Business Entity Type (Please select	t onel						
Sole CPartnership	[] Limited	▼ Corporation ▼ Corporation	☐ Trust	☐ Non-Profit Organization	☐ Other		
Business Designation Group (Pleas		w	-	1.01881120001	1		
XMBE	□ SBE	□ PBE		□ VET	DOVET	☐ ESB	
Minority Business Enterprise Women-Owned Business Enterprise	Small Business Enterprise Physically Challenged Business Enterprise			Veteran Owned Business	Veteran Owned Disabled Veteran Emerging		
Number of Clark County N			0				
Corporate/Business Entity Name: (Include d.b.a., if applicable)	Catalyst Cons	ulting Grou	ıp, Inc.				
Street Address:	211 W. Wacke	r Dr, Suite	450 w	ebsite: catconsu	ılt.com		
City, State and Zip Code:	Chicago, IL 60)606	1	oc Name: Eric T nail: Eric.Talw	'alwar var@catconsult.	com	
Telephone No:			FE	x No: 312.629.	.0751		
Nevada Local Street Address;	N/A		w	ebsite: N/A			
City, State and Zip Code:	N/A		Lo	cal Fax No: N/A			
Local Telephone No:	N/A			ocal POC Name:	A		
All entities, with the exception of publicly financial interest in the business entity ap Publicly-traded entities and non-profi	pearing before the Board.	st all Cornorate :	Officers an	d Directors in lieu of o	disclosing the names of		
ownership or financial interest. The disclose Entities include all business associations close corporations, foreign corporations, I	organized under or dove	med by Title 7 of t	he Nevada F	Revised Statutes, includi	ing but not limited to priva	ate corporations,	
Full Name			Title		% Owne (Not required for Pu Corporations/Non-profi	blicly Traded	
Arvin Talwar	M	anaging Pr	incipal	and CEO	100%		
3,557.70							
	The state of the s						
This section is not required for publicity							
Are any individual members, partne Center or Clark County Water Recla	rs, owners or principals, in amation District full-time ei ves, please note that Col	mployee(s), or app	cointed/elect	ed official(s)/			
sen	vice contracts, or other co	intracts, which are	not subject	to competitive bid.)			
 Do any individual members, partners sister, grandchild, grandparent, relat full-time employee(s), or appointed/a 	ed to a Clark County, Dep elected official(s)?	artment of Aviatio	n, Clark Cou	inty Detention Center of	Clark County Water Nec	lamation District	
☐ Yes 💢 No (If y	es, please complete the [Disclosure of Rela	tionship form	on Page 2. If no, pleas	se print N/A on Page 2.)		
I certify under penalty of perjury, that all or on land-use approvals, contract approvals	f the information provided , land sales, leases or ex	herein is current, changes without th	complete, a ne complete	nd accurate. I also unde d disclosure form.	erstand that the Board wil	I not take action	
A-RI Jaluser		Arvin Ta	alwar				
Signature		Print Name			AL ANNA	a tuna	
Managing Principal an	d CEO	Oct. 29,	2024				

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			
NA.			
	Agran A farman di di dika 1	11.	
	1. T.		
	,		- Committee of the Comm
- m/m			

Reclamation District. "Consanguinity" is a relations "To the second degree of con • Spouse – Registered	hip by blood. "Affinity" is a rel	ationship by marriage. lidate's first and second degr n – Parents – In-laws (first de	
For County Use Only:			
	oted above, please complete the follo		s nadicular anenda item?
	loyee(s) noted above involved in the loyee(s) noted above involved in any		
Notes/Comments:	loyee(s) noted above inverses in any	,, ,	
Signature			

