DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Ty	pe (Please select	t one)									
T Sola	Partnership		Limited Liability	Z	Corporation	Trus	st	Non-Profit Organization		Other	
Business Designat	ion Group (Pleas	e sel	ect all that apply)					-		
■MBE ■WBE		SBE		☐ PBE		[VET		DVET	ESB	
Minority Business Enterprise Women-Owned Business Enterprise		l	Small Business Enterprise		Physically Challenged Business Enterprise			Veteran Owned Business		sabled Veteran vned Business	Emerging Small Business
Number of Cla	rk County No	evac	la Residents	E	mployed:	0	<u></u>				
Corporate/Busines	s Entity Name	The	Fhe Gordian Group, Inc.								
(Include d.b.a., if a	70										
Street Address:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	30 F	Patewood Drive,	Bld	g. 2, Suite 350)	Web	site: www.gordian.c	om:		
City, State and Zip	Code:	Greenville, SC 29615				POC Name: Randy Horn Email: r.horn@gordian.com					
Telephone No:		800.	.874.2291				Fax				
Nevada Local Stree	t Addrage:						Website:				
(If different from ab											
City, State and Zip							Loca	ıl Fax No:			
						Local POC Name:					
Local Telephone No	o:			Email:			il:				
Entities include all bu	siness associations eign corporations, I Full Name	s orga limited	nized under or gov liability companies	vern s, p	ned by Title 7 of artnerships, limit	the Nevac ed partner Title	da Rer ships,	vised Statutes, includi and professional corp	ng but eoration	not limited to privans. % Owned	, ,
Fortive Corporation								(Not required for Publicly Traded Corporations/Non-profit organizations) 100%			
This section is not re	equired for outlied	م دولا مرا	ed corporations	1	a vou a nublich	Ltradad a	orno-	ation?	7] No	
Are any individua	al members, partne County Water Recla	ers, ow amatio yes, pl	ners or principals, in District full-time e ease note that Cou	invo emp unty	olved in the busin ployee(s), or app remployee(s), or	ness entity ointed/eled	, a Cla cted o	ark County, Department fficial(s)? ted official(s) may not	nt of A	- viation, Clark Coun	
sister, grandchild	I members, partne	rs, ow ated to	a Clark County, [nav	e a spouse, regis	stered don	nestic	ve bid.) partner, child, parent, ty Detention Center or			
Yes	No (If)	yes, pl	ease complete the	Dis	closure of Relati	ionship for	m on	Page 2. If no, please	print N	/A on Page 2.)	
I certify under penalty land-use approvals, co									and the	at the Board will no	t take action on
Ammon T. Leshe	C Digitally signed I Date: 2021.09.1	by Ammo 3 14:10:4	on T. Lesher 19 -04'00'		Ammon T. Les	sher					
Signature				0	Print Name						
Vice President					9/13/2021						
					Date						

1

DISCLOSURE OF RELATIONSHIP

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

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			
Water Reclamation District. "Consanguinity" is a relations "To the second degree of of follows: • Spouse – Registered	ship by blood. "Affinity" is a re	lationship by marriage. candidate's first and second n – Parents – In-laws (first de	,
Yes No Is the County emp	noted above, please complete the folloployee(s) noted above involved in the ployee(s) noted above involved in any	contracting/selection process for this	•
Signature			
Print Name			

