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			OOLOOOKE	anex.	OI CAAIA	ILIVO	1 111	TRINCIPALS			
Business Entity Typ	oe (Please select	one)									
Sole Proprietorship	Partnership	Cor	Limited Liability	V	Corporation	Tru	ıst	Non-Profit Organization		Other	
Business Designati	on Group (Pleas	e sele	ect all that apply)								
MBE	□WBE		SBE		PBE			□ VET		DVET	ESB
Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch Business Ent		i	Veteran Owned Business	d Disabled Veteran Emergi Owned Business Bus		
Number of Cla	rk County Ne	evad	a Residents E	Er	nployed:			1	050	l	
Comparato/Business	Entitu Nama	Las	Vegas Paving	1 (	Corporation						
Corporate/Business		Luc	vogas i aving	1 '	orporation						
(Include d.b.a., if ap	piicable)	112	0 South Decat	<b>.</b>	r Dlud			lanyaganay	ina		
Street Address:				_				<sub>ebsite:</sub> lasvegaspav		COM	
City, State and Zip	Code:	Las	Vegas, NV 8	9	103			oc Name: Ron DeMi nail: ron.demille		asvegaspavir	ng.com
Telephone No:	2) 251-5800	- 800050	TANAS TOPO TOPO TOPO TO	K (Sin Harbitana)	Fa	<sub>x No:</sub> (702) 251-489	91	A DESCRIPTION OF THE PROPERTY AND A SECOND CONTRACT OF THE PARTY AND A SECOND CONTRACT			
Nevada Local Street Address: 4420 South				tu	r Blvd		We	ebsite: lasvegaspav	ing.	com	
City, State and Zip		Las	Vegas, NV 8	9	103		Local Fax No: (702) 251-4891				
Local Telephone No	):	(70	2) 251-5800	WO.W.					fille lle@lasvegas	povina com	
	Full Name					Title	•	ps, and professional corpo		% Owne	d
Mendenhall Fam	ilv Trust		Ow	'n	or			1	(Not required for Publicly Traded Corporations/Non-profit organizations)		
Paula C. Mende			<u> </u>	-					007	/0	
aula C. Meride	IIIaii			131	.66			Takana and a same and a same and a same and a same a s			
Please see attac	hed sheet for	Cor	porate Officers	S	& Directors	The state of the s			series on		
This section is not re							- 8		_	No	
Center or Clark (	County Water Recla	amatio	n District full-time em	npl	oyee(s), or app	ointed/el	ected				
Yes	No (If y	es, platracts	ease note that Count or other contracts, v	ty wh	employee(s), or ich are not subj	r appoint ject to co	ed/el mpet	ected official(s) may not p litive bid.)	erfori	m any work on pro	fessional service
sister, grandchild	I members, partner I, grandparent, rela e(s), or appointed/	ated to	a Clark County, De	ve	a spouse, regi	stered do	mes k Cou	tic partner, child, parent, unty Detention Center or (	in-law Clark	or brother/sister, County Water Red	half-brother/half- clamation District
Yes	✓ No (If y	es, pl	ease complete the D	isc	losure of Relat	ionship f	orm o	on Page 2. If no, please p	rint N	I/A on Page 2.)	
l certify under penalty of land-use approvals, co	ntract approvals, la	f the ir and sal	nformation provided l es, leases or exchar	he nge	rein is current, es without the c	complete ompleted	, and	d accurate. I also understa closure form.	and th	nat the Board will n	ot take action on
Signature	e mil	4	•	_	Ron Demill Print Name	е				The state of the s	
Project Manager				,	August 17,	2021					
Title				_	Date						

