## DISCLOSURE OF OWNERSHIP/PRINCIPALS

								_			
Business Entity Ty	oe (Please select	one)									
Sole Proprietorship	Partnership	Comp	mited Liability pany	Corp	oration	Trust	Non-Profit Organization		Other		
Business Designati	on Group (Pleas	e selec	t all that apply)							T	
□мве	□WBE	[	✓ SBE	□Р	PBE		VET		DVET	✓ ESB	
Minority Business Enterprise  Women-Owned Business Enterprise			Small Business Enterprise		Physically Challenged Business Enterprise		Veteran Owned Business			Emerging Small Business	
Number of Cla	rk County Ne	evada	a Residents	Emplo	oyed:			8			
Corporate/Business Entity Name:		PCNA Consulting Group, Inc.									
(Include d.b.a., if applicable)			PCNA Group								
Street Address:			W. Russell Rd,	Ste 320		V	Website: www.pcnagroup.com				
City, State and Zip Code:		Las Vegas, NV 89148					POC Name: Michael Gentille  Email: michael@pcnagroup.com				
Telephone No:		(702) 834-6200					Fax No: (702) 834-6201 (call first to turn on fax machine)				
Nevada Local Street Address:							Website:				
(If different from above)											
City, State and Zip	Code:						Local Fax No:				
Local Telephone No	):						Local POC Name: Email:				
							Revised Statutes, includ ips, and professional corp			•	
Michael Robert Gentille			Pro	President & CEO				(Not required for Publicly Traded Corporations/Non-profit organizations) 100%			
	al members, partne County Water Recla	rs, owne mation es, plea	ers or principals, i District full-time e	involved in employee( inty emplo	n the busin (s), or appo byee(s), or	ness entity, a pinted/electe appointed/s	Clark County, Departmend official(s)?	nt of Av		•	
sister, grandchild		ited to a	a Clark County, D				stic partner, child, parent ounty Detention Center o				
Yes	✓ No (If y	es, plea	ase complete the	Disclosur	e of Relation	onship form	on Page 2. If no, please	print N/	A on Page 2.)		
I certify under penalty of land-use approvals, co							d accurate. I also unders closure form.	tand tha	at the Board will no	ot take action on	
	K. Llunde	le			ael Rober	t Gentille					
Signature				Print	Name						
President & CEO				May 1	11, 2021						
Title				Date							

## **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								
* 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 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:								
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:								
Signature								
Print Name Authorized Department Representat	ive							