

**CLARK COUNTY
LOBBYIST REGISTRATION STATEMENT**

Badge #	<u>013-A</u>
Return Date	_____
Renewal Date	_____
FILED	

This form should be completed for each communication with a member of the Board of County Commissioners and may be submitted to the front desk at the County Commissioner's Office or the Clerk's Office, Commission Division to obtain a "Lobbyist" badge that must be returned. Lobbyists who are registered annually need to complete Section 2 only once. Completed forms may also be submitted by fax to the County Clerk, Commission Division at 455-4626. This form can be accessed on the County's website at www.co.clark.nv.us/clerk/forms.htm

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SECTION 1

LOBBYIST NAME: Bob Gronauer

APPLICATION DATE: 5/30/14 thru 6/2/14 COMMUNICATION DATE: 5/30/14 thru 6/2/14

COMMUNICATION ITEMS: Medical Marijuana Ordinance

COMMISSIONER(S) CONTACTED: Commissioners Susan Brager and Larry Brown

SECTION 2

PERMANENT ADDRESS: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

SECTION 3

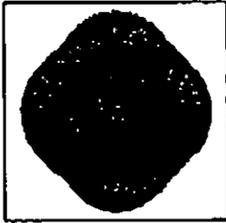
PROVIDE THE BUSINESS NAME, FULL NAME, AND COMPLETE ADDRESS OF EACH PERSON OR ENTITY BY WHOM YOU ARE RETAINED, EMPLOYED, OR ON WHOSE BEHALF YOU ARE APPEARING TODAY:

<u>NAME/BUSINESS NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
Clear River LLC	222 Via Marnell Way Las Vegas, NV 89119	(702) 739-2000

Bob Gronauer/mt
SIGNATURE OF LOBBYIST

6/2/14
DATE

*An amendment to the registration must be filed with the County Clerk, Commission Division, if there is a substantial change or addition with respect to the information contained in the original registration statement.



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SECTION 1

LOBBYIST NAME: Bob Gronauer; Chris Kaempfer; Tabitha Fiddyment

APPLICATION DATE: 6/24/14 thru 6/30/14 COMMUNICATION DATE: 6/24/14 thru 6/30/14

COMMUNICATION ITEMS: Southern Highlands Private Sewer (CC-72-14 and CC-73-14)
Commissioners Susan Brager, Mary Beth Scow, Chris Giunchigliani,
 COMMISSIONER(S) CONTACTED: Larry Brown, Tom Collins, Lawrence Weekly and Steve Sisolak

SECTION 2

PERMANENT ADDRESS: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

SECTION 3

PROVIDE THE BUSINESS NAME, FULL NAME, AND COMPLETE ADDRESS OF EACH PERSON OR ENTITY BY WHOM YOU ARE RETAINED, EMPLOYED, OR ON WHOSE BEHALF YOU ARE APPEARING TODAY:

NAME/BUSINESS NAME	ADDRESS	PHONE
Greystone Nevada	2490 Paseo Verde Pkwy. #120 Henderson, NV 89074	702-458-7700

Chris Kaempfer /m/lt
Tabitha Fiddyment /m/lt Bob Gronauer /m/lt _____
 SIGNATURE OF LOBBYIST DATE 6/24/14

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