Business Entity	Type (Please se	elect one)							
Sole Proprietorship	Partnership	7	Limited Liability mpany	Corporation	Trust	Non-Profit Organization		Other		
	nation Group (P	lease sel	ect all that apply)					Птов	
ПМВЕ	□WBE		SBE	PBE				DVET ESB		
Minority Business Enterprise Women-Owned Business Enterprise		vned	Small Business Enterprise	Physically (Business E	Challenged nterprise	Veteran Owned Business		abled Veteran rned Business	Emerging Small Business	
Normal are of (Clark Counti	Nova	da Residents	Employed			200+			
Number of	JIAI'N COUIT	11010								
Corporate/Busin	ness Entity Nam	e: CD	W Government L	LC						
(Include d.b.a., i	if applicable)					name odma o	om			
Street Address:		230) N. Milwaukee A	ve		Website: www.cdwg.c	eandro			
		Ve	rnon Hills, IL 600	61	1	POC Name: Kim Aless	andro@	cdw.com		
City, State and	Zip Code:					Liliali.		Caw.com		
Telephone No:		800).808.4239			Fax No: 847.968.0962				
Nevada Local S		20	1 E Alexander Ro	d.		Website: www.cdwg.d	com			
(If different fron		No	rth Las Vegas, N	V 89030		Local Fax No: 847.968.0962				
City, State and	Zip Code:		(1) 243 113-1		Local POC Name: Micha					
Local Telephon	ie No:	80	0.800.4239		1	Email: mikesch@cdwg.com				
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List any disclosures below: (Mark N/A, if not applicable.)

COUNTY* EMPLOYEE'S/OFFICIAL'S AL DEPARTMENT
N/A

* County employee means Clark Coun	y, Department	of Aviation,	Clark County	Detention	Center or Clark	County
Water Reclamation District.						

- Spouse Registered Domestic Partners Children Parents In-laws (first degree)
- Brothers/Sisters Half-Brothers/Half-Sisters Grandchildren 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:
Dario J. Bertocchi Digitally signed by Dario J. Bertocchi Date: 2024.10.17 12:12:16-04/00"
Signature
Dario Bertocchi
Print Name Authorized Department Representative

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

[&]quot;To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

CDW Government Officers

CDW Corporate Structure including International Entities as of 9/24/2024

		Traction in a	Outside Boards			
Company	Title or Positions Held	Date of Current Title Change	Company Name	Profit or Nor Profit		
OVERNMENT LLC	REPORT OF THE PROPERTY OF THE PARTY OF THE P			4		
nited Liability Company Organized 1	2/31/2006, Manager Managed to wholly owned subsidiary of CDW LLC)	CIK # 9001499448		STREET, STREET		
Address: 230 N. Milwaukee Avenue, V	emon Hills, IL 60061	DUNS ¥ 02-615-7235	NAICS #454110 UEN PHZDZ85J5CM1			
230110						
T	BOARD OF M	NAGERS				
Christine A. Leahy						
Christma M. Corley						
Robert F. Kirby		1				
	BOARD ELECTE	DOFFICERS				
Robert F. Kirby	President					
Christma M. Codey	Chief Commercial and Operating Officer					
Elizabeth H. Connelly	Senior Vice President - Vertical Markets					
Alpen J. Mralles	Senior Vice President and Chief Financial Officer					
Poter R. Locy	Vice President, Controller and Chief Accounting Officer					
Keyn W. White	Vice President, Treasurer and Assistant Secretary					
Frederick J. Kulevich	Secretary					
Timothy F. Chmielewski	Assistant Treasurer					
Hilary R. Malina	Assistant Secretary					
Ann G. Mayberry	Assistant Secretary					
Shannon A. Tooks	Assistant Secretary					
SCHOOL TOWN	APPOINTED (OFFICERS				
	Vice President					
Tara K. Barbieri Darjo Bertocchi	Vice President					
Benyamer A. Bourbon	Vice President					
Kyše J. Caron	Assistant Treasurer					
Marcos Christodonte II	Vice President - CISO					
Michael T. Grisamore	Vice President					
Randy C. Harris	Vice President					
David C. Hutchins	Vice President					
Jonathan Kari	Vice President					
Jason Parry	Vice President					
Intan Sillern	Vice President					
Joseph K. Simone	Vice President					
Rebecca Wagner	Vice President			-		

