DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity	Type (Please select	t one)										
Sole Proprietorship	Partnership	Comp	nited Liability any	7	Corporation	Trus	st	Non-Profit Organization		Other		
Business Design	ation Group (Pleas	se seleci	t all that apply)					γ-		r	
МВЕ	□WBE		SBE		PBE			□ VET	□DVET □ ESB		ESB	
Minority Business Enterprise Women-Owned Business Enterprise			Small Business Enterprise		Physically Challenged Business Enterprise			Veteran Owned Business			Emerging Small Business	
Number of C	lark County N	evada	Residents	E	mployed:				70			
	CG&B Enterprises Inc.											
Corporate/Business Entity Name:		Out Emergeous no.										
(Include d.b.a., if	applicable)	221 S	221 Sunpac Ave Website:									
Street Address:		+							e: lame: Charlie Cook			
City, State and Z	ip Code:	Hende	Henderson, NV 89011									
		702.5	702 505 0504					Email: ccook@cgandoinc.com Fax No: 702-565-0184				
Telephone No:		702-5	702-565-6564					Fax No; 702-303-0104				
Nevada Local St	reet Address:							Website:				
(If different from	f different from above)											
City, State and 2	Zip Code:	-		Local Fax No:								
Local Telephone	No:							Local POC Name:				
Entities include all business associations organized under close corporations, foreign corporations, limited liability compartions, limited liability compartions, limited liability compartions, limited liability compart			ized under or go iability companie	r governed by Title 7 of the Nevada anies, partnerships, limited partners Title			ndaR ership	ta Revised Statutes, includ ships, and professional cor		porations. % Owned (Not required for Publicly Traded Corporations/Non-profit organizations)		
Reed J Seaton									80.6			
Frank Petrini				_					9.4			
									_			
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?												
Yes No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)												
 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 (I	f yes, ple	ase complete th	ne Di	sclosure of Rela	itionship fo	orm c	on Page 2. If no, please	print l	N/A on Page 2.)		
I certify under pen land-use approval	alty of perjury, that all s, contract approvals,	of the in land sale	formation provides, leases or exc	ied h chan	nerein is current, ges without the	, complete completed	e, and d disc	d accurate, I also under closure form.	stand t	hat the Board will I	not take action on	
Come					Charlie Cook	(
Signature			-		Print Name							
Executive Vice P	resident				8/5/21							
Title					Date		_					

DISCLOSURE OF RELATIONSHIP

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

Charlie Cook

Print Name Authorized Department Representative

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			
"To the second degree of follows: • Spouse – Registere	nship by blood. "Affinity" is a reconsanguinity" applies to the ed Domestic Partners – Childre Half-Brothers/Half-Sisters – Gra	candidate's first and second en – Parents – In-laws (first de	gree)
	noted above, please complete the fol nployee(s) noted above involved in the		particular agenda item?
Yes No Is the County er	nployee(s) noted above involved in an	y way with the business in performan	ce of the contract?
Notes/Comments:			
Signature	-9.4-loz1		