DISCLOSURE OF OWNERSHIP/PRINCIPALS

		ט	ISCLUSUR	L UI U	AA1	4L1101	11 /1 Kirker		_			
Business Entit	y Type (Please sele	ect one										
Sole Proprietorship	Sole Partnership		Limited Liability mpany	Corpora	Corporation T		Non-Profit Organization		Other			
Business Desig	nation Group (Ple	ase sel	ect all that apply)							1	
□MBE □WBE			SBE	10245-51	□РВЕ		☐ VET		DVET		ESB	
Minority Business Enterprise Women-Owner Business Enterprise		ed	Small Business Enterprise		Physically Challenged Business Enterprise		Veteran Own Business	ned	Disabled Veteran Owned Business Emerging Small Business			
Number of	Clark County	Nevac	la Residents	Employe	ed:				153			
			Charleston Residential Services, LLC									
Corporate/Business Entity Name:			CrossRoads of Southern Nevada									
(Include d.b.a., if applicable)		_	2121 W Charleston Blvd.				Website: www.CrossRoadsOfSoNV.com					
Street Address:							POC Name: John Seeland					
City, State and Zip Code:		Las	Las Vegas, NV 89102			- 1	POC Name: Semantic John.S@CrossRoadsOfSoNV.com					
Totophone No:		(702	(702) 234-1356				Fax No:					
Telephone No: Nevada Local Street Address:		All S	All Same				Website:					
(If different from	n above)											
City, State and	Zip Code:						Local Fax No:					
Local Telephone No:						1	Local POC Name: Email:					
Entities include all business associations organized under close corporations, foreign corporations, limited liability con			d liability companie	nanies, partnerships, ilmited partnerships, and			ships, and proressi	ional cor	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)			
Vill McNeal			O	wner					45.9%			
Gerald (JJ) Bell			Or	Owner					16.1%			
Stuart Eng			Owner				12.7%					
eff Iverson /	Garrett Law		Ot	wner / Ow	vner				5.8%	/ 5.4%		
Are any ind Center or C Yes	لنبنية	tners, ov eclamatio (If yes, p contracts	oners or principals, on District full-time lease note that Col s, or other contracts	involved in the employee(s), unty employee s, which are n	e busi or app e(s), o ot sub	iness entity pointed/ele or appointed pject to com	, a Clark County, E cted official(s)? I/elected official(s) petitive bid.)	may not	ent of Av	n any work on prof	essional service	
 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.) 												
Yes	1000										nt take action on	
i certify under per land-use approva	naity of perjury, that a	all of the s, land sa	information provide ales, leases or exch	ed herein is cu nanges withou	irrent, it the c	complete, completed	and accurate. I als disclosure form.	io unders	scand th	at the board will fig	A IGNE GUIUTI UII	
				John Seeland								
Signature			No.	Print Na								
000				Novemb	er 22	2, 2022						
Title				Date	-							

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									
11 20									
		100							
Water Reclamation District.	Clark County, Department of hip by blood. "Affinity" is a rel		ntion Center or Clark County						
"To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:									
 Spouse – Registered 	Domestic Partners – Childrer	n – Parents – In-laws (first deg	ree)						
 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?									
Yes No Is the County employee(s) noted above involved in any way with the socialises in personal perso									
NOTES CONTINUENTS.									
Signature									