CDW Government

Business Entity Ty	pe (Please sele	ct one)						Color to a service of the service of		
□ solo			d Ompany 🖾 Corporation 🗆 Tr			☐ Non-Profit Organization		☐ Other		
Business Designat	ion Group (Ple	ase select all that app	ly)					V. 20*		
☐ MBE			P!	BE		□ VET		DVET	☐ ESB	
Minority Business Women-Owned Enterprise Business Enterprise		d Small Business Enterprise		sically Ch ness Ent		Veteran Owned Business		sabled Veteran vned Business	Emerging Smal Business	
Number of Cla	rk County I	Nevada Resident	ts Empl	loyed:	18		- A CONTRACTOR OF THE SECOND O			
Corporate/Business	s Fotity Name:	DynTek Servic	es, Inc.							
(Include d.b.a., if an		Arctig	******							
	plicable	5241 California	Ave, #1.	50	W	ebsite: arctic	.com		1000	
Street Address:			********	Automate Dominion		The same of the sa	iter Carre	rira		
City, State and Zip	Code:	Irvine, CA 926	17		Er	mail: hunter.c		arctiq.com		
Telephone No:		949-271-6700		Name of the last	Fa	ax No: 949-2	71-6794			
Nevada Local Stree		7140 Dean Mar	tin Drive	e, Suite		ebsite: arctio	q.com			
(If different from ab		Las Vegas, NV	89118		1.0	ocal Fax No:				
City, State and Zip Code:			**************************************			Local POC Name: Hunter Carreira				
	onal Telephone No:		701-777-2690			hunter.carreira@arctiq.com				
All entities, with the e financial interest in the Publicly-traded entiti ownership or financial	xception of public business entity ies and non-pro interest. The disc	dy-traded and non-profit appearing before the Boa offit organizations shall closure requirement, as a major organized under or go, I limited liability compani	organization and. list all Co applied to la	orporate and-use ap	Officers an opplications, of the Nevada I	ed Directors in lieu extends to the appli	ding more th of disclosing cant and the	an five percent (5° ng the names of landowner(s).	%) ownership or individuals with	
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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
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Business Entity Ty	pe (Please select	: one)			☐ Non-Profit		—	
Sole Proprietorship	Partnership	Liability Company	○ Corporation	☐ Trust	Organization		Other	
Business Designati	ion Group (Pleas	e select all that appl	λ)					
☐ MBE	☐ WBE	☐ SBE	PBE		□ VET	□DV	ET	□ ESB
Minority Business Enterprise			Physically Ch Business Ent	nallenged terprise	Veteran Owned Business		led Veteran d Business	Emerging Small Business
			as no the second designation and a supply of the second of				Approximate the contraction of t	
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Corporate/Business	s Entity Name:	DynTek, Inc.		1	P-0			
(Include d.b.a., if ap	plicable)	5241 C.lifi-	A === #150		tohelto arctic	com		
Street Address:		5241 California	Ave, #150		7 T	I		
City, State and Zip (Code:	Irvine, CA 9261	17		OC Ivame.	nter Carreir carreira@ar		
Telephone No:		949-271-6700		F	ax No: 949-2	71-6794		
Nevada Local Street		7140 Dean Mart	in Drive, Suite		/ebsite: arctio	q.com		
(If different from abo		Las Vegas, NV	89118		ocal Fax No:	· · · · · · · · · · · · · · · · · · ·	a company of the contract of t	
City, State and Zip	Code:	3 ,			ocal POC Name:	Hunter Ca	rreira	
Local Telephone No);	701-777-2690	-co	1	mail:	hunter.car	reira@arcti	q.com
Publicly-traded entiti ownership or financial i	ies and non-profit interest. The disclo	pearing before the Boar torganizations shall sure requirement, as ar organized under or gov imited (lability companie	list all Corporate oplied to land-use a	pplications, the Nevada	Revised Statutes, in	ncluding but not	limited to priva	
	Full Name			Title			% Owned equired for Pub tions/Non-profit	licly Traded
Arctiq, Inc.		р	arent			1009	6	
	owns 5% or me	ore ownership as		is a privat	te equity backe	ed company		
1vo marviedar	WWW 270 02 111	r						No., management
This section is not re	quired for publicly	/-traded corporations.	Are you a public	ly-traded co	orporation?	☐ Yes 🖸	No	
4 Are any individue	il members, partnei County Water Recla	rs, owners or principals mation District full-time	, involved in the bus employee(s), or ap	siness entity pointed/elec	, a Clark County, Do ted official(s)?			
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sister grandchild	, grandparent, relat e(s), or appointed/e		epartment of Aviatio	on, clark co	any Detention con	ter or elam out	,	alf-brother/half- amation District
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Kevin O'Hara	2,		Kevin O'H	Iare				
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List any disclosures below: (Mark N/A, if not applicable.)

