DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity	Type (Please s	elect o	ne)							,	
Sole Proprietorship	Partnership		Limited Liability Company	7	Corporation	Tru	st	Non-Profit Organization		Other	
Business Desig	nation Group (I	Please	select all that apply)							
□мве	□WBE		□SBE		PBE			□ VET		VET	ESB
Minority Busines Enterprise	s Women-O Business Enterprise		Small Business Enterprise		Physically Ch Business Ente			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of (Clark Count	y Nev	vada Residents	Er	mployed:				0		
Corporate/Busin	ness Entity Nan	ne: E	Bob Barker Compan	ıy, İr	nc						
(Include d.b.a., i	if applicable)										
Street Address:		7	925 Purfoy Road				We	bsite: www.bobbarker	.com		
City, State and 2	Zin Cada	F	uquay Varina, NC 2	275	26		РО	C Name: Ruchal Smith	1		
City, State and a	zip Code:						Em	nail: ruchalsmith@	bobb	arker.com	
Telephone No:		9	919 346 2189				Fax	x No: 800 322 7537			
Nevada Local S	treet Address:	N	NA				We	bsite:			
(If different from	above)	-									
City, State and	Zip Code:						Loc	cal Fax No:			
Local Telephone	e No:						Loc	cal POC Name:			
		-		_		-	Em	nail:	_		
ownership or finar Entities include a	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.										
Robert J. Barker	.lr		CI	ΕO				6		ot required for Pub prations/Non-profit	
Nancy Barker Jo				00					3.4%		
Patricia M. Barke				oun					.3%		
Bob J. Barker Sr.				ound					.3%		
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes No 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.) 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			e Dis	closure of Relat	ionship fo	orm o	on Page 2. If no, please p	rint N/	A on Page 2.)	
			the information provide d sales, leases or exch					I accurate. I also understa closure form.	ınd tha	at the Board will no	t take action on
Ruchal Smith	Digitally Date: 2	signed by F 023.08.21 1	Ruchał Smith 4:55:27 -07'00'		Ruchal Smith						
Signature					Print Name						
Contract Special	ist				08/21/23						
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
NA			
Water Reclamation District.	Clark County, Department of	,	ntion Center or Clark County
"Consanguinity" is a relation	ship by blood. "Affinity" is a re	lationship by marriage.	
"To the second degree of of follows:	consanguinity" applies to the	candidate's first and second	degree of blood relatives as
Spouse – Registere	d Domestic Partners – Childre	n – Parents – In-laws (first deg	gree)
Brothers/Sisters – H	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents –	In-laws (second degree)
For County Use Only:			
If any Disclosure of Relationship is	noted above, please complete the folio	owing:	
Yes No Is the County em	ployee(s) noted above involved in the	contracting/selection process for this	particular agenda item?
Yes No Is the County em	ployee(s) noted above involved in any	way with the business in performanc	e of the contract?
Notes/Comments:			
Signature			

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entit	у Туг	e (Please select	one)									
Sole Proprietorship		Partnership		Limited Liability mpany		Corporation	Tru	st	Non-Profit Organization		Other	
Business Desi	gnati	on Group (Pleas	e sel	ect all that apply)							
МВЕ		WBE		SBE		PBE			□VET	□DVET □ ESB		ESB
Minority Busines Enterprise	ss	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch Business Ente			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of	Cla	rk County Ne	evac	da Residents	En	nployed:				0		
Corporate/Bus	iness	Entity Name:	Vict	ory Supply LLC	-							
(Include d.b.a.,	if ap	plicable)										
Street Address	s:		702	5 N Industrial Pa	ırk R	d		We	bsite: www.victorysup	plyino	c.com	
			Мо	unt Pleasant, TN	384	74		РО	C Name: Deann Fullm	er		
City, State and	Zip (Code:						Em	nail: deann@victo	rysup	plyinc.com	
Telephone No:			888	-376-1205				Fax	к No: 931-325-5521			
Nevada Local S								We	ebsite:			
City, State and								Loc	cal Fax No:			
								Loc	cal POC Name:			
Local Telephor	ne No	:						Em	nail:			
Publicly-traded ownership or fina Entities include	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 ot required for Pub orations/Non-profit	licly Traded
Victory Supply F	Holdir	ngs, LLC							1	00	oracions/Non-prone	organizations)
No 1 individual	owns	more than 5% o	f the	compa								
N												
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)? 1. Yes 1. No 1. (If yes, please note that County employee(s), or appointed/elected official(s)? 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		✓ No (If	yes, p	lease complete the	Disc	closure of Relat	ionship fo	orm o	on Page 2. If no, please p	rint 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.												
Bruce Miller		Digitally signed Date: 2023.08.1	by Bruce 0 09:46	e Miller :46 -07'00'		Bruce Miller						
Signature						Print Name						
CEO						8/10/2023						
Title						Date 1						

