

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

|  |   |  |   |  |   |                                |
|--|---|--|---|--|---|--------------------------------|
| <b>Business Entity Type (Please select one)</b>                  |   |  |   |  |   |                                |
| <input type="checkbox"/> Sole Proprietorship                     | <input type="checkbox"/> Partnership    | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Corporation      | <input type="checkbox"/> Trust               | <input checked="" type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Other |
| <b>Business Designation Group (Please select all that apply)</b> |   |  |   |  |   |                                |
| <input type="checkbox"/> MBE                                     | <input checked="" type="checkbox"/> WBE | <input checked="" type="checkbox"/> SBE            | <input type="checkbox"/> PBE              | <input type="checkbox"/> VET                 | <input type="checkbox"/> DVET                               | <input type="checkbox"/> ESB   |
| Minority Business Enterprise                                     | Women-Owned Business Enterprise         | Small Business Enterprise                          | Physically Challenged Business Enterprise | Veteran Owned Business                       | Disabled Veteran Owned Business                             | Emerging Small Business        |
|  |   |  |   |  |   |                                |
| <b>Number of Clark County Nevada Residents Employed:</b>         |   |  |   | 26   |   |                                |
|  |   |  |   |  |   |                                |
| <b>Corporate/Business Entity Name:</b>                           |   | Access to Healthcare Network, Inc.                 |   |  |   |                                |
| <b>(Include d.b.a., if applicable)</b>                           |   |  |   |  |   |                                |
| <b>Street Address:</b>   |   | 4001 S. Virginia St. Ste F                         |   | <b>Website:</b> accesstohealthcare.org       |   |                                |
| <b>City, State and Zip Code:</b>                                 |   | Reno, NV 89502                                     |   | <b>POC Name:</b> Donald Kajans               |   |                                |
|  |   |  |   | <b>Email:</b> DKajans@accesstohealthcare.org |   |                                |
| <b>Telephone No:</b>   |   | 775.284.1891                                       |   | <b>Fax No:</b>                               |   |                                |
| <b>Nevada Local Street Address:</b>                              |   | 3085 E Flamingo Rd. Ste A                          |   | <b>Website:</b> accesstohealthcare.org       |   |                                |
| <b>(If different from above)</b>                                 |   |  |   |  |   |                                |
| <b>City, State and Zip Code:</b>                                 |   | Las Vegas, NV 89121                                |   | <b>Local Fax No:</b>                         |   |                                |
| <b>Local Telephone No:</b>                                       |   | 702.489.3400                                       |   | <b>Local POC Name:</b> Carrie Slack          |   |                                |
|  |   |  |   | <b>Email:</b> cslack@accesstohealthcare.org  |   |                                |

All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business entity appearing before the Board.

Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s).

Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

| Full Name                               | Title         | % Owned<br>(Not required for Publicly Traded<br>Corporations/Non-profit organizations) |
|---|---------------|--|
| Sherri Rice; Trevor Rice; Donald Kajans | CEO; COO; CFO | N/A  |
| See attached                            | See attached  | N/A  |
| See attached                            | See attached  | N/A  |

**This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?**

☐ Yes ☒ No

1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

☐ Yes

☒ No

(If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)

2. Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

☐ Yes

☒ No

(If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

Sherri Rice

Signature

CEO

Title

Digitally signed by Sherri Rice  
DN: cn=Sherri Rice, o=Access to Healthcare Network, Inc., ou=CEO,  
email=sherri@accesstohealthcare.org, c=US  
Date: 2022.05.03 13:36:30 -0700

Sherri Rice

Print Name

5/3/2022

Date

## DISCLOSURE OF RELATIONSHIP

List any disclosures below:  
(Mark N/A, if not applicable.)

| NAME OF BUSINESS<br>OWNER/PRINCIPAL | NAME OF COUNTY*<br>EMPLOYEE/OFFICIAL<br>AND JOB TITLE | RELATIONSHIP TO<br>COUNTY*<br>EMPLOYEE/OFFICIAL | COUNTY*<br>EMPLOYEE'S/OFFICIAL'S<br>DEPARTMENT |
|-------------------------------------|---|---|--|
| N/A                                 | N/A   | N/A   | N/A  |
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\* County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

"Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

"To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

- Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree)
- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

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**For County Use Only:**

If any Disclosure of Relationship is noted above, please complete the following:

- ☐ Yes ☐ No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?
- ☐ Yes ☐ No Is the County employee(s) noted above involved in any way with the business in performance of the contract?

Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

**PRESIDENT & CEO**  
Sherri Rice

**CHAIR**  
Don Kowitz Healthcare

**VICE-CHAIR**  
Valerie Clark

**TREASURER**  
CJ Bawden

**SECRETARY**  
Michelle Kling

**Board Members**

Abby Willrich  
Andy Pasternak  
Betty Barker  
Carol Ann Surprenant  
Chelsea Minto  
Donald Schulke  
Helen Lidholm  
JoanHall  
John Drakulich  
John Packham  
Kamal Jemmoua  
Mary Ann Brown  
Matt Anderson  
Mike Johnson  
Pam Puckett  
Rota Rosaschi  
Scott Heinze  
Stephanie Kruse  
Tiffany Coury

**COO**  
Trevor Rice

**CFO**  
Donald Kajans

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

|  |                                      |  |   |                                   |   |                                |
|--|--------------------------------------|--|---|-----------------------------------|---|--------------------------------|
| <b>Business Entity Type (Please select one)</b>                    |                                      |  |   |                                   |   |                                |
| <input type="checkbox"/> Sole Proprietorship                       | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Corporation      | <input type="checkbox"/> Trust    | <input checked="" type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Other |
| <b>Business Designation Group (Please select all that apply)</b>   |                                      |  |   |                                   |   |                                |
| <input type="checkbox"/> MBE                                       | <input type="checkbox"/> WBE         | <input checked="" type="checkbox"/> SBE            | <input type="checkbox"/> PBE              | <input type="checkbox"/> VET      | <input type="checkbox"/> DVET                               | <input type="checkbox"/> ESB   |
| Minority Business Enterprise                                       | Women-Owned Business Enterprise      | Small Business Enterprise                          | Physically Challenged Business Enterprise | Veteran Owned Business            | Disabled Veteran Owned Business                             | Emerging Small Business        |
|  |                                      |  |   |                                   |   |                                |
| <b>Number of Clark County Nevada Residents Employed:</b>           |                                      |  |   | 14                                |   |                                |
| <b>Corporate/Business Entity Name:</b> Aid for AIDS of Nevada Inc. |                                      |  |   |                                   |   |                                |
| <b>(Include d.b.a., if applicable)</b>                             |                                      |  |   |                                   |   |                                |
| <b>Street Address:</b>   |                                      | 1830 E. Sahara Ave. Ste. 210                       |   | <b>Website:</b> www.afanlv.org    |   |                                |
| <b>City, State and Zip Code:</b>                                   |                                      | Las Vegas, NV 89104                                |   | <b>POC Name:</b> Antioco Carrillo |   |                                |
|  |                                      |  |   | <b>Email:</b> antioco@afanlv.org  |   |                                |
| <b>Telephone No:</b>   |                                      | (702) 382-2326                                     |   | <b>Fax No:</b> (702) 366-2326     |   |                                |
| <b>Nevada Local Street Address:</b>                                |                                      |  |   | <b>Website:</b>                   |   |                                |
| <b>(If different from above)</b>                                   |                                      |  |   |                                   |   |                                |
| <b>City, State and Zip Code:</b>                                   |                                      |  |   | <b>Local Fax No:</b>              |   |                                |
| <b>Local Telephone No:</b>   |                                      |  |   | <b>Local POC Name:</b>            |   |                                |
|  |                                      |  |   | <b>Email:</b>                     |   |                                |

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| Full Name        | Title                | % Owned<br>(Not required for Publicly Traded<br>Corporations/Non-profit organizations) |
|------------------|----------------------|--|
| Tina Yan         | Board President      |  |
| Anthony DeFelice | Board Vice President |  |
| Nycole Cummings  | Board Treasurer      |  |
| Antioco Carrillo | Executive Director   |  |

**This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?** ☐ Yes ☒ No

- Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?  
☐ Yes ☐ No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)
- Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?  
☐ Yes ☐ No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

|   |                                       |
|---|---------------------------------------|
| <b>Antioco Carrillo</b><br>Digitally signed by Antioco Carrillo<br>Date: 2022.02.17 10:46:06 -08'00'<br>Signature | <b>Antioco Carrillo</b><br>Print Name |
| Executive Director<br>Title   | 02/17/2022<br>Date                    |

## DISCLOSURE OF RELATIONSHIP

List any disclosures below:  
(Mark N/A, if not applicable.)

| NAME OF BUSINESS<br>OWNER/PRINCIPAL | NAME OF COUNTY*<br>EMPLOYEE/OFFICIAL<br>AND JOB TITLE | RELATIONSHIP TO<br>COUNTY*<br>EMPLOYEE/OFFICIAL | COUNTY*<br>EMPLOYEE'S/OFFICIAL'S<br>DEPARTMENT |
|-------------------------------------|---|---|--|
| N/A                                 | N/A   | N/A   | N/A  |
|                                     |   |   |  |
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\* County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

"Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

"To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

- Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree)
- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

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☐ Yes ☐ No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?

☐ Yes ☐ No Is the County employee(s) noted above involved in any way with the business in performance of the contract?

Notes/Comments:

Antiocho Carrillo Digitally signed by Antiocho Carrillo  
Date: 2022.02.23 08:13:25 -08'00'

Signature

Antiocho Carrillo

Print Name

Authorized Department Representative

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

|   |                                      |  |   |   |   |                                |
|---|--------------------------------------|--|---|---|---|--------------------------------|
| <b>Business Entity Type (Please select one)</b>   |                                      |  |   |   |   |                                |
| <input type="checkbox"/> Sole Proprietorship  | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Corporation      | <input type="checkbox"/> Trust          | <input checked="" type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Other |
| <b>Business Designation Group (Please select all that apply)</b>                                      |                                      |  |   |   |   |                                |
| <input type="checkbox"/> MBE  | <input type="checkbox"/> WBE         | <input type="checkbox"/> SBE                       | <input type="checkbox"/> PBE              | <input type="checkbox"/> VET            | <input type="checkbox"/> DVET                               | <input type="checkbox"/> ESB   |
| Minority Business Enterprise  | Women-Owned Business Enterprise      | Small Business Enterprise                          | Physically Challenged Business Enterprise | Veteran Owned Business                  | Disabled Veteran Owned Business                             | Emerging Small Business        |
|   |                                      |  |   |   |   |                                |
| <b>Number of Clark County Nevada Residents Employed:</b>  |                                      |  |   | 29                                      |   |                                |
| <b>Corporate/Business Entity Name:</b> AIDS Healthcare Foundation dba AHF Healthcare Center Las Vegas |                                      |  |   |   |   |                                |
| <b>(Include d.b.a., if applicable)</b>  |                                      |  |   |   |   |                                |
| <b>Street Address:</b>  |                                      | 6255 W. Sunset Blvd., 21st Floor                   |   | <b>Website:</b> www.aidshealth.org      |   |                                |
| <b>City, State and Zip Code:</b>  |                                      | Los Angeles, CA 90028                              |   | <b>POC Name:</b> Michael Weinstein      |   |                                |
|   |                                      |  |   | <b>Email:</b> president@ahf.org         |   |                                |
| <b>Telephone No:</b>  |                                      | (323)860-5200                                      |   | <b>Fax No:</b> (323)962-8513            |   |                                |
| <b>Nevada Local Street Address:</b>   |                                      | 3201 S. Maryland Parkway, Suite 218                |   | <b>Website:</b> www.aidshealth.org      |   |                                |
| <b>(If different from above)</b>  |                                      |  |   |   |   |                                |
| <b>City, State and Zip Code:</b>  |                                      | Las Vegas, NV 89109                                |   | <b>Local Fax No:</b> (888)551-0525      |   |                                |
| <b>Local Telephone No:</b>  |                                      | (702)862-8075                                      |   | <b>Local POC Name:</b> Nicole Stanfield |   |                                |
|   |                                      |  |   | <b>Email:</b> nicole.stanfield@ahf.org  |   |                                |

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| Full Name             | Title     | % Owned<br>(Not required for Publicly Traded Corporations/Non-profit organizations) |
|-----------------------|-----------|---|
| Michael Weinstein     | President |   |
| See BOD list attached |           |   |
|                       |           |   |

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|  |                                 |
|--|---------------------------------|
| <br>Signature | Melissa Bordenave<br>Print Name |
| Senior Contracts Manager<br>Title  | 03/03/2022<br>Date              |

## DISCLOSURE OF RELATIONSHIP

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(Mark N/A, if not applicable.)

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|-------------------------------------|---|---|--|
| N/A                                 |   |   |  |
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- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

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☐ Yes ☐ No Is the County employee(s) noted above involved in any way with the business in performance of the contract?

Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

AIDS Healthcare Foundation Board of Directors

---

William Arroyo, M.D.

Curley L. Bonds, M.D.

Steve L. Carlton, Esq.

Condessa M. Curley, M.D.

Cynthia Davis, MPH

Agapito Diaz

Scott Galvin

Gabriel P. Maldonado

Rev. Kelvin Sauls

Angelina C. Wapakhabulo

Michael Weinstein

Anita Ann Williams

Rodney L. Wright, M.D.



# DISCLOSURE OF OWNERSHIP/PRINCIPALS

|  |                                      |  |   |                                |   |                                |
|--|--------------------------------------|--|---|--------------------------------|---|--------------------------------|
| <b>Business Entity Type (Please select one)</b>                    |                                      |  |   |                                |   |                                |
| <input type="checkbox"/> Sole Proprietorship                       | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Corporation      | <input type="checkbox"/> Trust | <input checked="" type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Other |
| <b>Business Designation Group (Please select all that apply)</b>   |                                      |  |   |                                |   |                                |
| <input type="checkbox"/> MBE                                       | <input type="checkbox"/> WBE         | <input type="checkbox"/> SBE                       | <input type="checkbox"/> PBE              | <input type="checkbox"/> VET   | <input type="checkbox"/> DVET                               | <input type="checkbox"/> ESB   |
| Minority Business Enterprise                                       | Women-Owned Business Enterprise      | Small Business Enterprise                          | Physically Challenged Business Enterprise | Veteran Owned Business         | Disabled Veteran Owned Business                             | Emerging Small Business        |
| <b>Number of Clark County Nevada Residents Employed:</b> 37        |                                      |  |   |                                |   |                                |
| <b>Corporate/Business Entity Name:</b> Community Counseling Center |                                      |  |   |                                |   |                                |
| <b>(Include d.b.a., if applicable)</b>                             |                                      |  |   |                                |   |                                |
| <b>Street Address:</b> 714 E. Sahara Ave.                          |                                      |  | <b>Website:</b> www.cccofsn.org           |                                |   |                                |
| <b>City, State and Zip Code:</b> Las Vegas, NV 89104               |                                      |  | <b>POC Name:</b> Patrick Bozarth          |                                |   |                                |
| <b>Telephone No:</b> 702 319 8700                                  |                                      |  | <b>Email:</b> pbozarth@ccc of sn.org      |                                |   |                                |
| <b>Nevada Local Street Address:</b>                                |                                      |  | <b>Website:</b>                           |                                |   |                                |
| <b>(If different from above)</b>                                   |                                      |  | <b>Local Fax No:</b>                      |                                |   |                                |
| <b>City, State and Zip Code:</b>                                   |                                      |  | <b>Local POC Name:</b>                    |                                |   |                                |
| <b>Local Telephone No:</b>   |                                      |  | <b>Email:</b>                             |                                |   |                                |