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Corporate/Bus	iness	Entity Name:	A	rctig, Inc.								4.8
(Include d.b.a.	if ap	plicable)	+-			"150	-	_				
Street Addres	3:		52	41 California	A	/e, #150		We	bsite: arctic	L		24
City, State and	Zip (Code:	Ir	vine, CA 926	17			PO Em	O Hame,	iter Carre carreira@	arctiq.com	
Telephone No			9	49-271-6700				Fax	«No: 949-2	71-6794	The state of the s	
Nevada Local	Stree	t Address:	71	40 Dean Mart	tin	Drive, Suite	- 1	We	bsite: arctic	q.com		
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Kario O'Hare (Mar 28 Signature	2025 1	1.04.0073				Print Name						
CFO						03/28/202	25					
Title		-			- 5	Date						

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

Print Name Authorized Department Representative

County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Was calamation 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 follow. Spouse — Registered Domestic Partners — Children — Parents — In-laws (first degree) Brothers/Sisters — Half-Brothers/Half-Sisters — Grandchildren — Grandparents — In-laws (second degree) For county Use Only: any Disclosure of Relationship is noted above, please complete the following: I Yes — No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item? I Yes — No Is the County employee(s) noted above involved in any way with the business in performance of the contract?	NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
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or County Use Only: 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?	 Spouse – Registere 	d Domestic Partners – Childre	en – Parents – In-laws (first d	egree)
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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?				
] Yes □ No. Is the County employee(s) noted above involved in any way with the business in performance of the contract?	any Disclosure of Relationship is	noted above, please complete the fo	llowing:	his particular agenda item?
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otes/Comments:		nployee(s) noted above involved in al	y way with the ballinger and	
	ates/Comments:			
	signature			

