

**NEVADA DISCLOSURE OF  
REPRESENTATION OR COUNSELING OF A PRIVATE PERSON  
BEFORE A STATE AGENCY OF THE EXECUTIVE BRANCH**

**PERSONAL INFORMATION:**

NAME:	TITLE OF PUBLIC OFFICE:
ADDRESS:	
CITY, STATE, ZIP:	
TELEPHONE	E-MAIL:

I HEREBY DISCLOSE that during calendar year \_\_\_\_\_ that I represented or counseled a private person for compensation before a state agency of the executive branch and hereby make a disclosure of such representation, pursuant to NRS 281A.410.3.

NAME OF CLIENT:	
NATURE OF REPRESENTATION:	
NAME OF STATE AGENCY:	

NAME OF CLIENT:	
NATURE OF REPRESENTATION:	
NAME OF STATE AGENCY:	

If additional pages are needed, please use additional pages form, attach and indicate the number of attached pages: \_\_\_\_\_

**THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**FILE COMPLETED FORM WITH:**  
Nevada Commission on Ethics  
704 W. Nye Lane, Suite 204  
Carson City, Nevada 89703  
775.687.5469 • 775.687.1279 fax

Print Name: