			_									
Business Entity Type												
☑ Sole Proprietorship ☐ Partnership			Limited Liability Company		С	Corporation		rust	☐ Non- Profit Organiz	l - :		
Business Design	nation	Group							·			
□ мве	<u> </u>			☐ SBE ☐ PBE			□ VET □			☐ DVET ☐ ESB		SB
Minority Business Women-Owned Busines Enterprise			ss	Small Business Enterprise	Physically Challenged Business Enterprise		Veteran C Business	Veteran Owned Business				rging Small ness
Number of Clark County Nevada Resid			sidents Employ	/ed: 95								
Corporate/Busin	ess E	ntity Name:	James F Thomson Jr									
(Include d.b.a., if	appli	cable)	American Southwest Electric									
Street Address:			4485 Riviera Rideg Avenue				Website: www.aselv.com					
City, State and Z	ip Co	de:	Las Vegas, NV 89115			POC Name: Email: James F Thomson Jr - jim@aselv.com						
Telephone No:			702-643-2900			Fax No: ⁷⁰²⁻⁶⁴³ -3944						
Nevada Local Street Address: (If different from above)						Website:						
City, State and Zip Code:						Local Fax No:						
Local Telephone No:						Local POC Name Email:						
List of Owners/Officers:												
All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business entity appearing before the Board.												
Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applied to land-use transactions, extends to the applicant and the landowner(s).												
"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. % Owned												
Full Name				Title			(Not required for Publicly Traded Corprofit organizations)			d Corporations/Non-		
James F Thomson Jr				Ow	Owner			100%				
								<u>.</u>				
This section is not required for publicly-traded corporations.												
1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, University Medical Center, Department of Aviation, or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?												
☐ Yes ☑ No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional												
				ts, or other contract					, p.	,	•	

2.	brother/half-sister, g	nembers, partners, owners or princip grandchild, grandparent, related to a o ct full-time employee(s), or appointed	cals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half- Clark County, Clark County Detention Center, Department of Aviation, or Clark County Water l/elected official(s)?
	☐ Yes	No (If yes, please complete the	e Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.
l ce tak	ertify under penalty of e action on land-use	perjury, that all of the information papprovals, contract approvals, land s	provided herein is current, complete, and accurate. I also understand that the Board will not sales, leases or exchanges without the completed disclosure form. James F Thomson Jr
Sig	nature /	770	Print Name
Owr	ner		3/31/2021
Tit	le		Date
	List any disc (Mark N/A if not	losures of relationships bel applicable)	low:

NAME OF	NAME OF COUNTY*	RELATIONSHIP TO	COUNTY*
BUSINESS	EMPLOYEE/OFFICIAL	COUNTY*	EMPLOYEE/OFFICIAL'S
OWNER/PRINCIPAL	AND JOB TITLE	EMPLOYEE/OFFICIAL	DEPARTMENT
N/A			
IN/A			

^{*} County employee means Clark County, Department of Aviation, Clark County Detention Center, or Clark County Water Reclamation District.

- Spouse Registered Domestic Partners Children Parents In-laws (first degree)
- Brothers/Sisters Half-Brothers/Half-Sisters Grandchildren Grandparents In-laws (second degree)

[&]quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

[&]quot;To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

For Count If any Disc	ty Use One losures of	ly: 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/Con	nments:	
Signature		
Print Nam Authorized Do	epartment Rep	presentative

END OF DOCUMENT