Business Entity	Type (Please selec	t опе)	_			_				
Sole Proprietorship	□Partnership	Limited Liability Company	2	9 Corporation	☐ Tru	ıst	☐ Non-Profit Organization	5000	☐ Other	
Business Desig	nation Group (Plea	se select all that appl	y)			-				
☐ MBE	□ WBE	□ SBE		☐ PBE		4	☐ VET		OVET	☐ ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Owned Rusiness Business Business							Emerging Small Business
Number of C	Clark County N	evada Resident	s I	Employed:	18					
Corporate/Busin	ess Entity Name:	Gallant Capital	Pa	artners						
(include d.b.a., i	f applicable)					_		1		
Street Address:		1800 Avenue of	th	e Stars, Suit	e 1450	We	Daire.	tcapital.c		
City, State and 2	lip Code:	Los Angeles, CA	4.5	90067		PO0	ail: kevin.c	evin O'H ohare@ar		
Telephone No:		973-896-2421				Fax	(No: 949-2	71-6794		
Nevada Local St	reet Address:	7140 Dean Mar	tir	n Drive, Suit	e 1100	Wel	bsite: arctiq	l.com		
(If different from		Las Vegas, NV				Loc	al Fax No:			
City, State and	Zip Code:		_					Hunter (Carreira	
Local Telephone	No:	701-777-2690				Em		hunter.c	arreira@arcti	q.com
close corporations	, foreign corporations, Full Name	s organized under or gov Iimited liability companio	es,	partnerships, lim	Title	nersn	nps, and professio	(N	% Owner of required for Pul prations/Non-profit	d blicky Traded
No individu	al owns 5% or n	nore ownership as	со	mpany is a j	private	equ	iity backed co	mpany.		
			_			_				
This section is no	ot required for public	ly-traded corporations	s. A	lre you a public	:ly-traded	d cor	p] Yes	⊠ No	Detection
Are any indiv Center or Cla	ark County Water Rec	ers, owners or principals lamation District full-time yes, please note that (9 61	ripidy ce(s), or a	ppomitour.					
☐ Yes	\$6	ervice contracts, or other	, co	ntracts, which ar	e not sup	ijeci (d competitive bid.	,		
eieter grand	child, grandparent, rel llovee(s), or appointed	rs, owners or principals t ated to a Clark County, D I/elected official(s)?	Jeh	BI (I I) Elit OI Avati	on, oran		,			lamation District
☐ Yes	⊡ No (II	yes, please complete th	ne C	isclosure of Rel	ationship	tom	on Page 2. If no,	hicase him	. HIST OILT MBC E.)	
I certify under pent on land-use appro	alty of perjury, that all vals, contract approva	of the information provid ils, land sales, leases or	bet exc	herein is current changes without	t, complet the comp	te, an	nd accurate. I also i disclosure form.	understand	that the Board wil	not take action
Kevin O'H	are			Kevin O'I	Hare					
Kevin O'Hare (Apr.1, 20) Signature	25.09:42 RDT)			Print Name						
CFO				04/01/202	25					
Title			_	Date						

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			
·			
Consanguinity" is a relation	ship by blood. "Affinity" is a n	elationship by marriage.	
Consanguinity" is a relation To the second degree of co Spouse – Registere		elationship by marriage. ndidate's first and second deg en – Parents – In-laws (first d	ree of blood relatives as follov
Consanguinity" is a relation To the second degree of co Spouse – Registere Brothers/Sisters – For County Use Only:	ship by blood. "Affinity" is a n nsanguinity" applies to the car id Domestic Partners – Childr Half-Brothers/Half-Sisters – Gi	elationship by marriage. ndidate's first and second deg en – Parents – In-laws (first d randchildren – Grandparents	ree of blood relatives as follov
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Business Entit	w Tw	pe (Please selec	t one									
	y iy	pe (Flease selec	- 3	Limited				☐ Non-Profit		— 0.11		
Sole Proprietorship		Partnership		bility Company	☐ Corporation	Corporation Trust Organization Other						
Business Desi	gnat	ion Group (Pleas	se se	lect all that appl	у)				T-			
□МВЕ		☐ WBE		☐ SBE	☐ PBE			☐ VET	□DVET □ ESB			
Minority Busines Enterprise	3S	Women-Owned Business Enterprise									Emerging Small Business	
Number of	Cla	rk County N	eva	da Resident	s Employe	d:	1 					
Corporate/Bus	ines	s Entity Name:	Las	s Vegas IT Cons	ulting, LLC							
(Include d.b.a.,	if a	plicable)	Re	dPanda Systems	5							
Street Address			662	20 West Cheyeni	те Аvепие		We	ebsite: https://www.re	dpan	dasystems.com		
City, State and		Code:	Las	s Vegas, NV 8910	08		' -	OC Name: David Shult		ns.com	(4	
Telephone No:			703	25532500				x No:				
		t. A alabanana	702	.0002800				ebsite:				
Nevada Local S							"	botte.				
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City, State and	ızıp	Code.						cal POC Name:				
Local Telephor	ie N	o:						nail:				
ownership or fina	ncial	interest. The discle	osure	requirement, as a	pplied to land-us verned by Title 7	e applicati of the Nev	ons, e /ada R	d Directors in lieu of di xtends to the applicant a Revised Statutes, includin hips, and professional co	na tne ig but	nandowner(s).		
		Full Name				Title				% Owned ot required for Pub orations/Non-profit	licly Traded	
Keith Hummel				Р	artner				50			
David Shultis				P	'artner				25			
Susanne Shultis			Partner 25									
Are any indicenter or Conter or Con	ividu ilark vidua dehili ploy- nalty	No (If see I members, partner decis), or appointed (If No (If	yes, owated to yes, rvice rs, owated to /elect yes, p	wners or principals ion District full-time please note that (contracts, or other mers or principals to a Clark County, Eled official(s)?	s, involved in the elemployee(s), contracts, which have a spouse, roperartment of Available Disclosure of the discourse of th	business or appointed e(s), or appointed e(s), or appointed equipment of a representation, Clarkettonshout the complement, complement, complement, complement the constant of appointed the constant of appointed equipment of a possible equipment of appointed equipment of appoi	entity, d/elect spointe ubject domes rk Cou ip form	a Clark County, Department of official(s)? ed/elected official(s) may to competitive bid.) tic partner, child, parent, unty Detention Center or of the one page 2. If no, pleas and accurate, I also under	nent of not p in-law Clark (e print	perform any work or brother/sister, h County Water Recl t N/A on Page 2.)	on professional alf-brother/half- amation District	
Signature	71	ווטתככ	13	· ·	Print Name							
Partner					March 13,	2025						
Title	-				Date							

