DISCLOSURE OF OWNERSHIP/PRINCIPALS

		DISCEOSE		0. 0						
Business Entity Ty	oe (Please select o	ne)	_		i -					
Sole Proprietorship	Partnership	Limited Liability Company		Corporation	Trust	Non-Profit Organization		Other		
Business Designati	on Group (Please	select all that app	oly)			1	1_			
□мвЕ	□ WBE	SBE		PBE		VET		DVET	ESB	
Minority Business Enterprise Women-Owned Business Enterprise		Small Business Enterprise		Physically Challenged Business Enterprise		Veteran Owned Business	ned Disabled Veteran Owned Business Business			
Number of Clark County Nevada Residents Employed: 77										
Corporate/Business	Entity Name:	PRIMECARE ADMINISTRATORS, INC.								
(Include d.b.a., if a										
Street Address:	6	6543 S. LAS VEGAS BLVD. 2ND FLOOR			OOR 1	Website: https://primecareadministrators.com/				
City, State and Zip Code:		LAS VEGAS, NV 89119				POC Name: Email: CKENNEDY@PRIMECAREBENEFITS.COM				
Telephone No:	7	702-576-5704				Fax No:				
Nevada Local Stree	t Address:				,	Website:				
(If different from ab	ove)									
City, State and Zip	Code:					Local Fax No:				
Local Telephone No:					1:	Local POC Name: Email:				
Publicly-traded entities and non-profit organizations shall not all objects 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										
James D Fuhrman			President & Chief Financial Officer			Officer	(Not required for Publicly Traded Corporations/Non-profit organizations) 6.4%			
Camer D T Griff Man.										
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?										
 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	contracts, or other contracts, which are not subject to competitive bid.)									
 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, please complete	the D	isclosure of Relat	tionship for	m on Page 2. If no, pleas	e print N	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.										
CATHRYN KENNEDY Digitally signed by CATHRYN KENNEDY Date: 2024.11.13 20:57:51 -05:00'				CATHRYN KENNEDY Print Name						
Signature VICE PRESIDENT FINANCE				11/13/2024						
Title				Date						

DISCLOSURE OF RELATIONSHIP

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				
N/A							
			8				
 * County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District. "Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage. "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) 							
Yes No Is the County en	noted above, please complete the foll apployee(s) noted above involved in the apployee(s) noted above involved in an	contracting/selection process for this	s particular agenda item? ce of the contract?				
Signature							