

BUSINESS ASSOCIATION/PARTNERSHIP

NAME OF CURRENT ELECTED OFFICIAL

SECTION 4

LIST BELOW THE NAME OF ANY COMMISSIONER FOR WHOM YOU HAVE, FOR COMPENSATION, IN CONNECTION WITH A POLITICAL CAMPAIGN OF THE COMMISSIONER, PROVIDED CONSULTING, ADVERTISING OR OTHER PROFESSIONAL SERVICES SINCE THE BEGINNING OF THE PRECEDING CALENDAR YEAR.

NAME

DISCLOSURE

This section should be completed for each communication with a member of the Board of County Commissioners within 5 days after the communication has occurred. Completed forms may be submitted to the front desk at the County Commissioner's Office or the Clerk's Office, Commission Division or faxed to the County Clerk, Commission Division at 455-4626.

SECTION 5

LOBBYIST'S FULL NAME: Samuel P. McManus

COMMUNICATION DATE: 4-10-2012

SUBJECT MATTER DESCRIPTION OR AGENDA ITEM: METRO TOWING/STORAGE

COMMISSIONER CONTACTED: Comm'rs Brown, Weekly, Blalock

Samuel P. McManus
SIGNATURE OF LOBBYIST

4-10-2012
DATE

*An amendment to this registration must be filed with the Clark County Clerk's Office, 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/ DISCLOSURE FORM

APR 10 12 PM 12:10 BCC

Badge # Return Date Renewal Date 2012 APR 11 A 7 36

Handwritten signature and CLERK

Pursuant to Ordinance No. 3754 which states in part that: "Every person who acts as a lobbyist shall, not later than 5 days after the beginning of the activity, file a registration statement with the County Clerk, Commission Division."

- If registering as an annual lobbyist, this form must be completed once in its entirety. For all subsequent communication, lobbyist need only complete Section 5. Registration statements for annual lobbyists are due no later than January 10th of each calendar year.
• For lobbyist not registered annually, this form must be completed in its entirety for each communication.

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SECTION 1

LOBBYIST'S FULL NAME: Samuel P. McMullen
APPLICATION DATE:
PERMANENT ADDRESS: #1100 - 3883 HOWARD WILKINS PKWY LV 89169
BUSINESS NAME: SNELL & WILMOR
BUSINESS ADDRESS: SAME

SECTION 2

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

Table with 3 columns: NAME/BUSINESS NAME, ADDRESS, PHONE. Row 1: COPART, 702-784-5221

SECTION 3

PROVIDE A LISTING OF ANY DIRECT BUSINESS ASSOCIATIONS OR PARTNERSHIPS INVOLVING ANY CURRENT COMMISSIONER. THE LISTING MUST INCLUDE ANY SUCH ASSOCIATION OR PARTNERSHIP CONSTITUTING A SOURCE OF INCOME OR INVOLVING A DEBT OR INTEREST IN REAL ESTATE REQUIRED TO BE DISCLOSED IN A STATEMENT OF FINANCIAL DISCLOSURE MADE BY A CANDIDATE FOR PUBLIC OFFICE OR A PUBLIC OFFICER PURSUANT TO NRS 281A. 620:

BUSINESS ASSOCIATION/PARTNERSHIP

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SECTION 5

LOBBYIST'S FULL NAME:

Samuel P. McMurrian

COMMUNICATION DATE:

4-11-12

SUBJECT MATTER DESCRIPTION OR AGENDA ITEM:

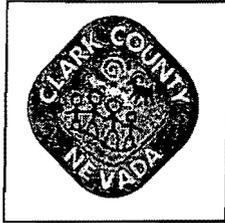
TOWING/STORAGE ORDINANCES

COMMISSIONER CONTACTED: _____

Samuel P. McMurrian
SIGNATURE OF LOBBYIST

4-11-2012
DATE

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CLARK COUNTY
LOBBYIST REGISTRATION STATEMENT/
DISCLOSURE FORM

Badge #
Return Date D
Renewal Date

2012 APR 12 2:10

Handwritten signature and 'CLERK' title

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SECTION 1

LOBBYIST'S FULL NAME: SAMUEL P. McMURTON
APPLICATION DATE:
PERMANENT ADDRESS:
BUSINESS NAME:
BUSINESS ADDRESS:

SECTION 2

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

Table with 3 columns: NAME/BUSINESS NAME, ADDRESS, PHONE. Multiple empty rows for data entry.

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SECTION 5

LOBBYIST'S FULL NAME:

Samuel P. McMullen

COMMUNICATION DATE:

4-30-2012

SUBJECT MATTER DESCRIPTION OR AGENDA ITEM:

TOWING / METRO ORDINANCES

COMMISSIONER CONTACTED:

COLINS, BRADY, SCOW, BROWN, CHRIS G.

SIGNATURE OF LOBBYIST

Samuel P. McMullen

DATE

4-30-2012

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CLARK COUNTY LOBBYIST REGISTRATION STATEMENT/ DISCLOSURE FORM

Badge # Return Date Renewal Date

2017 MAY -U A 11:42

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SECTION 1

LOBBYIST'S FULL NAME: [Handwritten: Sandra P. McMurrian]
APPLICATION DATE:
PERMANENT ADDRESS:
BUSINESS NAME:
BUSINESS ADDRESS:

SECTION 2

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

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