DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)										
Sole Proprietorship		ship	Limited Liability Company		orporation	Trust	Non-Profit Organization		Other	
Business Designation Group (Please select all that apply)										
МВЕ ШWBE		BE	SBE		PBE		VET	DVET		ESB
Minority Business Enterprise	Wome Busine Enterp		Small Busines Enterprise		Physically Challenged Business Enterprise		Veteran Owned Business	Disabled Veteran Er Owned Business		Emerging Small Business
Number of Clark County Nevada Residents Employed: 23										
Corporate/Business Entity Name:			Trade West construction, Inc.							
(Include d.b.a., if applicable)										
Street Address:			300 WHafen Ln			Ln w	Website:			
City, State and Zip Code:			MesquitqNV 89027				POC Name: Tracy Beck Email: tradewestnegmail.un Fax No: 7023462757			
Telephone No:			702 3402757			٦ Fa	Fax No: 7023402757			
Nevada Local Street Address:							ebsite:			2
(If different from above)			Same.							
City, State and Zip Code:						Lo	ocal Fax No:			
Local Telephone No:						Lo	ocal POC Name:			
						Er	nail:	1.107 1014		

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.

Full Name	Title	% Owned
Ken Leavitt CTOddleavitt	President Seere tany.	(Not required for Publicly Traded Corporations/Non-profit organizations)

This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?

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/halfsister, 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

(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.

/		
Signat	ufe	
	Secretar) -
Title		

No

No No

Toddleavitt 4/21/2022 Date

No No

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 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 Representative