L. DISCLOSURE FORM

:=			DISCLOSU	JRE	OF OWN	IERSH	IP/PRINCIPA	LS			
Business Entit	у Ту	pe (Please select	one)								
Sole Proprietorship		Partnership	Limited Liability Company		Corporation	Trust	Non-Profit Organization			Other	
Business Desi	gnati	on Group (Pleas	e select all that app	oly)						4	
MBE		□WBE ·	□SBE		PBE		VET		DVET	ESB	
Minority Business Enterprise Women-Own Business Enterprise			Small Busine Enterprise	SS	Physically Challenged Business Enterprise		Veteran Owned Business		sabled Veteran vned Business	Emerging Small Business	
Number of	Cla	rk County Ne	evada Residen	ts E	mployed:	12					
Corporate/Business Entity Name: JCJ Architectu			JCJ Architecture,	re, PC							
(include d.b.a.,											
Street Address	-		120 Huyshope Avenue, Suite 400			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Website: jcj.com				
City, State and Zip Code:			Hartford, CT 06106			F	POC Name: Jeanne Muscolino Email: jmuscolino@jcj.com				
Telephone No:	_		860.559.8243								
30			000.003.0240				Fax No:				
Nevada Local Street Address: (If different from above)			6847 Ponderosa Way, Suite 100			V	Website: jcj.com				
City, State and	Zip	Code:	Las Vegas, NV 89118			L	Local Fax No:				
Local Telephone No:			702-475-9051				Local POC Name: Mike Larson Email: mlarson@jcj.com				
close corporation	s, tore	eign corporations, li Full Name	mited liability compan	ies, p	artnerships, limite	ed partnersh	Revised Statutes, inc lips, and professional o	corporation	s. , % Owner		
Element F. Le Destroite				Despident Charabalder Disease			Corp	(Not required for Publicly Traded Corporations/Non-profit organizations)			
James E. LaPosta, Jr. Peter G. Bachmann					President, Shareholder, Director Principal, Shareholder, Director			50%			
-eter G. Bacrima	ariii			Princ	apai, Snarenoid	ier, Direct	or	50%		į.	
1. Are any ind	ividua	l members, partner county Water Recla	mation District full-tim	ls, inv	olved in the busin ployee(s), or appo	ess entity, pinted/elect	a Clark County, Depar	ment of Av			
Do any indivisiter, grand	ichild,	members, partner	tracts, or other contra- s, owners or principal- ted to a Clark County	cts, w	hich are not subje	ect to comp	etitive bid.) stic partner, child, pan bunty Detention Cente	ant in-law	or brother/eietor h	nif brother/helf	
Yes	[he Dis	closure of Relation	onship form	on Page 2. If no, plea	se print N/	'A on Page 2.)		
I certify under per land-use approval	alty o	of perjury, that all of intract approvals, la	the information provided the sales, leases or ex	ded hi	erein is current, c ges without the co	omplete, ar ompleted dis	id accurate. I also und closure form.	erstand tha	at the Board will no	t take action on	
James E. LaPosta, Jr Signature Print Name											
President		1 11			Print Name _ 10.26.2022						
Title					Date						

REVISED 7/25/2014

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		1							
	₩(
		C							
			Ω						
	,								
"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:									
	noted above, please complete the follo	wing:							
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 Representat	ive								

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REVISED 7/25/2014