DISCLOSURE OF OWNERSHIP/PRINCIPALS

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Sole Proprietorship	Partnership	Limited Liability	Corporation	Trust	Non-Pr Organizati	rofit	Other	warmerleining***
Business Designatio	on Group (Please	select all that appl	y)					L-100
Пмве	☐WBE	□sBE	□PBE		□ VET		DVET	ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	s Physically (Business E		Veteran Ow Business		Disabled Veteran	
Number of Clar	k County Ne	vada Resident	s Employed	13				
Corporate/Business	Entity Name:	ConvergeOne,	Inc.					
(Include d.b.a., If app								
Street Address:		10900 Nesbitt	Avenue S	W	ebsite: W	ww.conve	rgeone.com	
City, State and Zip C	Code:	Bloomington,	MN 55437		D Name: D	avid Peers Peers@cc 02-400-25	onvergeone.cor	n
Telephone No:		888 321 6227		F	ax No:		-	
Nevada Local Street	t Address:			W	/ebsite:			
(If different from abo	ove)				1.00. 11			
City, State and Zip (Code:				ocal Fax No:			
Local Telephone No: Local Telephone No: Email:								
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DISCLOSURE OF RELATIONSHIP

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

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			
Water Reclamation District. "Consanguinity" is a relation "To the second degree of follows:	Clark County, Department of ship by blood. "Affinity" is a reconsanguinity" applies to the document of the document of the document of the document of the county of the document of the docum	lationship by marriage. candidate's first and second	degree of blood relatives as
•	Half-Brothers/Half-Sisters - Gra		
Yes No Is the County en	noted above, please complete the folingly nployee(s) noted above involved in the nployee(s) noted above involved in an	contracting/selection process for this	
Signature			

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Ty	e (Please selec	400	1.	WARN SOME	D.		
Sole Proprietorship	Partnership	Limited Liability Company	Corporatio	n Trust	Non-Profit Organization	Other	
Business Designati	on Group (Pleas	e select all that apply	0		1		-
МВЕ	□WBE	SBE	PBE		VET	DVET	ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Business I	Challenged Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of Cla	rk County N	evada Resident	s Employed	: 0			
Corporate/Business	s Entity Name:	ConvergeOr	ne Holding	s, Inc.			
Include d.b.a., if ap							
Street Address:		10900 Nesbi	tt Avenue	S	Website: WWW.C	convergeone.co	m
City, State and Zip	Code:	Bloomingtor	, MN 5540	57	POC Name: Rui Go Emall: RGon	oncalves calves@converge	eone.com
Telephone No:		888-321-62	27		Fax No:		
Nevada Local Stree	t Address.				Website:		
(If different from ab		N/A					
City, State and Zip					Local Fax No:		
					Local POC Name:		
Local Telephone N	0:			į	Emall:		
financial interest in the Publicly-traded enth ownership or financial	ties and non-pro	ppearing before the Boa fit organizations shall osure requirement, as a	rd. I list all Corpor pplied to land-use overned by Title	ate Officers applications,	and Directors in lieu of extends to the applicant a Revised Statutes, incl	uding but not limited to priv	individuals with
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Financial Interest in the Publicly-traded enth ownership or financial Entitles include all bu close corporations, for PVKG Interm In lieu of prov Lars Haegg,	a business entity a ties and non-pro Interest. The disclusiness association reign corporations, Full Name ediate Hole viding percen James Chris	fit organizations shall osure requirement, as a sorganized under or glimited liability companion of the comp	I list all Corpor pplied to land-use overned by Title es, partnerships, a Delawar ip details, the pher Colpitts	ate Officers applications, of the Nevad imited partner Title e corpora Board of and John	and Directors in lieu of extends to the applicant a Revised Statutes, including and professional of ation. There are Directors of PVK A. McKenna, Jr.	of disclosing the names of and the landowner(s), uding but not limited to privorporations. % Owne (Not required for Pucorporations/Non-prote no individuals that	individuals with late corporations, and ablicly Traded lift organizations) own more than
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DISCLOSURE OF RELATIONSHIP

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

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			
	ship by blood. "Affinity" is a reconsanguinity" applies to the		d degree of blood relatives as
Spouse – Registere	ed Domestic Partners – Childre	en – Parents – In-laws (first de	egree)
Brothers/Sisters - I	Half-Brothers/Half-Sisters - Gr	andchildren – Grandparents -	- In-laws (second degree)
5 , 5 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
For County Use Only:		llowing:	
	noted above, please complete the foluntiation in the noted above involved in the		is particular agenda item?
	nployee(s) noted above involved in ar		
Notes/Comments:	, , , , , , , , , , , , , , , , , , ,		
Transmit man till tall radi.			
Signature			

