

CLARK COUNTY  
LOBBYIST REGISTRATION STATEMENT

Badge #	<u>FILED Annual</u>
Return Date	
Renewal Date	<u>2012 FEB 29 10:15</u>

*Amendment*

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](http://www.co.clark.nv.us/clerk/forms.htm)

SECTION 1

LOBBYIST NAME: Christopher L. Kaempfer

APPLICATION DATE: \_\_\_\_\_ COMMUNICATION DATE: February 28, 2012

COMMUNICATION ITEMS: Storage Lots

COMMISSIONER(S) CONTACTED: Commissioner Brager

SECTION 2

PERMANENT ADDRESS: on file

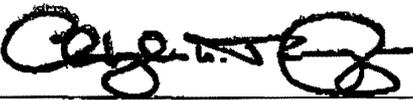
BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

SECTION 3

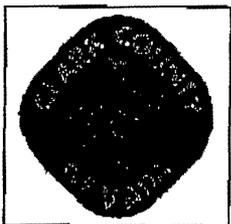
PROVIDE THE BUSINESS NAME, FULL NAME, AND COMPLETE ADDRESS OF EACH PERSON OR ENTITY BY WHOM YOU ARE RETAINED, EMPLOYED, OR ON WHOSE BEHALF YOU ARE APPEARING TODAY:

<u>NAME/BUSINESS NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
Rob Ellis	250 W. Warm Springs Road Henderson, NV 89011	564-1180

  
 \_\_\_\_\_  
 SIGNATURE OF LOBBYIST

February 29, 2012  
 \_\_\_\_\_  
 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.



# CLARK COUNTY LOBBYIST REGISTRATION STATEMENT

Badge #	<u>F Annual</u>
Return Date	_____
Renewal Date	<u>2012 FEB 29 4 8:53</u>

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## SECTION 1

LOBBYIST NAME: Christopher L. Kaempfer

APPLICATION DATE: \_\_\_\_\_ COMMUNICATION DATE: February 28, 2012

COMMUNICATION ITEMS: Storage Lots and Ambulance Services

COMMISSIONER(S) CONTACTED: Commissioner Brager

## SECTION 2

PERMANENT ADDRESS: on file

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>
Rob Richardson	91 Corporate Drive, Suite 120	
Community Ambulance	Henderson, NV 89074	702-526-3322

SIGNATURE OF LOBBYIST

February 29, 2012  
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.