## DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Typ	o (Please select	one)										
☐ Sole	e (Ficase Seieci		Limited Liability		***			☐ Non-Profit				
Proprietorship	Partnership		mpany	X	Corporation	☐ Trus	t	Organization		☐ Other		
Business Designation	n Group (Pleas	e selec	t all that apply)									
□ мве	☐ WBE		☐ SBE		□РВЕ			□ VET □ DVET □		☐ ESB		
Minority Business Women-Owned Business Enterpr			Small Business Enterprise		Physically Challenged Business Enterprise			Veteran Owned Business	Disabled Veteran Emerging Small Owned Business Business		Emerging Small Business	
Number of Clark County Nevada Residents Employed: 18												
Corporate/Business Entity Name:			J.A. Tiberti Construction Co., Inc.									
(Include d.b.a., if ap	1	40001 1 ( ) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
Street Address:		18	1806 Industrial Road				website: www.tiberti.com					
City, State and Zip Code:		L	Las Vegas, NV 89102				Poc Name: Joe Hatton Email: jhatton@tiberti.com					
Telephone No:		7	702-382-7071					Fax No: 702-382-5361				
Nevada Local Street	Nevada Local Street Address:				Website			ebsite:				
(If different from above)			N/A									
City, State and Zip	City, State and Zip Code:						Local Fax No:					
								Local POC Name:				
Local Telephone No:							Email:					
All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business entity appearing before the Board.												
Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s).												
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			% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)			olicly Traded		
Mario Tiberti			<u>Director</u>				25%			***************************************		
Laura L. Tiberti			Director				25%					
M. Andra Tiberti Maffey			Director				25%					
Renaldo M.	Renaldo M. Tiberti			Director					25%			
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?												
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 (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.)												
2. 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	Yes No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)											
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 on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.  Paul J. Maffey												
Signature	The state of the s		<del>/</del>		Print Name	псу						
President 3-/1-2/  Title Date												
	***************************************											

## **DISCLOSURE OF RELATIONSHIP**

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

NAME OF BUSINESS WNER/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		
		-			
	1,000				
or Clark County Wa "Consanguinity" is	ater Reclamation District. a relationship by blood. "A	Affinity" is a relationship by	k County Detention Center marriage. and second degree of blood		
relatives as follows		ies to the calluldate's lifst a	and second degree of blood		
• Spouse – I	Registered Domestic Partr	ners – Children – Parents -	- In-laws (first degree)		
Brothers/S (second decoupled)		f-Sisters – Grandchildren	– Grandparents – In-laws		
For County Use Only:					
If any Disclosure of Rel	ationship is noted above, please	complete the following:			
	e County employee(s) noted aborda item?	ove involved in the contracting/se	election process for this particular		
	he County employee(s) noted at	pove involved in any way with th	e business in performance of the		
Notes/Comments:					

Print Name

Authorized Department Representative