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		DIOCECCO	INE OF OAAL	VLIVOIII	PARINCIPALS	)		
Business Entity Typ	oe (Please select	one)						
Sole Proprietorship	Partnership	Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other		
Business Designati	on Group (Pleas	e select all that appl	y)(y					
MBE	WBE	□SBE	PBE		VET	DVET	ESB	
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Ch Business Ent		Emerging Small Business			
Number of Cla	rk County Ne	evada Resident	s Employed:			1050		
Corporate/Business	Entity Name:	Mendenhall Fai	mily Trust					
(Include d.b.a., if ap					**************************************			
Street Address:		4420 South De	catur Blvd	W	ebsite: lasvegaspa	/ina.com		
City, State and Zip (	Code:	Las Vegas, NV	89103	P	DC Name: Ron DeM		na.com	
Telephone No:		(702) 251-5800	1		ax No: (702) 251-48			
Nevada Local Stree	t Address:	4420 South De	to address that the little so have the little	TO SHARE THE PARTY OF THE PARTY	ebsite: lasvegaspa	COLOR CONTRACTOR DE LA COMPANSIONAL DE LA CONTRACTOR DE L		
(If different from ab-	ove)	1 M NN/	20400		(200) 02			
City, State and Zip	Code:	Las Vegas, NV	89103		Local Fax No: (702) 251-4891			
Local Telephone No	):	(702) 251-5800			ocal POC Name: Ron mail: ron.c	DeMille lemille@lasvega	spaving.com	
Publicly-traded entiti ownership or financial Entities include all bu	ies and non-profi interest. The disclo	sure requirement, as a s organized under or go	l list all Corporate pplied to land-use ap	plications, ex the Nevada	d Directors in lieu of d tends to the applicant and Revised Statutes, includir ips, and professional corp	I the landowner(s).		
	Full Name			Title		% Owne (Not required for Pu Corporations/Non-prof	ublicly Traded	
Paula C. Mender	nhall		rustee	To the second second second	_	100%		
		y-traded corporations				<b>√</b> No		
Center or Clark 0	County Water Recla	imation District full-time	employee(s), or app	pointed/electe	<b>,</b> , , ,		• 10 10 10 1000	
Yes	No (If y	res, please note that Co tracts, or other contrac	ounty employee(s), o ts, which are not sub	r appointed/e ject to compe	lected official(s) may not stitive bid.)	perform any work on pro	ofessional service	
sister, grandchild	I members, partner I, grandparent, rela e(s), or appointed/	ated to a Clark County,	have a spouse, reg Department of Aviat	istered dome tion, Clark Co	stic partner, child, parent, unty Detention Center or	in-law or brother/sister, Clark County Water Re	half-brother/half- clamation District	
Yes	✓ No (If y	es, please complete th	e Disclosure of Rela	tionship form	on Page 2. If no, please	print N/A on Page 2.)		
land-use approvals, co	ntract approvals, la	nd sales, leases or exc	ed herein is current, hanges without the o	complete, an completed dis	d accurate. I also underst closure form.	and that the Board will r	not take action on	
Jan 1 Le	mill	•	Ron Demil	le				
Signature			Print Name					
Project Manager			August 17,	2021				
Title			Date	- V - I				

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

, 11 -

			-
NAME OF BUSINESS	NAME OF COUNTY* EMPLOYEE/OFFICIAL	RELATIONSHIP TO COUNTY*	COUNTY* EMPLOYEE'S/OFFICIAL'S
OWNER/PRINCIPAL	AND JOB TITLE	EMPLOYEE/OFFICIAL	DEPARTMENT
N/A			
K. Dermi	th N/A		
8/17/202	2/		
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 deg	
Yes No Is the County emp	noted above, please complete the folk ployee(s) noted above involved in the ployee(s) noted above involved in any	contracting/selection process for this	
Signature  Print Name Authorized Department Represental	ive		