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 C Reclamation District.	lark County, Department of Av	riation, Clark County Detentio	n Center or Clark County Water
"Consanguinity" is a relations	ship by blood. "Affinity" is a re	lationship by marriage.	
"To the second degree of cor	sanguinity" applies to the can	didate's first and second degr	ee of blood relatives as follows:
	d Domestic Partners – Childre		
•			
Brothers/Sisters – Haller	alf-Brothers/Half-Sisters – Gra	andchildren – Grandparents –	- In-laws (second degree)
For County Use Only:			
If any Disclosure of Relationship is r	noted above, please complete the foll	lowing:	
☐ Yes ☐ No Is the County emp	ployee(s) noted above involved in the	contracting/selection process for the	is particular agenda item?
☐ Yes ☐ No Is the County emp	oloyee(s) noted above involved in any	y way with the business in performar	nce of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	tive		

2 REVISED 7/25/2014



H. DISCLOSURE FORM

D Sole Propostorship) Parincia hip	Labily Company	D Corporation	☐ Youst	Organization		Jours	
Business Designa	llan Group (Plei	se select all that app	Y)			n to		
Ø MBE	(N) WBE	⊠ sae	□ POE		CVET	CIDVE	7	☐ E36
Micority Business Enterprise	Wombs-Owlie Burness Enterprise	J Small Business Enterprise	Physically Ci Business En	nandinged Liliphse	Veter in Cwried Business		d Veterali Bitanea	Emerging Sma Big. 1 ss
Number of Cla	ark County ?	levada Resident	s Employed:	211	V 00		-96-	
Corporate/Busines	s Entity Namer	Link Tech, LL	C (dba Link	Technol	ogies)			
finchode d.h.a. if a	,,,,							
Street Address:	,	9505 Hillwood	Drive, Suite	150 w	ebsite: www.liuk	techo) na	ultrag.co	61
City, State and Zip	Code	Las Vegas, NV		PI	oc Mame: Dubbie matricobieix@lini		Jiting con	i
Telephone No:		702-233-8703		F	xx No: 702-233-8	3053		
Nevada Local Stret	on Address.	And the second s	anne marie : The . This is	MANAGEMENT AND SECTION AS	etsite:			
rrevesa Cocaratro (1 different from al								
City, State and Zig				Lo	scal Fax Not			
Sity, Blate and Ca	Q.100.			Lo	ical POC Name:			
Local Telephone N	o;			Email				
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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			
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A	rest to the second seco	S. C. COLON, ADDRESS & F. V. V.	

