DISCLOSURE OF OWNERSHIP/PRINCIPALS

		DISCEOSON	L OI OTTI	12110111	F/I MINOIT ALC			
Business Entity	Type (Please selec	t one)						
5	Partnership	Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other		
Business Design	ation Group (Pleas	se select all that apply	NA					
Пмве	□WBE	□SBE	PBE		□ VET	DVET	ESB	
Minority Business Enterprise Women-Owned Business Enterprise		Small Business Enterprise			Veteran Owned Business	Disabled Veteran Owned Business Emerging Small Business		
Number of Clark County Nevada Residents Employed: Nine (9)								
Corporate/Business Entity Name:		C Thru Glass						
(include d,b.a., if applicable)		N/A						
Street Address:		7787 Eastgate Rd#110 Website: WWW. Cthrovegas.com						
City, State and Zip Code:		Henderson, NV 89011			POC Name: Jon Wayne Nielsen Emall: Jun a Cthruvegas.com			
Telephone No:		702.945.1077			Fax No: N/A			
Nevada Local Street Address:				W	Website:			
(If different from	above)	Same as a	same as above					
City, State and Zip Code:				L	Local Fax No:			
Level Waterbage No.		Local I		ocal POC Name:				
Local Telephone No:		Ema		Email:				
close corporations, foreign corporations, i		limited liability companies, partnerships, limited partn		ited partnersh	Revised Statutes, including including in and professional con	porations. % Own (Not required for P Corporations/Non-pro	ed ublicly Traded	
Jon Wayr	ne Nielsen	President				100%	-	
						7	LA MARIA ALALAM (NA	
This paster to	at required for mubile	cly-traded corporations	. Are you a nublic	ly-traded co	rporation? Yes	₽ No		
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 Vo (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.)								
sister grand	septenced democilies partner child, parent, in-law or brother/sister, half-brother/half-							
Yes	₩ No (I	f yes, please complete th	AND THE RESERVE		on Page 2, If no, please			
I cartify 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.								
Jon Wayne Nielsen Print Name 7/25/2022								
-signature Presiden	t			7/2	5/2022			
Title			Date					

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 Represent	tative							