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| Full Name            | Title               | % Owned<br>(Not required for Publicly Traded Corporations/Non-profit organizations) |
|----------------------|---------------------|---|
| Chuck Stutz          | President/Secretary | N/A   |
| Joe Miera            | Treasurer           | N/A   |
| Patrick Sona-Bozarth | Executive Director  | N/A   |

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☐ Yes ☒ No

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☐ Yes ☒ No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)

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|   |                      |
|---|----------------------|
|  | Patrick Sona-Bozarth |
| Signature   | Print Name           |
| Executive Director  | 03/17/2022           |
| Title   | Date                 |

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(Mark N/A, if not applicable.)

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|-------------------------------------|---|---|--|
| N/A                                 |   |   |  |
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- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

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**For County Use Only:**

If any Disclosure of Relationship is noted above, please complete the following:

☐ Yes ☐ No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?

☐ Yes ☐ No Is the County employee(s) noted above involved in any way with the business in performance of the contract?

Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

|  |                                      |  |   |   |   |                                |
|--|--------------------------------------|--|---|---|---|--------------------------------|
| <b>Business Entity Type (Please select one)</b>                  |                                      |  |   |   |   |                                |
| <input type="checkbox"/> Sole Proprietorship                     | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Corporation      | <input type="checkbox"/> Trust                | <input checked="" type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Other |
| <b>Business Designation Group (Please select all that apply)</b> |                                      |  |   |   |   |                                |
| <input type="checkbox"/> MBE                                     | <input type="checkbox"/> WBE         | <input type="checkbox"/> SBE                       | <input type="checkbox"/> PBE              | <input type="checkbox"/> VET                  | <input type="checkbox"/> DVET                               | <input type="checkbox"/> ESB   |
| Minority Business Enterprise                                     | Women-Owned Business Enterprise      | Small Business Enterprise                          | Physically Challenged Business Enterprise | Veteran Owned Business                        | Disabled Veteran Owned Business                             | Emerging Small Business        |
|  |                                      |  |   |   |   |                                |
| <b>Number of Clark County Nevada Residents Employed:</b>         |                                      |  |   | 31  |   |                                |
|  |                                      |  |   |   |   |                                |
| <b>Corporate/Business Entity Name:</b>                           |                                      | Community Outreach Medical Center                  |   |   |   |                                |
| <b>(Include d.b.a., if applicable)</b>                           |                                      |  |   |   |   |                                |
| <b>Street Address:</b>   |                                      | 1090 E. Desert Inn Rd. Suite 200                   |   | <b>Website:</b> www.nvcomc.org                |   |                                |
| <b>City, State and Zip Code:</b>                                 |                                      | Las Vegas, NV 89109                                |   | <b>POC Name:</b> Kema Ogden/Angelica Hall     |   |                                |
|  |                                      |  |   | <b>Email:</b> kogden@nvcomc.org/om@nvcomc.org |   |                                |
| <b>Telephone No:</b>   |                                      | 702.657.3873                                       |   | <b>Fax No:</b> 702.636.0787                   |   |                                |
| <b>Nevada Local Street Address:</b>                              |                                      |  |   | <b>Website:</b>                               |   |                                |
| <b>(If different from above)</b>                                 |                                      |  |   |   |   |                                |
| <b>City, State and Zip Code:</b>                                 |                                      |  |   | <b>Local Fax No:</b>                          |   |                                |
| <b>Local Telephone No:</b>                                       |                                      |  |   | <b>Local POC Name:</b>                        |   |                                |
|  |                                      |  |   | <b>Email:</b>                                 |   |                                |

All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business entity appearing before the Board.

Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s).

