Proprietorship		nership		ed Liability	5	Corporation	☐ Trust	Orga	anization	Non-P	rofit	☐ Other	
Business Desig	nation 6	roup (Please	select al	that apply)								
□ MBE		WBE	7,500	SBE		☐ PBE		□ VE	ET			VET	☐ ESB
Minority Busine Enterprise	Bu	omen-Owned siness terprise		Small Business Enterprise		Physically Challenged Business Enterprise		d Veter Busin		Owned		ibled Veteran ned Business	Emerging Smal Business
Number of C	Clark C	County Ne	vada R	esidents	Er	nployed:	66						
			Road	dSafe Tra	affic	: Systems,	Inc.						
Corporate/Busin			11001										
Include d.b.a., if applicable)			8750 W	Bryn Mawr	Ave	enue, Suite 40	00	Waheita	.www.	roadsa	fetrat	ffic.com	
Street Address:			0100111	Diyi						hitney (
City, State and	Zip Cod	e:	Chicago	o, IL 60631				Email:	wgor	anson@	groa	dsafetraffic.c	om
Telephone No:			773-4	26-6871				Fax No:					3777701110-7-W
Nevada Local S			7885 V	Vestwind	Ro	ad		Website	· www	roads.	afet	raffic.com	
(If different from			Las V	egas. NV	89	139		Local Fa	x No:	Pat Ril	еу		
City, State and	ZIP COL	18:	Las Vegas, NV 89139					Local POC Name:					
Local Telephon	e No:		702-315-3696					Email: priley@roadsafetraffic.com					
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List any disclosures below: (Mark N/A, if not applicable.)

Authorized Department Representative

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			2117
		THE STATE OF THE S	
To the second degree of o	consanguinity" applies to the	a relationship by marriage. e candidate's first and second illdren – Parents – In-laws (firs - Grandchildren – Grandparen	
or County Use Only:			
any Disclosure of Relationship	is noted above, please complete t	he following:	
any Disclosure of Relationship Yes No Is the County	employee(s) noted above involved	in the contracting/selection process for	or this particular agenda item?
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REVISED 7/25/2014

Additional Disclosure Information for RoadSafe Traffic Systems, Inc.

- RoadSafe Traffic Systems, Inc., is a wholly owned subsidiary of RoadSafe Holdings, Inc.
- RoadSafe Holdings Inc., is a wholly owned subsidiary of Road Runner Acquisition Holdings, Inc.
- Road Runner Acquisition Holdings, Inc. is a wholly owned subsidiary of Road Runner Parent Holdings, LLC
- 99.98 % of Road Runner Parent Holdings, LLC is owned by Sparks Acquisition Topco, LP with the remaining percentage owned by over 10 other entities.

There are no individual persons that own more than 5% of any of these entities.