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Duningan Entitle Tolk	in ann an an an									
Business Entity Type (Please select one)										
Sole Proprietorship	Partnership	Limited Liability Corporation			Trust	Organization	Non-Profit Organization		Other	
Business Designati	on Group (Pleas	e sele	ect all that apply							
MBE WBE		_	SBE	☐ PBE		VET		/ET	☐ ESB	
Minority Business Women-Owned Business Enterprise		Small Business Enterprise	Physically Challenged Business Enterprise		Veteran Owned Business		Disabled Veteran Emerging Owned Business Busine			
Number of Cla	rk County Ne	evad	a Residents	Employed:	00					
Corporate/Business	Entity Name:	Fortive Corporation								
(Include d.b.a., if ap	plicable)									
Street Address:		6920	Seaway Blvd			Website: www.fortive.co	om			
		Eve	rett, WA 98203			POC Name:				
City, State and Zip (Code:	,				Email:				
Telephone No:		425.	446.5000			Fax No:				
	4. A alabana a s									
Nevada Local Stree						Website:				
City, State and Zip						Local Fax No:				
City, State and Zip	Code.					ocal POC Name:				
Local Telephone No):					Email:				
Publicly-traded entiti ownership or financial Entities include all but	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 applications, 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.									
Full Name			Title			% Owned (Not required for Publicly Traded Corporations/Non-profit organization			olicly Traded	
	al members, partne	rs, ow	ners or principals,	involved in the bus	- iness entity,	a Clark County, Departme		lo tion, Clark Coun	ty Detention	
Center 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 service contracts, or other contracts, which are not subject to competitive bid.)										
2. 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 (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)										
I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.										
Danie	l Kim			Dan	iel Kim	}				
Signature 49AE5	9B9799145F		× × × × × × × × × × × × × × × × × × ×	Print Name						
VP - ,	Associate G	iene	ral Counsel	and Sec 4/4	3/2021					
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			
Water Reclamation District. "Consanguinity" is a relations "To the second degree of confollows: • Spouse – Registered	Clark County, Department of ship by blood. "Affinity" is a release sonsanguinity" applies to the displayment Domestic Partners – Children alf-Brothers/Half-Sisters – Gra	ationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as
Yes No Is the County emp	noted above, please complete the follo ployee(s) noted above involved in the ployee(s) noted above involved in any	contracting/selection process for this	
Notes/Comments:			
Signature	_		
Print Name Authorized Department Representat	tive		

Fortive Corporation

Date 09/13/2021

Company Profile

Tax ID 47-5654583

Main Details

Name: Fortive Corporation
QuickRef: TGAHOLDING
Country: United States
Region: Delaware
Tax ID: 47-5654583
Incorporated: 11/10/2015
Company Type: Corporation
Company Status: Active
Dissolved:

Primary Addresses

Main Office: 6920 Seaway Blvd, Everett WA 98203, United States

Registered Office: The Corporation Trust Company, 1209 Orange Street, Wilmington DE 19801, United States

Mailing Address: 6920 Seaway Blvd, Everett WA 98203, United States
Presenter: Fortive Corporation , 6920 Seaway Blvd., Everett WA 98203
Minute Book Location: 6920 Seaway Blvd, Everett WA 98203, United States

Accounting Dates

Last Period End Current Period End Last Extended

Accounting Dates:

Appointments			
Board Positions			
Name	QuickRef	Position	Appointed
Comas, Daniel L.	COMAS-DL	Director	03/10/2021
Dewan, Feroz	DEWAN-F	Director	07/02/2016
Dubey, Sharmistha	DUBEY-S	Director	08/06/2020
Hayes, Rejji	HAYES-R	Director	12/06/2020
Lico, James A.	LICO-JA	Director	07/02/2016
Mitchell, Kate D.	MITCHEL-KD	Director	07/02/2016
Sargent, Jeannine	SARGENT-J	Director	02/13/2019
Spoon, Alan G.	SPOON-AG	Chairman	07/02/2016

Officers			
Name	QuickRef	Position	Appointed
Bowers, Jenn	BOWERS-J	Vice President, Tax	01/28/2020
Hulit, Barbara	HULIT-B	President and CEO of Advanced Healthcare Solutions	07/02/2016
Kim, Daniel B.	KIM-D	Vice President, Associate General Counsel and Secretary	01/23/2018
Lico, James A.	LICO-JA	President & Chief Executive Officer	07/02/2016
McLaughlin, Charles E.	MCLAUGH-CE	Senior Vice President and Chief Financial Officer	07/02/2016
Mulhall, Christopher M.	MULHALL-CM	Vice President, Chief Accounting Officer	10/26/2019
Murphy, Patrick K.	MURPHY-PK	President and CEO of Precision Technologies	07/02/2016
Schwarz, Jonathan L.	SCHWARZ-JL	Senior Vice President - Corporate Development	02/01/2021
Simmons, Read	SIMMONS-R	Senior Vice President, Strategy	02/01/2021
Soroye, Olumide	SOROYE-O	President and CEO of Intelligent Operating Solutions	08/09/2021
Underwood, Peter C.	UNDERWO-PC	Senior Vice President and General Counsel	01/23/2018
Walker, Stacey	WALKER-S	Senior Vice President, Human Resources	07/02/2016
Yadava, Rajesh	YADAVA-R	Vice President, Treasurer	08/04/2016

Date 09/13/2021