- Spouse Registered Domestic Partners Children Parents In-laws (first degree)
- Brothers/Sisters Half-Brothers/Half-Sisters Grandchildren Grandparents In-laws (second degree)

	STATES TO STATES AND ADMINISTRATION OF THE PROPERTY OF THE PRO
For County Use Only:	
If any Disclosure of Relationshi	p is noted above, please complete the following:
☐ Yes ☐ No is the County	y emptoyee(s) noted above involved in the contracting/selection process for this particular agenda item?
☐ Yes ☐ No is the County	y employee(s) noted above involved in any way with the business in performance of the centract?
Notes/Comments:	
Signature	
Print Name	
Authorized Department Repres	rentative

REVISEO 70502014

^{*} County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

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

[&]quot;To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

Business Entit	у Туг	oe (Please select	опе)					716				
Sole Proprietorship		Partnership	\boxtimes	Limited bility Company		Corporation	☐ Tru	ust	☐ Non-Profit ☐ Other				
Business Desig	gnat	ion Group (Pleas	e sel	lect all that apply)								
☐ MBE		□ WBE		SBE		☐ PBE		_	□ VET	□DVET □ ESB			
Minority Busines Enterprise	SS	Women-Owned Business Enterprise		Small Business Enterprise Physically Challenged Business Enterprise Physically Challenged Business Enterprise Physically Challenged Business Disabled Veteran Owned Business Business Business								Emerging Small Business	
	sol to the state of the state o												
Number of Clark County Nevada Residents Employed: 1													
Corporate/Busi	iness	Entity Name:	RT	S Premier Solution	ons	, LLC			(80)				
(Include d.b.a.,													
Street Address	:		383	32 Seyfert Ave.				We	ebsite: www.RTSpremi	erSol	utions.com		
City, State and	Zip	Code:	No	rth Las Vegas, N	V 8	9084			C Name: Donald Ray i				
			000	2 CO2 0420 Evt 70	14				x No:				
Telephone No:			888	3-692-0420 Ext 70	_								
Nevada Local S (If different from								We	bsite:			<u> </u>	
City, State and	l Zip	Code:						Loc	cal Fax No:			· · · · · · · · · · · · · · · · · · ·	
I I T I I I	NI.		702	2-203-5719				Lo	cal POC Name:				
Local Telephor	ne No):						Em	iail:				
Publicly-traded ownership or fina	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. **Covering the name 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** (Not required for Publicly Traded Corporations/Non-profit organizations)												
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Donald Ray Free	man		_	Pr	esio	dent		-		00%			
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1 Are any ind	Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?												
sister, gran	sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center of Clark County Water Reciamation District full-time employee(s), or appointed/elected official(s)?							alf-brother/half- amation District					
☐ Yes		⊠ No (If	yes, p	please complete the	e Di	sclosure of Rela	ationship	form	on Page 2. If no, please	print l	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. Donald Ray Freeman II													
Signature						Print Name		11					
President						3/13/20)25						
Title	_					Date							

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			
"To the second degree of cor • Spouse – Registered	ship by blood. "Affinity" is a relasanguinity" applies to the cand I Domestic Partners – Childre alf-Brothers/Half-Sisters – Gra	lidate's first and second degre n – Parents – In-laws (first de્	
For County Use Only:			
	noted above, please complete the follo		
	oloyee(s) noted above involved in the		
☐ Yes ☐ No Is the County emp	loyee(s) noted above involved in any	way with the business in performanc	ee of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	tive		