# LAS VEGAS PAVING CORPORATION

4420 S. Decatur Blvd., Las Vegas, NV 89103

# **Corporate Officers & Directors**

As of 08/01/21

Jay N. Smith, President/Director

Marc C. Mendenhall, Treasurer/Director

Lori Mendenhall, Secretary/Director

Ryan Mendenhall, Director

Josh Mendenhall, Director

William D. Wellman, Director

Corey Newcome, Director

Clark Webster, Director

James M. Barker, Registered Agent/General Counsel/Director

Business Entity Ty	/pe (Please select	one)									The state of the s
Sole Proprietorship	Partnership	Limi Compa	ted Liability ny	7	Corporation	Tru	st	Non-Profit Organization		Other	
Business Designa	tion Group (Pleas	e select a	all that apply	/)					т		
□мве	□WBE		SBE		PBE			□VET		OVET	□ESB
Minority Business Enterprise	Women-Owned Business Enterprise		nall Business terprise		Physically Characteristics Enter Business Enter			Veteran Owned Business	Disabled Veteran Owned Business Business		
Number of Cla	ark County No	evada I	Residents	s En	nployed:				115		
		TAR	\tuzt	- 1-							
Corporate/Busines		TABC	Contractors	s, in	1C.						
Street Address:	ррпсаые)	6600 /	Amelia Fa	rhai	rt Ct. Suite	В	We	bsite: www.nclasve	egas	.com/TAB	
City, State and Zip	Code:		egas, NV					C Name: Tory Ram	bur	svegas.com	W-1
Telephone No:		702-64	42-3033					No: 702-642-987			
Nevada Local Stre	et Address:	Samo	as Above	AN A STOLENGOOM	MANUFACTURE STATE OF THE STATE	Jennie szakosta	We	bsite:		PROTECTION OF THE PROPERTY OF	
(If different from al	bove)	Same	as Above								
City, State and Zip	Code:						Loc	cal Fax No:			
Local Telephone N	lo:						Loc	cal POC Name:			
BANKERSERANDEN HAMMER PRESENTANTEN HAMMER HAMMER HER PRESENTANTE	araya pala, cataurah sasappa 1885 asab	ALEST SERVICE SERVICE	saliy ere ini ka e beral bifba	HINNU SECTION		CATALOGUE AND DELL'OR DE	Em	ail:	HETOTE HYDE	<b>对称数据表示实验证的</b> 更通过的	FORMER CHARLES AND SELECTION OF THE PROPERTY O
ownership or financia Entities include all b	ities and non-prof I interest. The disclousiness associations	it organiz osure requi	cations shall frement, as ap d under or go	list oplied overne	I to land-use apped to land-use apped to land.	plications the Neva	, exte ada R	Directors in lieu of d ends to the applicant and tevised Statutes, includir s, and professional corp	the la	ndowner(s). not limited to priva	
	Full Name					Title				% Owner Not required for Pul Porations/Non-profi	olicly Traded
Greg J. Paulk				President				74%			
Brady W. Steve	ns		<u>S</u>	Secretary/Treasurer				11.5%			
								-			
Are any individucenter or Clark     Yes      Do any individusister, grandchi	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.)										
Yes	No (If	es, please	e complete the	e Disc	closure of Relat	ionship fo	orm o	on Page 2. If no, please	print N	I/A on Page 2.)	<b>李明市区</b> [2] [2] [4] [4] [4] [4] [4] [5] [6] [6] [6] [6] [6] [6] [6] [6] [6] [6
I certify under penalty land-use approvals, constructions of the second	of perjuny, that all contract approvals.	of the informand sales,	mation provide leases or exch	hange	erein is current, es without the commerce without the commerce without the commerce with the commerce	completed	e, and d disc	l accurate. I also underst closure form.	and th	at the Board will n	ot take action on
Vice President				_(	08/18/2021	L					
Title					Date						

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

	NAME OF COUNTY*	RELATIONSHIP TO	COUNTY*
NAME OF BUSINESS	EMPLOYEE/OFFICIAL	COUNTY*	EMPLOYEE'S/OFFICIAL'S
OWNER/PRINCIPAL	AND JOB TITLE	EMPLOYEE/OFFICIAL	DEPARTMENT
	N	/A	
* County employee means ( Water Reclamation District.	Clark County, Department of	Aviation, Clark County Deter	ntion Center or Clark County
"Consanguinity" is a relations	hip by blood. "Affinity" is a rel	ationship 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 Representative

Business Enti	у Ту	oe (Please select	one)									
Sole Proprietorship		Partnership		Limited Liability mpany	X	Corporation	Tru	st	Non-Profit Organization		Other	
Business Desi	gnati	on Group (Pleas	e sele	ect all that apply	)							
<b>▼</b> MBE		□WBE		SBE		PBE			□VET		OVET	ESB
Minority Busine Enterprise	ss	Women-Owned Business Enterprise		Small Business Enterprise	The state of the s				Emerging Small Business			
Number of	Cla	rk County Ne	evac	la Residents	E	mployed: 4	4					
Corporato/Bus	inoc	Entity Name:	Go	olden Bay F	er	nce Plus I	ron W	/orl	ks Inc		ADV	
				olden Bay F								
Street Address	4404 C D Chroat						T	We	bsite: www.golde	enb	avfence co	m
City, State and		Code:	Stockton, CA 952			5206			C Name:		<u>.,</u>	
Telephone No: 209-944-9754				4				No: 209-944-5	812	)		
	Local Street Address: 1711 S. Mojav				ve	Rd		We	<sub>bsite:</sub> www.golde	nba	ayfence.co	Υ
City, State and	l Zip	Code:	La	s Vegas N\	V 8	39104		Loc	cal Fax No: N/A			
Local Telepho	ne No	):	70	2-207-3400	)			Local POC Name: Joe Cisneros  Email: jcisneros@goldenbayfence.com				
ownership or fina Entitles include	incial all bu	interest. The disclo siness associations	sure r oraa	equirement, as app nized under or gov	plied vern	d to land-use app and by Title 7 of	plications, the Neva	exte	Directors in lieu of disends to the applicant and sevised Statutes, including is, and professional corpo	the la g but ration	ndowner(s).	ate corporations,
Paul W. C					President / Manager				Corporations/Non-profit organizations) 50			
Nicholas C					/. President / Treasurer			rer	50			
Caroline I	aıv	<u>Iti</u>			ec	cretary				0		
<ol> <li>Are any ind Center or C</li> <li>Yes</li> <li>Do any Indi sister, gran</li> </ol>	This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes X 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 (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)?											
I certify under pe	nalty o	HE ALTONOMICS SHAPE STATE OF THE SE	the in	nformation provide	d he	erein is current, o	complete,	and	accurate. I also understa	STREET, A.	的。在1988年2月1日 2年 1993 的自由自	ot take action on
Signature President	/4	lu	<			Paul W. Print Name 8/18/21						
Title					-	0/10/21 Date						

