| | THE PROPERTY AND PROPERTY. | DISCLUSUR | E OF CAAL | MEKOUI | P/PRINCIPAL | .5 | |
|---|---|--|--|--------------------------------|--|---|--|
| Business Entity | Type (Please sele | ct one) | 27 TO THE PERSON AS A STATE OF THE PERSON AS A | | *************************************** | ************************************** | |
| Sole Parinership | | Limited Liability Company | Limited Liability Filtransian Trust | | Non-Profit Organization | Other | |
| Business Design | nation Group (Plea | se select all that apply) | 1 | | 4 militar (20 militaria (20 mi | | |
| □ МВЕ | WBE | □SBE | ПРВЕ | | □ VET | DOVET | □ES8 |
| Minority Business Women-Owne Business Enterprise Enterprise | | Small Business Enterprise | Small Business Physically Challenged | | Veteran Owned Business | Disabled Veteran Owned Business | Emerging Small Business |
| Number of C | lark County N | levada Residents | Employed: | 14 | W- 40 | | |
| (Include d.b.a., if | ess Entity Name: applicable) | Monument Monument | Constr | 717 I | huilden | On we call | 1 |
| Street Address: City, State and Zlp Code: | | Henderson, 89011 | Henderson, Nevada Po 89011 Er | | website: buildmonuments.com POC Name: Jon Wayne Nielsen Email: jun@buildmonuments.com | | |
| Telephone No: | | 1702-530- | 2303 | | Fax No: 702-947-2602 | | |
| Nevada Local Str | eet Address: | | | We | Website: | | de militaria |
| (If different from | above) | | N/m/A | ľ | | | |
| City. State and Zip Code: | | | | Lo | Local Fax No: | | * www. |
| Local Telephone No: | | WEIGHT WINGSTON | | | ocal POC Name: | | |
| Entitles include all fose corporations, i | business association foreign corporations, | ns organized under or gove limited liability companies, | erned by Title 7 of partnerships, limit | the Nevada F ed partnership | Revised Statutes, includ is, and professional cor | ing but not limited to priva porations. | ate corporations, |
| Jon Wa | Full Name | elsen | Preside | Title ent | | % Owne (Not required for Pul Corporations/Non-profi | bliciy Traded |
| | | | | | | | |
| This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes No 1. Are any individual members, partners, owners or principals, involved in the business entity, 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 (II | yes, please note that Cour ntracts, or other contracts, | nty employee(s), or which are not subj | appointed/ele ect to compet | ected official(s) may not lilve bid.) | perform any work on prof | essional service |
| sister, grander | ual members, partne nild, grandparent, re lyee(s), or appointed | ers, owners or principals he lated to a Clark County, Di /elected official(s)? | ave a spouse, regisepartment of Aviati | stered domes on, Clark Cou | ic partner, child, parent nty Detention Center or | , in-law or brother/sister, in Clark County Water Red | half-brothen half- lamation District |
| Yes | No (If | yes, please complete the [| Disclosure of Relati | onship farm a | n Page 2. If no, please | print N/A on Page 2.) | - Karlin Assass |
| certify under penaltand-use approvals. | ty of perjury, that all contract approvals, I | of the information provided and sales, leases or excha | herein is current, inges without the c | ompleted disc | losure form, | | ot take action on |
| Signature D1 | D655E8218447E | NE | Print Name | Wayne | e Vielse | 1 | CONTRACTOR OF STATE O |
| Presiden | t | | 5/4/2 Date | | the solid state of | THE POST APPROXIMATE STREET | |

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 Water Reclamation District. | Clark County, Department of | Aviation, Clark County Dete | ention Center or Clark County |
| "Consanguinity" is a relations | ship by blood. "Affinity" is a rel | ationship by marriage. | |
| "To the second degree of of follows: | consanguinity" applies to the | candidate's first and second | degree of blood relatives as |
| Spouse – Registered | Domestic Partners – Children | n – Parents – In-laws (first de | gree) |
| Brothers/Sisters – Haller | alf-Brothers/Half-Sisters – Gra | ndchildren – Grandparents – | In-laws (second degree) |
| For County Use Only: | | | |
| If any Disclosure of Relationship is r | noted above, please complete the folio | wing: | |
| Yes No Is the County emp | ployee(s) noted above involved in the | contracting/selection process for this | particular agenda item? |
| | ployee(s) noted above involved in any | way with the business in performance | be of the contract? |
| Notes/Comments: | | | |
| Signature | | | |
| Print Name | Nivo | | |