DISCLOSURE OF OWNERSHIP/PRINCIPALS Business Entity Type (Please select one) Non-Profit Limited Liability Other Trust Sole Corporation Organization Partnership Company Proprietorship Business Designation Group (Please select all that apply) ESB DVET VET PRE SBE WBE MBE Emerging Small Disabled Veteran Physically Challenged Veteran Owned Small Business Minority Business Women-Owned Business Owned Business Business **Business Enterprise** Enterprise Business Enterprise Enterprise Number of Clark County Nevada Residents Employed: Corporate/Business Entity Name: (Include d.b.a., if applicable) Website: WOOD SHIREWIRE. Street Address: POC Name: ANTHONY MANCA EASTHAMPTON, MACIEZT Email: TMANCACSHEREWIRE COM City, State and Zip Code: Fax No: 413-885-8225 Telephone No: Website: Nevada Local Street Address: (If different from above) Local Fax No: City, State and Zip Code: 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 fist 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. % Owned (Not required for Publicly Traded Title Full Name Corporations/Non-profit organizations) CEO ANTHONY MANCA (No) 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)? (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-taw 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)? 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 perjupy, 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. Signature

Date

Title

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 -			
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^{*} 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)

For C	ounty	Use	Only:
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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			
	epartment	Representative	è

			DISCLOSU					
Business Entity	у Туре (Р	lease select	t one)					
Sole Proprietorship	Partr	nership	Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other	
Business Desig	gnation G	roup (Pleas	e select all that apply	0				
□ мве		WBE	SBE	☐ PBE		VET	DVET	ESB
Minority Busines Enterprise	Bu	omen-Owned siness terprise	Small Business Enterprise	Physically Cl Business En		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of	Clark C	County N	evada Residents	s Employed:	Curre	ntly 75 with likelihood	d of additional local hire	es if selected
Corporate/Busi	iness Ent	tity Name:	Unisys Corporation					
(Include d.b.a.,								
Street Address		25107	801 Lakeview Drive		Website:		unisys.com	
City, State and);	Blue Bell, PA 19422	PO		POC Name: Brent Mears Email: Brent.Mears@unisys.com		
T.I. Shana Mar			(888) 409-9579 / (5	 12) 213-9258		ıx No:		
Telephone No:		#51 =	(000) 100 0010 (1			ebsite: https://www.i	unisys com	
Nevada Local S		dress:	Remote		"	ensite: https://www.	arnoyo.oom	
(If different from		li			1.	ocal Fax No: N/A		
City, State and Zip Code:								
	Local Telephone No:		N/A	/A		Local POC Name:		
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List any disclosures below: (Mark N/A, if not applicable.)

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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			
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Notes/Comments:			
Signature			
Print Name Authorized Department Representa	utive		

Attachment to Disclosure of Ownership Form

Peter Altabef, Chair and Chief Executive Officer

Mike Thomson, President and Chief Operating Officer

Dwayne Allen, Senior Vice President and Chief Technology Officer

Chris Arrasmith, Senior Vice President and General Manager of Enterprise Computing Solutions

Brett Barton, Global AI Practice Leader

Bill Brown, Vice President, Business Process Solutions

David Brown, Vice President, Chief Accounting Officer and Corporate Controller

Daniel Ferry, Vice President, Corporate Development and Transformation

Shalabh Gupta, Vice President, Tax and Corporate Treasurer

Chris Jacquet, Chief Information Security Officer (CISO)

Ruchi Kulhari, Senior Vice President & Chief Human Resources Officer

Lisa Madion, Senior Vice President, Global Client Management

Matt Marshall, Chief Information Officer (CIO)

Debra McCann, Executive Vice President and Chief Financial Officer

Manju Naglapur, Senior Vice President and General Manager, Cloud, Applications & Infrastructure Solutions

Michaela Pewarski, Vice President, Investor Relations

Teresa Poggenpohl, Senior Vice President and Chief Marketing Officer

Kristen Prohl, General Counsel, Corporate Secretary and Chief Administration Officer

Joel Raper, Chief Commercial Officer

Patrycja Sobera, Senior Vice President and General Manager, Digital Workplace Solutions

Christine Wenzel, Senior Vice President, Global Sales