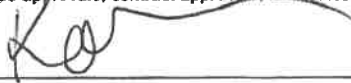
Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

| Full Name                 | Title               | % Owned<br>(Not required for Publicly Traded<br>Corporations/Non-profit organizations) |
|---------------------------|---------------------|--|
| Dr. Keith Rogers          | President           |  |
| Tamera Champagne          | Secretary/Treasurer |  |
| Willie Garrett            | Member              |  |
| Juan Diaz & Lizette Matos | Member              |  |

**This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?** ☐ Yes ☒ No

- Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?  
☐ Yes ☒ No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)
- Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?  
☐ Yes ☒ No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

|  |                          |
|--|--------------------------|
| <br>Signature | Kema Ogden<br>Print Name |
| Executive Director<br>Title  | 02.25.2022<br>Date       |

## DISCLOSURE OF RELATIONSHIP

List any disclosures below:  
(Mark N/A, if not applicable.)

| NAME OF BUSINESS<br>OWNER/PRINCIPAL | NAME OF COUNTY*<br>EMPLOYEE/OFFICIAL<br>AND JOB TITLE | RELATIONSHIP TO<br>COUNTY*<br>EMPLOYEE/OFFICIAL | COUNTY*<br>EMPLOYEE'S/OFFICIAL'S<br>DEPARTMENT |
|-------------------------------------|---|---|--|
| N/A                                 |   |   |  |
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\* County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

"Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

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☐ Yes ☐ No Is the County employee(s) noted above involved in any way with the business in performance of the contract?

Notes/Comments:

Signature

Print Name  
Authorized Department Representative

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

|   |                                      |  |   |                                |   |                                |
|---|--------------------------------------|--|---|--------------------------------|---|--------------------------------|
| <b>Business Entity Type (Please select one)</b>                       |                                      |  |   |                                |   |                                |
| <input type="checkbox"/> Sole Proprietorship                          | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Corporation      | <input type="checkbox"/> Trust | <input checked="" type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Other |
| <b>Business Designation Group (Please select all that apply)</b>      |                                      |  |   |                                |   |                                |
| <input type="checkbox"/> MBE  | <input type="checkbox"/> WBE         | <input type="checkbox"/> SBE                       | <input type="checkbox"/> PBE              | <input type="checkbox"/> VET   | <input type="checkbox"/> DVET                               | <input type="checkbox"/> ESB   |
| Minority Business Enterprise  | Women-Owned Business Enterprise      | Small Business Enterprise                          | Physically Challenged Business Enterprise | Veteran Owned Business         | Disabled Veteran Owned Business                             | Emerging Small Business        |
|   |                                      |  |   |                                |   |                                |
| <b>Number of Clark County Nevada Residents Employed:</b> 4            |                                      |  |   |                                |   |                                |
| <b>Corporate/Business Entity Name:</b> Golden Rainbow of Nevada, Inc. |                                      |  |   |                                |   |                                |
| <b>(Include d.b.a., if applicable)</b>                                |                                      |  |   |                                |   |                                |
| <b>Street Address:</b> 714 E Sahara #101                              |                                      |  | <b>Website:</b> www.goldenrainbow.org     |                                |   |                                |
| <b>City, State and Zip Code:</b> Las Vegas NV 89104                   |                                      |  | <b>POC Name:</b> Gary Costa               |                                |   |                                |
| <b>Telephone No:</b> 702-384-2899                                     |                                      |  | <b>Email:</b> gcosta@goldenrainbow.org    |                                |   |                                |
| <b>Nevada Local Street Address:</b>                                   |                                      |  | <b>Website:</b>                           |                                |   |                                |
| <b>(If different from above)</b>                                      |                                      |  | <b>Local Fax No:</b>                      |                                |   |                                |
| <b>City, State and Zip Code:</b>                                      |                                      |  | <b>Local POC Name:</b>                    |                                |   |                                |
| <b>Local Telephone No:</b>  |                                      |  | <b>Email:</b>                             |                                |   |                                |

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| Full Name | Title | % Owned<br>(Not required for Publicly Traded Corporations/Non-profit organizations) |
|-----------|-------|---|
| Attached  |       |   |
|           |       |   |
|           |       |   |

This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?

☐ Yes ☒ No

1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

☐ Yes ☐ No

(If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)

2. Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

☐ Yes ☐ No

(If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

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Signature

Title

Print Name

Date

## DISCLOSURE OF RELATIONSHIP

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(Mark N/A, if not applicable.)

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|-------------------------------------|---|---|--|
| N/A                                 |   |   |  |
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|                                     |   |   |  |

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☐ Yes ☐ No Is the County employee(s) noted above involved in any way with the business in performance of the contract?