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			
	,		
/			1

<sup>\*</sup> County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

"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:
Paul W. Čhavez, President

Print Name Authorized Department Representative

<sup>&</sup>quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

Business Entity Ty	pe (Please select	one)								
TI solo		Limited Liabilit	v E	<b>T</b> o ::		Non-Profit				
Proprietorship	Partnership	Company	Ĺ	Corporation	Tru	Organization		Other		
Business Designat			ply)	1					1	
MBE	WBE	SBE		PBE	***************************************	VET		OVET	ESB	
Minority Business Enterprise	Women-Owned Business Enterprise	Small Busine Enterprise	ess	Physically Cha Business Ente		Veteran Owned Business		Disabled Veteran Owned Business Emerging Busine		
Number of Cla	rk County Ne	evada Resider	nts E	mployed:			53			
Corporate/Busines	s Entity Name:	Sletten Constru	ction	of Nevada, Ir	 1c.					
(Include d.b.a., if an			-							
Street Address:	***************************************	600 S. Las Veg	as Bl	vd., Suite 700	)	Website: www.slette	ncompa	nies.com		
City, State and Zip	Code:	Las Vegas,	NV	89101		POC Name: Dane Ca	arter			
Telephone No:		702-739-8770				Fax No: 702-739-99	32			
Nevada Local Stree	t Address:	STANSFORM OF THE PROPERTY OF T	- And States in a		ned straditish eduka	Website:	<b>18</b> (1995年)		and decisionary is entry transmission and so are	
(If different from ab	ove)									
City, State and Zip	Code:					Local Fax No:				
Local Talambana N						Local POC Name:				
Local Telephone No		EXTENSION EXTENSION MARKET MAR	III SALVEYONE S	Email:						
ownership or financial  Entities include all bu	interest. The disclo siness associations	sure requirement, as organized under or	applied	d to land-use app ned by Title 7 of t	olications, the Neva	and Directors in lieu o extends to the applicant da Revised Statutes, incl ships, and professional o	and the la	ndowner(s).		
Fully Clatters	Full Name		D		Title			% Owne ot required for Pu orations/Non-profi	blicly Traded	
Erik Sletten  Dane Carter		-		ident/CEO	J = £		***************************************			
Bob Nommensen				or Vice Presiderate Financia						
Sletten is 100% ES	SOP, S-Corpora	tion. The Employ								
京总统社会(1900年) (2000年)	自1850年1982年1983年1982年1982年1982年1982年1982年1982年1982年1982	mentalistica in succession de la constitución de la constitución de la constitución de la constitución de la c	WARRE	1986年1月1日日日本	William Cook A-	THE COLOR DESCRIPTION OF THE PROPERTY OF THE P			Secretary at secretarized in the second in each	
This section is not re  1. Are any individual Center or Clark (	al members, partner		ls, invo	olved in the busin	ness entity	, a Clark County, Depart		No viation, Clark Coul	nty Detention	
Yes	✓ No (If y	es, please note that (	County	employee(s), or hich are not subje	appointe	d/elected official(s) may r	ot perforn	n any work on pro	fessional service	
	con	tracts, or other contra		•						
sister, grandchild	con I members, partner	s, owners or principa ted to a Clark Count	ls have	e a spouse, regis	stered do	nestic partner, child, pare County Detention Center	ent, in-law or Clark	or brother/sister, County Water Red	half-brother/half- lamation District	
sister, grandchild	con I members, partner I, grandparent, rela te(s), or appointed/e	s, owners or principa ted to a Clark Count elected official(s)?	ls have y, Dep	e a spouse, regis artment of Aviatio	stered dor on, Clark	mestic partner, child, pare	or Clark	County Water Red	half-brother/half- lamation District	
sister, grandchild full-time employe	I members, partner I, grandparent, rela e(s), or appointed/e No (If y	s, owners or principa ted to a Clark County elected official(s)? es, please complete to the information prov	ls have y. Dep the Dis	e a spouse, regis artment of Aviation sclosure of Relation erein is current. c	stered dor on, Clark onship for	mestic partner, child, pare County Detention Center m on Page 2. If no, plea	or Clark	County Water Red /A on Page 2.)	lamation District	
sister, grandchild full-time employe Yes I certify under penalty	I members, partner I, grandparent, rela e(s), or appointed/e No (If y	s, owners or principa ted to a Clark County elected official(s)? es, please complete to the information prov	ls have y, Dep the Dis ided he xchang	e a spouse, regis artment of Aviation sclosure of Relation erein is current. c	stered dor on, Clark onship for	mestic partner, child, pare County Detention Center m on Page 2. If no, plea	or Clark	County Water Red /A on Page 2.)	lamation District	
sister, grandchild full-time employed Yes  I certify under penalty land-use-approvals, co	I members, partner i, grandparent, relate(s), or appointed/e No (If y perjury that all of ntract approvals, la	s, owners or principa ted to a Clark County elected official(s)? es, please complete to the information prov	ls have y, Dep the Dis ided he xchang	e a spouse, regis artment of Aviation closure of Relation erein is current, copes without the co	stered dor on, Clark onship for	mestic partner, child, pare County Detention Center m on Page 2. If no, plea	or Clark	County Water Red /A on Page 2.)	lamation District	

