DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entit	у Тур	e (Please select	t one)										
Sole Proprietorship	Ø	Partnership	Com	imited Liability		Corporation	Птп	ust	Non-Profit Organization		Other		
Business Desi	gnatio	on Group (Pleas	e sele	ct all that apply)								
MBE		□WBE		SBE		PBE			□ VET		OVET	ESB	
Minority Busines Enterprise	ss	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch Business Ent		d	Veteran Owned Business		abled Veteran ned Business	Emerging Small Business	
Number of	Clar	k County Ne	evad	a Residents	Er	nployed:				180			
	Cornorate/Business Entity Name Desert Fire I				tion	, I D							
Corporate/Busi			Desi	er rife riolec	AIOI	LF							
(Include d.b.a., Street Address		plicable)	5040) Sobb Ave	_				bsite: www.desertfi	re con	n		
City, State and		ode:		Vegas, N	V	89118			C Name: Ashley Mc	Dade	desertfire.com	1	
Telephone No:			702-	388-1926					No:				
Nevada Local S	treet	Address:						We	bsite:				
(If different from													
City, State and	Zip (Code:						Loc	al Fax No:				
					Lo			Loc	Local POC Name:				
Local Telephon	e No:							Ema	ail:	dl:			
close corporations	, fore	ign corporations, li	imited I	iability companies	, par	ta by Tile 7 of i	Title	rships	evised Statutes, includi s, and professional corp	orations	ot ilmited to privati 3		
Ot O-b				В.		l t				Corpo	rations/Non-profit	organizations)	
Steve Schmal Craig Gutierrez					Vice President			no one owns more than 5% no one owns more than 5%					
Craig Gulleriez					vice Fresident					по	one owns ii	iore man 5%	
				Pı	Publicly traded company								
This section is n	ot reg	uired for publicly	-trade	d corporations.	Are	you a publicly-	traded o	corpo	ration? Yes		No		
		members, partner ounty Water Recla							lark County, Department official(s)?	nt of Avi	ation, Clark County	Detention	
Yes	Yes Ves (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	child,		ited to a	a Clark County, D					c partner, child, parent, ity Detention Center or				
Yes		No (If ye	es, piea	ase complete the I	Discl	losure of Relation	onship fo	m on	Page 2. If no, please	orint N/A	on Page 2.)		
I certify under penal land-use approvais	aity of	perjury, that all of tract approvals, la	the in	ormation provided s, leases or excha	i her ange	ein is current, c s without the co	omplete, mpleted	and a	accurate. I also underst osure form.	and that	the Board will not	take action on	
_		Cha	×		_	arry Campb	ell						
Signature					-	Print Name							
Division Manag	er					1.03.2022							
Title						Date							

DISCLOSURE OF RELATIONSHIP

List any disclosures below: (Mark N/A, if not applicable.)

Signature

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
Water Reclamation District. "Consanguinity" is a relations "To the second degree of of follows: • Spouse – Registered	Clark County, Department of ship by blood. "Affinity" is a relectors anguinity applies to the of Domestic Partners – Children alf-Brothers/Half-Sisters – Grand	ationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as
For County Use Only:			
If any Disclosure of Relationship is r	noted above, please complete the follo	wing;	
Yes No Is the County emp	ployee(s) noted above involved in the	contracting/selection process for this	particular agenda item?
Yes No Is the County emp	ployee(s) noted above involved in any	way with the business in performance	e of the contract?
Notes/Comments:			

2



Nicole A. Kivisto - President & CEO

Dale S. Rosenthal - Director

Jeffrey A. Thiede - President & Chief Executive Officer

Stephanie A. Barth - VP/Chief Acctg Ofcr/Controller

Karen B Fagg - Vice President

DISCLOSURE OF OWNERSHIP/PRINCIPALS

			130E0001	(L U	01111			71 1011011 70				
Business Entity 1	ype (Please selec	t one)	Ù	,		,						
Sole Proprietorship	Partnership	Con	Limited Liability mpany	☐ Co	rporation	Trus	st	Non-Profit Organization		Other		
Business Designa	ation Group (Plea	se sel	ect all that apply)								
MBE	□WBE		SBE		PBE			☐ VET		DVET	□ESB	
Minority Business Enterprise Women-Owned Business Enterprise Enterprise		Small Business Enterprise	Ph Bu	ysically Ch isiness Enti	allenged erprise		Veteran Owned Business		sabled Veteran wned Business	Emerging Small Business		
Number of C	ark County N	levac	la Residents	Emp	loyed:				77			
Corporate/Busine	ss Entity Name:	Cor	mmunication El	lectron	ic Systen	ns LLC						
(Include d.b.a., if	applicable)											
Street Address:		408	0 E Lake Mead	A# b			Wel	bsite; www.cesve	gas.co	m		
City, State and Zi	p Code:	La	s Vegas, N	V 89	115		Em		svega	s.com		
Telephone No:		702	-643-7566				Fax	No: 702-643-924	8			
Nevada Local Str	eet Address:						Wel	bsite:				
(If different from a	above)	-					_					
City, State and Z	ip Code:	-					= "	I Fax No:				
Local Telephone	No:			Local POC Name:			al POG Name: ail:					
							1 .	of individuals holding		0. [5.		
Entities include all close corporations, t	business association foreign corporations, Full Name	ns orga , limited	nized under or gov I liability companier	verned b s, partne	oy Title 7 of erships, limit	the Nevad ed partner Title	da Rerships	evised Statutes, Inclu s, and professional co)) (ا	not limited to priva ns. % Owner Not required for Pul porations/Non-profit	d blicly Traded	
David Ellis			М	anagin	ng Membe	∋r			40			
Brian Thomas					ng Membe				40			
Josh Claunch					ng Membe				20			
Josii Olauncii								677 BIX:		20000		
This section is not 1. Are any indivicenter or Clar	dual members, partnik County Water Rec	iers, ov damatic	vners or principals, on District full-time	involved employe	d in the busines(s), or app	ness entity pointed/ele r appointe	y, a (cted d/ele	Clark County, Departr official(s)? octed official(s) may n	nent of A			
	CC	ontracts	s, or other contracts	s, which	are not subj	ject to con	npeti mest	tive bid.) ic partner, child, pare nty Detention Center	nt. in-lay	v or brather/sister.	half-brother/half-	
full-time emple	oyee(s), or appointed	d/electe	ed official(s)?					n Page 2. If no, pleas				
I certify under penal land-use approvals,	ty of portury that all	of the	information provide	ed herein	n is current.	complete.	and	accurate. I also unde			ot take action on	
The sac approval		1	•									
Signature	Mon				an Thoma int Name	48						
Managing Memb	er			11/	7/2022							
Title				Da	ite							