Notes/Comments:

Signature

Print Name

Authorized Department Representative



BOARD OF DIRECTORS  
2021-2022

**Rico Ramirez (President)**

2nd 3-year term ends Sept. 2023

Male, Latino, Hispanic LGBTQ

**Brittany McCoy (Vice President)**

1st 3-year term ends Sept. 2021

Female, Mixed Race, Black

**Shannon Hebert Way (Secretary)**

1st 3-year term ends Sept. 2022

Female, Mixed race, Black

**John Vanderploeg (Treasurer)**

1<sup>st</sup> 3-year term ends Sept. 2024

Male, White, Caucasian LGBTQ

**Paul Parkinson**

1st 3-year term ends Sept. 2021

Male, White, Caucasian LGBTQ

**John L. Krieger**

2nd 3-year term ends Sept. 2023

Male, White Caucasian LGBTQ

**Cary Berner**

1st 3-year term ends Sept. 2021

Male, White Caucasian LGBTQ

**Greg A. Duffield**

1st 3-year term ends Sept. 2022

Male, White, Caucasian LGBTQ

**Jafeh Akpe**

1st 3-year term ends Sept. 2023

Male, African, Black

**T. Clay Buck, CFRE**

1st 3-year term ends Sept. 2023

Male, White, Caucasian LGBTQ

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

|  |                                      |  |   |   |  |                                |
|--|--------------------------------------|--|---|---|--|--------------------------------|
| <b>Business Entity Type (Please select one)</b>                  |                                      |  |   |   |  |                                |
| <input type="checkbox"/> Sole Proprietorship                     | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Company | <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Trust                | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Other |
| <b>Business Designation Group (Please select all that apply)</b> |                                      |  |   |   |  |                                |
| <input checked="" type="checkbox"/> MBE                          | <input type="checkbox"/> WBE         | <input type="checkbox"/> SBE                       | <input type="checkbox"/> PBE                    | <input type="checkbox"/> VET                  | <input type="checkbox"/> DVET                    | <input type="checkbox"/> ESB   |
| Minority Business Enterprise                                     | Women-Owned Business Enterprise      | Small Business Enterprise                          | Physically Challenged Business Enterprise       | Veteran Owned Business                        | Disabled Veteran Owned Business                  | Emerging Small Business        |
|  |                                      |  |   |   |  |                                |
| <b>Number of Clark County Nevada Residents Employed:</b>         |                                      |  |   | 19  |  |                                |
|  |                                      |  |   |   |  |                                |
| <b>Corporate/Business Entity Name:</b>                           |                                      | John Phoenix APRN PLLC                             |   |   |  |                                |
| <b>(Include d.b.a., if applicable)</b>                           |                                      | Huntridge Family Clinic                            |   |   |  |                                |
| <b>Street Address:</b>   |                                      | 1820 E Sahara Ave #201                             |   | <b>Website:</b> www.huntridgefamilyclinic.org |  |                                |
| <b>City, State and Zip Code:</b>                                 |                                      | Las Vegas, NV 89104                                |   | <b>POC Name:</b> John Phoenix                 |  |                                |
| <b>Telephone No:</b>   |                                      | 702-979-1111                                       |   | <b>Email:</b> jphoenixaprn@huntridgefcf.org   |  |                                |
| <b>Nevada Local Street Address:</b>                              |                                      | same   |   | <b>Fax No:</b> 702-979-6227                   |  |                                |
| <b>(If different from above)</b>                                 |                                      |  |   | <b>Website:</b>                               |  |                                |
| <b>City, State and Zip Code:</b>                                 |                                      |  |   | <b>Local Fax No:</b>                          |  |                                |
| <b>Local Telephone No:</b>                                       |                                      | same   |   | <b>Local POC Name:</b>                        |  |                                |
|  |                                      |  |   | <b>Email:</b>                                 |  |                                |

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| Full Name    | Title           | % Owned<br>(Not required for Publicly Traded<br>Corporations/Non-profit organizations) |
|--------------|-----------------|--|
| John Phoenix | managing member | 100  |
|              |                 |  |
|              |                 |  |

**This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?**

☐ Yes ☒ No

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☐ Yes ☒ No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

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Signature   
 Managing member  
 Title

John Phoenix  
 Print Name

02/22/2022  
 Date



## DISCLOSURE OF RELATIONSHIP

List any disclosures below:  
(Mark N/A, if not applicable.)

| NAME OF BUSINESS<br>OWNER/PRINCIPAL | NAME OF COUNTY*<br>EMPLOYEE/OFFICIAL<br>AND JOB TITLE | RELATIONSHIP TO<br>COUNTY*<br>EMPLOYEE/OFFICIAL | COUNTY*<br>EMPLOYEE'S/OFFICIAL'S<br>DEPARTMENT |
|-------------------------------------|---|---|--|
| N/A                                 |   |   |  |
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- ☐ Yes ☐ No Is the County employee(s) noted above involved in any way with the business in performance of the contract?

Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

|  |                                      |  |   |  |   |                                |
|--|--------------------------------------|--|---|--|---|--------------------------------|
| <b>Business Entity Type (Please select one)</b>                  |                                      |  |   |  |   |                                |
| <input type="checkbox"/> Sole Proprietorship                     | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Corporation      | <input type="checkbox"/> Trust             | <input checked="" type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Other |
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| <input type="checkbox"/> MBE                                     | <input type="checkbox"/> WBE         | <input type="checkbox"/> SBE                       | <input type="checkbox"/> PBE              | <input type="checkbox"/> VET               | <input type="checkbox"/> DVET                               | <input type="checkbox"/> ESB   |
| Minority Business Enterprise                                     | Women-Owned Business Enterprise      | Small Business Enterprise                          | Physically Challenged Business Enterprise | Veteran Owned Business                     | Disabled Veteran Owned Business                             | Emerging Small Business        |
|  |                                      |  |   |  |   |                                |
| <b>Number of Clark County Nevada Residents Employed:</b>         |                                      |  |   | 0000                                       |   |                                |
|  |                                      |  |   |  |   |                                |
| <b>Corporate/Business Entity Name:</b>                           |                                      | North Country Healthcare, Inc                      |   |  |   |                                |
| <b>(Include d.b.a., if applicable)</b>                           |                                      |  |   |  |   |                                |
| <b>Street Address:</b>   |                                      | 1510 Stockton Hill Road                            |   | <b>Website:</b> northcountryhealthcare.org |   |                                |
|  |                                      | Kingman, AZ 86401                                  |   | <b>POC Name:</b> Elizabeth Markona         |   |                                |
| <b>City, State and Zip Code:</b>                                 |                                      |  |   | <b>Email:</b> emarkona@nchcaz.org          |   |                                |
| <b>Telephone No:</b>   |                                      | 928-522-9438                                       |   | <b>Fax No:</b> 928-522-9439                |   |                                |
| <b>Nevada Local Street Address:</b>                              |                                      | N/A  |   | <b>Website:</b>                            |   |                                |
| <b>(If different from above)</b>                                 |                                      |  |   |  |   |                                |
| <b>City, State and Zip Code:</b>                                 |                                      |  |   | <b>Local Fax No:</b>                       |   |                                |
| <b>Local Telephone No:</b>                                       |                                      |  |   | <b>Local POC Name:</b>                     |   |                                |
|  |                                      |  |   | <b>Email:</b>                              |   |                                |

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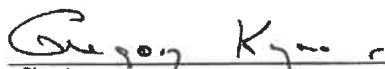
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| Full Name              | Title | % Owned<br>(Not required for Publicly Traded<br>Corporations/Non-profit organizations) |
|------------------------|-------|--|
| Please see attachment. |       |  |
|                        |       |  |
|                        |       |  |
|                        |       |  |

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☐ Yes ☒ No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

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 \_\_\_\_\_  
 Signature

Gregory Kuzma  
 \_\_\_\_\_  
 Print Name

Chief Financial Officer  
 \_\_\_\_\_  
 Title

2/16/2022  
 \_\_\_\_\_  
 Date

## DISCLOSURE OF RELATIONSHIP

List any disclosures below:    N/A  
(Mark N/A, if not applicable.)

| NAME OF BUSINESS<br>OWNER/PRINCIPAL | NAME OF COUNTY*<br>EMPLOYEE/OFFICIAL<br>AND JOB TITLE | RELATIONSHIP TO<br>COUNTY*<br>EMPLOYEE/OFFICIAL | COUNTY*<br>EMPLOYEE'S/OFFICIAL'S<br>DEPARTMENT |
|-------------------------------------|---|---|--|
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**For County Use Only:**

If any Disclosure of Relationship is noted above, please complete the following:

☐ Yes ☐ No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?