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	N/A	N/A	N/A
		1 1 // 1	14/7
·			
Water Reclamation District.  "Consanguinity" is a relations  "To the second degree of confollows:  • Spouse – Registered	hip by blood. "Affinity" is a rel	ationship by marriage. candidate's first and second n – Parents – In-laws (first deg	
For County Use Only:			
If any Disclosure of Relationship is n	oted above, please complete the follo	wing:	
Yes No Is the County emp	loyee(s) noted above involved in the	contracting/selection process for this	particular agenda item?
Yes No Is the County emp	loyee(s) noted above involved in any	way with the business in performance	ee of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representati	ve		

Business Entity Tur	o /Diagga galage	t onal								
Business Entity Typ	be (Flease selec					T				
Sole Proprietorship	Partnership		_imited Liabilit npany	y   [2	Corporation	Trust	Non-Profit Organization		Other	
Business Designati	on Group (Pleas	se sele	ct all that ap	ply)						
✓ MBE	WBE		SBE		□РВЕ		VET		VET	□ESB
Minority Business Enterprise	Women-Owned Business Enterprise	1	Small Busine Enterprise	ess	Physically Ch Business Ent		Veteran Owned Business	Disabled Veteran Owned Business  Emerging Busine		
	L			***************************************						·
Number of Cla	rk County N	evad	a Residen	nts E	mployed:			32		
Corporate/Business	Fntity Name	Shaw	v-Lundquist A	ssocia	tes, Inc.					
(Include d.b.a., if ap										
Street Address:	phoable	2757	West Service	Road		10	/ebsite: ShawLundquist	.com		and the second
City, State and Zip (	Code:	St. Pa	aul, MN 55121				OC Name: Hoyt Hsiao hhsiao@shaw		st.com	
		(651)	454-0670				mail: (651)454 7092			
Telephone No:		(651)	1434-0070			at a proper to the second	ax No: (651)454-7982			
Nevada Local Street		560	62 La C	osta	a Canyor	n Ct.	ebsite: ShawLun	dqui	st.com	
City, State and Zip	Code:	Las V	/egas, NV 89	139		L	ocal Fax No: <sup>(702)968-7</sup>	7866		•
Local Telephone No	):	(7	02)96	8-	7865		ocal POC Name: Holder hjhsiad mail:	n Hsiao o@shav	/lundquist.com	
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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 Representative			