DISCLOSURE OF RELATIONSHIP

List any disclosures below: (Mark N/A, if not applicable.)

	HARE OF COUNTY	DEL ATIONELUD TO	COLINETY
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			
Water Reclamation District. "Consanguinity" is a relations "To the second degree of of follows: • Spouse – Registered	Clark County, Department of ship by blood. "Affinity" is a release consanguinity" applies to the old Domestic Partners – Children alf-Brothers/Half-Sisters – Gran	ationship by marriage. candidate's first and second n – Parents – In-laws (first de	degree of blood relatives as
For County Use Only:			
•	noted above, please complete the follo ployee(s) noted above involved in the		particular agenda item?
	ployee(s) noted above involved in any		
Notes/Comments:	, , ,		
Signature			
Print Name Authorized Department Representa	tive		

DISCLOSURE OF OWNERSHIP/PRINCIPALS

		DI	SCLUSUN	<u> </u>	01 01111	LIXOII	II /I INITOII AL	_		
Business Entity Typ	e (Please selec	t one)								
Sole Proprietorship	Partnership	Com	imited Liability pany	Ø	Corporation	Trust	Non-Profit Organization		Other	
Business Designati	on Group (Pleas	e selec	ct all that apply)						
∏мве □wве			SBE		PBE		VET	_ [DVET	ESB
Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch Business Ente		Veteran Owned Business		isabled Veteran wned Business	Emerging Small Business
Number of Cla	rk County N	evada	a Residents	s Er	nployed:			124	1	
Corporate/Business	Entity Name:	L.A.	Nevada Inc.							
(Include d.b.a., if ap		d.b.a	a. G & G Syst	ems	3					
Street Address:		4340) W. Hacienda	a Av	/e.		Website: ggsystems.	net		
City, State and Zip	Code:	Las	s Vegas, N	1/	89118		POC Name: Kyle Wat kwatson Email:		ystems.net	
Telephone No:		702-	798-0995				Fax No: 702-798-658	34		
Nevada Local Stree	t Address:						Website:			
(If different from ab	ove)									
City, State and Zip	Code:	-					Local Fax No:			
Local Telephone N				Local			Local POC Name:			
close corporations, fo	reign corporations	, limited	liability companie	es, p	artnerships, limi	ited partner	la Revised Statutes, incl ships, and professional c	отрога	ions. % Owns (Not required for Pu orporations/Non-prof	ed ublicly Traded
Jenaya Lisowski			<u>F</u>	Pres	ident/Treasu	ırer		50		
Luke H Clawson				Secretary			50			
					1.5	1 4	amarasian 2 D	es	✓ No	
This section is not a Are any individual Center or Clark	ual members, parti County Water Re	ners, ov clamatio	vners or principals on District full-time	s, inv e em	olved in the bus ployee(s), or ap	siness entit pointed/ele	y, a Clark County, Depart octed official(s)?	ment o	f Aviation, Clark Cou	
Yes	No (If yes, p contracts	lease note that C s, or other contrac	cts, w	y employee(s), vhich are not su	or appointe bject to cor	d/elected official(s) may npetitive bid.)			
sister grandch	ild, grandparent, ı yee(s), or appointe	related t ed/electe	to a Clark County ed official(s)?	, Del	partment of Avia	ation, Clark	mestic partner, child, par County Detention Cente	. 0. 0.	and obtaining treatment	, half-brother/half- eclamation District
Yes	·			_			rm on Page 2. If no, ple			====
I certify under penalt land-use approvals,	y of perjury, that a contract approvals	ll of the , land sa	information provi ales, leases or ex	ded i	herein is current nges without the	t, complete completed	, and accurate. I also und disclosure form.	lerstand	d that the Board will	not take action on
Jule H	1 Jawan	n			Luke H Cla	wson				
Signature										
Secretary					11/3/2022					
Title					Date					

DISCLOSURE OF RELATIONSHIP

List any disclosures below: (Mark N/A, if not applicable.)

Signature

Print Name Authorized Department Representative

"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 a 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:		AND JOB TITLE	EMPLOYEE/OFFICIAL	DEPARTMENT
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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?	For County Use Only:			
Yes No Is the County employee(s) noted above involved in any way with the business in performance of the contract?				
Notes/Comments:	Yes No Is the County en	nployee(s) noted above involved in an	y way with the business in performar	nce of the contract?
	Notes/Comments:			