DISCLOSURE OF OWNERSHIP/PRINCIPALS

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Business Entity	Type (Ple	ase select	one)		1			T	_		
Sole Proprietorship		rship	Limited Liability Company			Corporation Trust		Non-Profit Organization		Other	
Business Desig	nation Gro	oup (Please	selec	t all that apply	у)			T_	_		
MBE	□w	BE		SBE	_	□PBE		□ VET	DVET DESB		
Minority Business Enterprise Women-Owner Business Enterprise		ess	Small Business Enterprise		S	Physically Challenged Business Enterprise		Veteran Owned Business	Disabled Veteran Owned Business Emerging Small Business		
Number of Clark County Nevada Residents Employed: 38											
Corporate/Business Entity Name:			Main Electriz Supply Company, LLC								
(Include d.b.a.,	if applicab	le)					. 1	0 .	()	
Street Address:			36	w w. S	200	catron	AK W	/ebsite:	_		
City, State and	Zip Code:	4	S4 1	Skuta Ana (14 92704 Email: Myrcy iso)					ma	nelectric	supply com
Telephone No:			(a	(949) 833-305 2 Fax No:							. ,
Nevada Local S	treet Addr						W	Website:			
(If different from	above)		643	5.	20 V	ICS BINA	#101			_	
City, State and Zip Code:			LASVEGAS, NV 89118				< ∟	Local Fax No:			
								Local POC Name:			
Local Telephon	e No:		(7)	22) 81	05	5-505	2 E	Email:			
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											
Robert Scott G			erman CEO Cha			E0 10				(Not required for Publicly Traded Corporations/Non-profit organizations)	
								bourd -			
			-								
Center or C	vidual mem lark County No	bers, partner Water Recla (If y	ers, owr amation yes, ple ntracts,	ners or principal District full-time pase note that Coor other contract	s, inv e em count cts, w	olved in the busi ployee(s), or app y employee(s), o hich are not sub	ness entity, pointed/elect r appointed/ ject to comp	a Clark County, Departmer ed official(s)? elected official(s) may not p etitive bid.)	nt of A	m aný work en pro	fessional service
2. 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.)											
certify under per land-use approva	naity of perjuls, contract	ury, that áilí o approvals, la	of the ir and sal	ntormation provi es, leases or ex	ded h chan	nerein is current, ges without the	complete, a completed d	nd accurate. I also underst	and th	nat the Board will n	ot take action on
Signatule	<u> </u>	Wa	-6			Print Name	7 Y_	Morare	>		
Title	to					3 (3	3/2	3			
1 (0.0						-1					

DISCLOSURE OF RELATIONSHIP

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

* County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark Cowater 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 relative 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?	NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT				
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Signature Print Name Authorized Department Representative	Signature Print Name	Miko						