## DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Ty	ne (Please selec	t one)							
[7] Sole		Limited Liabi	lity r			Non-Profit	Пои		
Proprietorship	Partnership	Company	,	Corporation	Trust	Organization	Other		
Business Designat	ion Group (Pleas	se select all that a	pply)						
МВЕ	WBE	☐ SBE		PBE		VET	DOVET	ESB	
Minority Business Enterprise	Women-Owned Business Enterprise	d Small Busin Enterprise	ness	Physically Ch Business Ent		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business	
Number of Cla	rk County N	evada Reside	ents I	Employed:			124		
Corporate/Business Entity Name:		James F Thomson, Jr dba American Southwest Electric							
		American South	west [	Electric					
(include d.b.a., if applicable)		4485 Riviera Ri	4485 Riviera Ridge Ave			Wahsite, www.aselv.com			
Street Address:  City, State and Zip Code:		Las Vegas, NV 89115			Р	Website: www.aselv.com  POC Name: James F Thomson, Jr  Email: asenec@aol.com or jim@aselv.com			
Telephone No:		702-643-2900				Fax No: 702-643-3944			
Nevada Local Street Address:					-	Website:			
(If different from ab						CDOILE.			
City, State and Zip Code:					1.1	ocal Fax No:			
Olly otate and Esp oode.						ocal POC Name:	:		
	Local Telephone No:					Email:			
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## 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								
	() // // // // // // // // // // // // //							
"To the second degree of collows:  • Spouse – Registered	ship by blood. "Affinity" is a relectors anguinity" applies to the display and both and both and before the second and both all both and both all b	candidate's first and second n – Parents – In-laws (first deg	gree)					
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?								
Notes/Comments:								
Signature								
Print Name Authorized Department Representat	ive							