

BUSINESS ASSOCIATION/PARTNERSHIP

NAME OF CURRENT ELECTED OFFICIAL

FILED

2012 JUL 23 P 1:43

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: Russell Rowe

COMMUNICATION DATE: 7/19/12

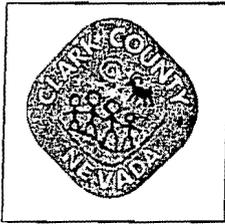
SUBJECT MATTER DESCRIPTION OR AGENDA ITEM: MEM Grand

COMMISSIONER CONTACTED: Scow

[Signature]
SIGNATURE OF LOBBYIST

7/19/12
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

Badge # _____
Return Date _____
Renewal Date _____

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: _____

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:

<u>NAME/BUSINESS NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>

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

NAME OF CURRENT ELECTED OFFICIAL

FILED

2012 JUL 17 P 1:44

JUL 16 '12 PM 3:13 BCC

SECTION 4

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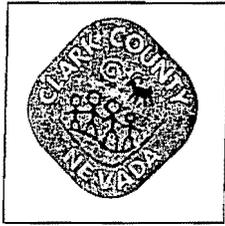
SECTION 5

LOBBYIST'S FULL NAME: Russell Rowe
COMMUNICATION DATE: 7/16/12
SUBJECT MATTER DESCRIPTION OR AGENDA ITEM: Echelon

COMMISSIONER CONTACTED: Brager

[Signature] _____
SIGNATURE OF LOBBYIST DATE 7/16/12

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CLARK COUNTY
LOBBYIST REGISTRATION STATEMENT/
DISCLOSURE FORM

Badge # _____
Return Date _____
Renewal Date _____

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SECTION 1

LOBBYIST'S FULL NAME: _____
APPLICATION DATE: _____
PERMANENT ADDRESS: _____
BUSINESS NAME: _____
BUSINESS ADDRESS: _____

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_____	_____	_____
_____	_____	_____

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BUSINESS ASSOCIATION/PARTNERSHIP

NAME OF CURRENT ELECTED OFFICIAL

FILED

2012 JUL 16 P 5:11:59 PCC

SECTION 4

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SECTION 5

LOBBYIST'S FULL NAME: Russell Rose

COMMUNICATION DATE: 7/16/12

SUBJECT MATTER DESCRIPTION OR AGENDA ITEM: Echelon

COMMISSIONER CONTACTED: Weekly

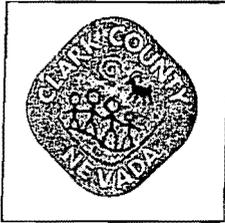
[Signature]

7/16/12

SIGNATURE OF LOBBYIST

DATE

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CLARK COUNTY
LOBBYIST REGISTRATION STATEMENT/
DISCLOSURE FORM

Badge # _____
Return Date _____
Renewal Date _____

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APPLICATION DATE: _____
PERMANENT ADDRESS: _____
BUSINESS NAME: _____
BUSINESS ADDRESS: _____

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BUSINESS ASSOCIATION/PARTNERSHIP

NAME OF CURRENT ELECTED OFFICIAL

FILED

2012 JUL -9 7:48

JUL 5 12 11:03 AM

SECTION 4

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SECTION 5

LOBBYIST'S FULL NAME: Russell Rowe

COMMUNICATION DATE: 7/5/12

SUBJECT MATTER DESCRIPTION OR AGENDA ITEM: Supergraphics

COMMISSIONER CONTACTED: Sisokat

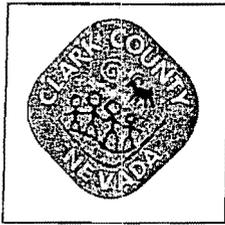
[Signature]

7/5/12

SIGNATURE OF LOBBYIST

DATE

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**CLARK COUNTY
LOBBYIST REGISTRATION STATEMENT/
DISCLOSURE FORM**

Badge # _____
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PERMANENT ADDRESS: _____
BUSINESS NAME: _____
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