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			
		U	
Water Reclamation District. "Consanguinity" is a relation "To the second degree of follows: • Spouse – Registere • Brothers/Sisters – H	Clark County, Department of ship by blood. "Affinity" is a reconsanguinity" applies to the d Domestic Partners – Children lalf-Brothers/Half-Sisters – Gra	lationship by marriage. candidate's first and second n – Parents – In-laws (first dec	degree of blood relatives as
Yes No Is the County em	noted above, please complete the follonployee(s) noted above involved in the apployee(s) noted above involved in any	contracting/selection process for this	
Signature			

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity T	ype (Please select	one)							
Sole Proprietorship	Partnership	Limited Liabili	ty 🌶	Corporation	Trust	Non-Profit Organization		Other	
Business Designa	ation Group (Pleas	e select all that ap	ply)			_			
МВЕ	□wbE	SBE		PBE		□ VET		DVET	□ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Busin Enterprise	ess	Physically Ch Business Ent		Veteran Owned Business		sabled Veteran med Business	Emerging Small Business
Number of C	ark County No	evada Reside	nts E	mployed:	0				
Corporate/Busine	F-Alba Massa	Tabb 18	- (1	_	-			
(Include d.b.a., if		1200 18	上火て	THES C	D., -1	nc.			
Street Address:	арриовые	511 Ple	0.5	to at D	e've	Website:			
City, State and Zi	p Code:	opelika	-, A	L 3680	۱ ,	POC Name: 3 a re			up. net
Telephone No:		(334)74				Fax No: (334)			
Nevada Local Str	eet Address:	,				Website:			
(If different from	above)	N/A	•						
City, State and Z	p Code:					Local Fax No:			
Local Telephone	No.				1	Local POC Name:			
close corporations,	foreign corporations, Fuil Name	limited liability comp				a Revised Statutes, inclu hips, and professional co	orporation		d blicly Traded
Penster Fam Ariel Fenste	" HOLD 192	LLLP		'ρ			49	7a - 1	er Family Holdi
Zacharyfe				eajures			49 5	7 Januar	eilytholdings LL
Zacharyre	astre		-11	20012			41.7	6 of LENSTREY 104	WIN UP HOUSE LOV
1. Are any individent of the content of the conten	No (if county Water Recipion (if county) No (if cou	ers, owners or princi lamation District full- yes, please note the ntracts, or other con ers, owners or princi lated to a Clark Cou l/elected official(s)?	pals, in time en it Coun tracts, i pals ha inty, De	volved in the bus nployee(s), or api ty employee(s), o which are not sub tive a spouse, reg spartment of Avia	iness entity, pointed/elector appointed oject to com distered don tion, Clark (, a Clark County, Departneted official(s)?	nent of A ot perfor nt, in-lav or Clark	m any work on pro v or brother/sister, County Water Red	fessional service
	contract approvals, I				completed		erstand th	nat the Board will n	ot take action on

DISCLOSURE OF RELATIONSHIP

List any	disclosures	below
(Mark N/A,	If not applicabl	e.)



NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
Water Reclamation District. "Consanguinity" is a relation:	ship by blood. "Affinity" is a re	lationship by marriage.	ention Center or Clark County degree of blood relatives as
Spouse – Registere	d Domestic Partners – Childre	n – Parents – In-laws (first de	gree)
Brothers/Sisters - H	lalf-Brothers/Half-Sisters – Gra	andchildren – Grandparents –	In-laws (second degree)
For County Use Only:			
If any Disclosure of Relationship is	noted above, please complete the folk	owing:	
Yes No is the County em	ployee(s) noted above involved in the	contracting/selection process for this	particular agenda item?
Yes No Is the County em	ployee(s) noted above involved in any	way with the business in performance	ce of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	ative		