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity	Tve	e (Please select	опе								Trif strater in			
Sole Proprietorship		Partnership			ted Liab ny	ility	V	Corporation	Trus	st	Non-Profit Organization		Other	
Business Desig	nati	on Group (Please	sel	ect	all that	appl	у)					-		
MBE		□WBE			SBE			☐ PBE		1	VET		DVET	ESB
Minority Busines Enterprise	is	Women-Owned Business Enterprise			nall Bus iterprise		s	Physically Ch Business Ente			/eteran Owned Business			Emerging Small Business
Number of	Cla	rk County Ne	vac	da	Resid	ent	s E	mployed:				42		
Corporate/Busi	ness	Entity Name:	Cis	CO	Systen	ns, I	nc.			2000				
(Include d.b.s.,				Ξ										
Street Address	_	p.11.0.0.17	170	W	est Ta	sma	ın Dı			Web	site: www.cisco.c	com		
City, State and		Code:	Sa	n	Jose	, C	A 9	5134		POC Ema	Name: Cody L	.ync	n; codlynch	@cisco.com
Telephone No:			(40	8) (526-40	00 (mair	٦)		Fax	No: n/a			
Nevada Local S			98	50 I	Double	R	Blvd	, Park Cente	er East	Website:				
(If different from			Re	no,	NE 89	521				Loca	al Fax No: n/a			
City, State and	Zip	Coue.								Local POC Name:				
Local Telephor	ne No	:		1	70	1	O	5700)	Ema	il:			
close corporation	ıs, fo	eign corporations, I	imite	d lia	bility cor	npan	nes, p	armersnips, iimi	Title	risnips	s, and professional co	(% Owne Not required for Pu porations/Non-prof	blicly Traded
see attached l	ist o	f officers and di	rect	ors		,								n Maria di Balangang ya ya ya ya waka di maka sa ƙasar ƙ
		ontage of pro-	1	25-1			<u> </u>				vention?	ns [7 No	
4 Ara any in	This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes No No 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	The state of the s													
 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,	plea	se comp	lete	the D	isclosure of Rela	ationship fo	orm o	n Page 2. If no, plea	se print	N/A on Page 2.)	-1
I certify under poland-use approv	enalty als, c	of perjury, that all ontract approvals, I	of the	e Info	ormation s, leases	pro\	vided exchai	herein is current nges without the	t, complete completed	e, and d disc	accurate, I also unde losure form.	erstand	that the Board will i	not take action on
Of mm for Signature	7	ato				_		Jenn Pate Print Name				_		
Authorized S	Sign	atory						July 1, 20	21					
Tille								Date						

Cisco Systems, Inc. Executive Officers:

Chuck Robbins

Chairman and Chief Executive Officer

Gerri Elliott

EVP and Chief Customer and Partner Officer

Scott Herren

Executive Vice President and Chief Financial Officer

Maria Martinez

Executive Vice President and Chief Operating Officer

Cisco Systems, Inc. Board of Directors:

M. Michele Burns
Wesley G. Bush
Michael D. Capellas
Mark Garrett
John D. Harris II
Dr. Kristina M. Johnson
Roderick C. McGeary
Chuck Robbins
Brenton L. Saunders
Dr. Lisa Su
Marianna Tessel

Cisco maintains updates to these lists at our investor relations website at:

https://investor.cisco.com/corporate-governance/executive-officers/default.aspx

https://investor.cisco.com/corporate-governance/board-of-directors/default.aspx

DISCLOSURE OF RELATIONSHIP

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

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		WHAC	
	AMPENY:		
HARMANIA A A A A A A A A A A A A A A A A A A			
		100	
Mark.			
Water Reclamation District. "Consanguinity" is a relation	nship by blood. "Affinity" is a re	elationship by marriage.	ention Center or Clark County d degree of blood relatives as
"To the second degree of follows:	consanguinity applies to the	Calibrate's first and scoots	a dogroo or stood roldings of
Spouse – Registere	ed Domestic Partners - Childre	en – Parents – In-laws (first de	egree)
 Brothers/Sisters – I 	Half-Brothers/Half-Sisters – Gr	andchildren – Grandparents –	- In-laws (second degree)
For County Use Only:			
	noted above, please complete the fol	llowing:	
	nployee(s) noted above involved in the		
	mployee(s) noted above involved in ar	ny way with the business in performa	nce of the contract?
Notes/Comments:			
Signature			