DISCLOSURE OF OWNERSHIP/PRINCIPALS

				_									
Business Entity Ty	pe (Please select	one)							9				
Sole Proprietorship	Partnership	Compan	ed Liability		Corporation	Trus		Non-Profit Organization		Other			
Business Designat	ion Group (Pleas	e select al	I that apply	y)(y									
МВE	□WBE		BE		PBE			VET		VET	ESB		
Minority Business Enterprise Women-Owned Business Enterprise			Small Business Enterprise		Physically Challenged Business Enterprise			eteran Owned usiness	Disabled Veteran Owned Business Emerging Smal Business		Emerging Small Business		
Number of Clark County Nevada Residents Employed: 11 Clark County residents employed by Aramark Correctional Services, L										ional Services, LL			
Corporate/Business Entity Name:		Aramark Correctional Services, LLC											
(Include d.b.a., if a	oplicable)												
Street Address:		2400 Market Street					Website: www.aramark.com						
City, State and Zip Code:		Philadelphia, PA 19103					POC Name:						
		245 229 2000					Email:						
Telephone No:		213-236-	215-238-3000					Fax No:					
Nevada Local Stree	4916 N. Sloan Ln.					Website:							
			as Vegas, NV 89115					Local Fax No:					
						Local POC Name:							
Local Telephone N						Email:							
Entities include all business associations organized unde close corporations, foreign corporations, limited liability cor Full Name							rships, and professional corpora		oration:				
See attached Stockholder's Disclosure Sta			ment.										
This profiles is and	oquirad for a	ha dum alm al	rmoresti	A	ugu a muhlich	e typada al -	OPM	tion?		No			
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes V 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		(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 (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 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.													
Signature				David Lauria Print Name									
					0010510001								
Regional Vice President	06/25/2021 Date												
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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	N/A	N/A	N/A					
* 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								

STOCKHOLDERS DISCLOSURE STATEMENT

Aramark Correctional Services, LLC

Federal I.D. Number: 23-2778485

The following are shareholders or members holding 10% or more of the stock or interest in Aramark Correctional Services, LLC and those owning 10% or more of the stock of the shareholder entities:

% OF INTEREST HELD BY EACH

100%

ADDRESS OF EACH 2400 Market Street, Philadelphia, PA 19103

Aramark Services, Inc.

wholly owned by

Aramark Intermediate HoldCo Corporation

wholly owned by

Aramark

SHAREHOLDER OR MEMBER

Aramark's common stock trades publicly and is listed on the New York Stock Exchange under the symbol ARMK (the "Common Stock"). Information regarding ownership of the Common Stock is disclosed, as required, in periodic filings with the Securities and Exchange Commission (the "SEC Filings"). No individual or entity owns 10% or more of the outstanding shares of Common Stock of Aramark.

Additional information regarding Aramark is available on the SEC's website at www.sec.gov.