## DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)								
Sole Proprietorship	Partnership	Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other		
Business Designation Group (Please select all that apply)								
☐ M8E	□W8E	SBE	□PBE		□ VET	DVET	□ESB	
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Ch Business Ent		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business	
Number of Clark County Nevada Residents Employed: 175								
Corporate/Busines	s Entity Name:	SILVER STATE FORD DBA GAUDIN FORD						
(Include d.b.a., if a	oplicable)	11	11 / ().		/ ^			
Street Address:		6625 ROY HOEN WAY			Website: GAUDINFORD. COM			
City, State and Zip Code:		LASVEGAS, NV 89118		8   1	POC Name: WILLIAM 5. WHEELER Email: WHEELFORD @ CAUDINFORD. COM			
Telephone No:	a manufactura de la constitución	(702) 731-	2121	F	Fax No: (707) 73/-1506			
Nevada Local Stree				W	/ebsite:			
(If different from al								
City, State and Zip Code:		Local Fax No:						
Local Telephone N	o:			Local POC Name: Email:				
close corporations, foreign corporations, limited liability corporations.		,	Tille			% Owr (Not required for F Corporations/Non-pro	ublicly Traded	
GARY ACKERMAN		OWNER			90 %			
WILLIAM	WILLIAM CAMBRIGE		PRESIDENT			10%		
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?  Yes No  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.)								
<ol> <li>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)?</li> <li>Yes</li> <li>Yes</li> <li>If no, please print N/A on Page 2.)</li> </ol>								
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, leads sales, leases or exchanges without the completed disclosure form.								
land-use approvals,			1	e completed o	lisclosure form.			
Signature		land sales, leases or ex	1	e completed o				

## **DISCLOSURE OF RELATIONSHIP**

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

	NAME OF COUNTY*	DEL ATIONEUID TO	COLINITY					
NAME OF BUSINESS OWNER/PRINCIPAL	EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT					
NA	AND GOD THEE	LINI LOTEL/OTTIONE	DEPARTMENT					
161								
* 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 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 Representa	ative							