DISCLOSURE OF OWNERSHIP/PRINCIPALS

		DISC	LOSUR	E OF OWN	VERSI	IIP/PRINCIPA	LO			
Business Entity	Type (Please sele	ct one)								
[]0-1-	Partnership		ted Liability	Corporation	Trus	Non-Profit Organization		Other		
Business Design	ation Group (Plea	ase select a	II that apply	/					1	
□MBE □WBE			SBE	□PBE		□ VET	DVET		☐ ESB	
Minority Business Enterprise Women-Owned Business Enterprise			nall Business terprise	Physically Cl Business En		Veteran Owned Business		Disabled Veteran Owned Business Emerging Sm Business		
		17.								
Number of Clark County No		Nevada F	evada Residents Employed: None							
Corporate/Business Entity Name:		Runbe	Runbeck Election Services, LLC							
(Include d.b.a., if	Include d.b.a., if applicable)									
Street Address:	Street Address:		2800 S. 36th Street			Website: runbeck.net				
City, State and Zip Code:		Phoe	Phoenix, Arizona 85034			POC Name: Sonia Galloway Email: sgalloway@runbeck.net				
Telephone No:	Telephone No:		602-509-6715			Fax No:602-437-1411				
	Nevada Local Street Address:					Website:				
(If different from	(If different from above)			Land Fan Mar						
City, State and Zip Code:						Local Fax No:				
Local Telephone	Local Telephone No:					Local POC Name: Email:				
close corporations,	foreign corporations Full Name	s, limited liab	ollty companie	s, parmeismps, iiii	ited partner Title	la Revised Statutes, inc ships, and professional	() Cor	% Owne Not required for Pu porations/Non-prof	ed iblicly Traded	
Lincoln Shields, LLC			Majority Owner				91.7	9 70		
No one owns n	nore than 5%.									
Are any indiv Center or Cla Yes	ark County Water Re	tners, owner eclamation D (If yes, pleas contracts, or	s or principals, istrict full-time e note that Co other contract	involved in the busemployee(s), or an unty employee(s), s, which are not su	siness entity opointed/ele or appointe object to con	 A Clark County, Depail cted official(s)? d/elected official(s) may appetitive bid.) 	rtment of A	rm any work on pro	ofessional service	
eister grande	child, grandparent, loyee(s), or appointe	related to a ed/elected o	ficial(s)?	Department of Avi	ation, Clark	mestic partner, child, pa County Detention Cente		•	half-brother/half- clamation District	
Yes	S. van de					rm on Page 2. If no, ple				
I certify under pena land-use approvals	alty of perjury, that a s, contract approvals	all of the info	mation provide leases or exc	ed herein is curren hanges without the	t, complete, completed	and accurate. I also undisclosure form.	derstand t	hat the Board will i	not take action on	
DocuSigned by:				Rizwan Fidai						
				Print Name						
•	Signature Chief Revenue Officer				3/27/2025					
Title				Date						

DISCLOSURE OF RELATIONSHIP

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			
* County employee means Water Reclamation District.	Clark County, Department of	Aviation, Clark County Dete	ention Center or Clark County
	ship by blood. "Affinity" is a re		
"To the second degree 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 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 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:
Signature
Print Name Authorized Department Representative