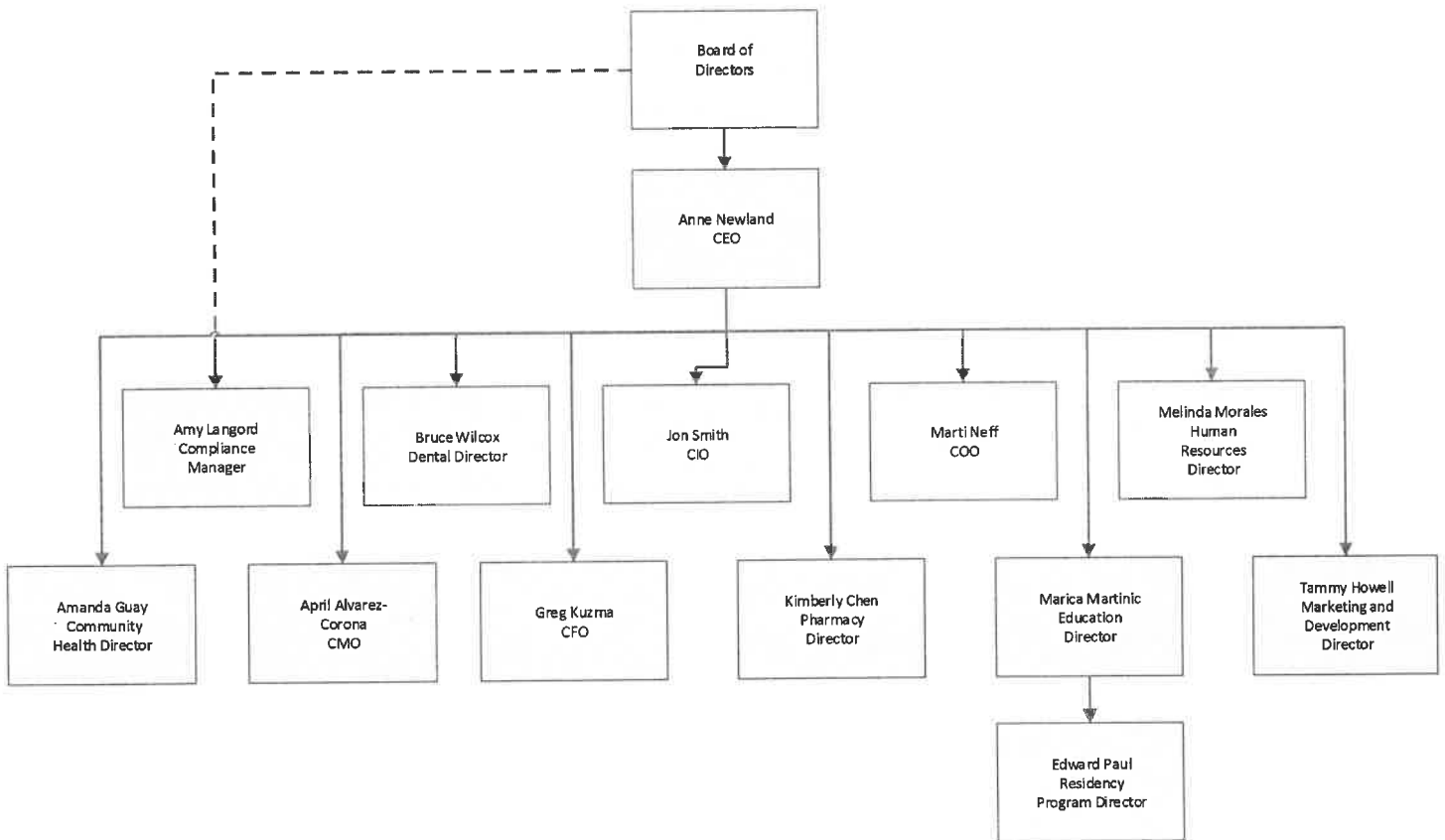
☐ Yes ☐ No Is the County employee(s) noted above involved in any way with the business in performance of the contract?

Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

**North Country HealthCare  
Management Team**  
September 15, 2021



## DISCLOSURE OF OWNERSHIP/PRINCIPALS

|   |                                      |  |   |   |   |                                |
|---|--------------------------------------|--|---|---|---|--------------------------------|
| <b>Business Entity Type (Please select one)</b>   |                                      |  |   |   |   |                                |
| <input type="checkbox"/> Sole Proprietorship  | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Corporation      | <input type="checkbox"/> Trust  | <input checked="" type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Other |
| <b>Business Designation Group (Please select all that apply)</b>  |                                      |  |   |   |   |                                |
| <input type="checkbox"/> MBE  | <input type="checkbox"/> WBE         | <input type="checkbox"/> SBE                       | <input type="checkbox"/> PBE              | <input type="checkbox"/> VET  | <input type="checkbox"/> DVET                               | <input type="checkbox"/> ES8   |
| Minority Business Enterprise  | Women-Owned Business Enterprise      | Small Business Enterprise                          | Physically Challenged Business Enterprise | Veteran Owned Business  | Disabled Veteran Owned Business                             | Emerging Small Business        |
| <br>  |                                      |  |   |   |   |                                |
| <b>Number of Clark County Nevada Residents Employed:</b> <span style="font-size: 1.5em;">2</span>                                       |                                      |  |   |   |   |                                |
| <b>Corporate/Business Entity Name:</b> <span style="font-family: cursive;">Southern Nevada AIDS Research &amp; Education Society</span> |                                      |  |   |   |   |                                |
| <b>(include d.b.a., if applicable)</b> <span style="font-family: cursive;">Nevada AIDS Research &amp; Education Society</span>          |                                      |  |   |   |   |                                |
| <b>Street Address:</b> <span style="font-family: cursive;">201 Shadow Ln</span>   |                                      |  |   | <b>Website:</b> <span style="font-family: cursive;">NA</span>             |   |                                |
| <b>City, State and Zip Code:</b> <span style="font-family: cursive;">Las Vegas, NV 89106</span>   |                                      |  |   | <b>POC Name:</b>  |   |                                |
| <b>Telephone No:</b> <span style="font-family: cursive;">702 384.9101</span>  |                                      |  |   | <b>Email:</b> <span style="font-family: cursive;">jerrycode@me.com</span> |   |                                |
| <b>Nevada Local Street Address:</b> <span style="font-family: cursive;">(Same)</span>   |                                      |  |   | <b>Fax No:</b> <span style="font-family: cursive;">702 384.9109</span>    |   |                                |
| <b>(if different from above)</b>  |                                      |  |   | <b>Website:</b>   |   |                                |
| <b>City, State and Zip Code:</b>  |                                      |  |   | <b>Local Fax No:</b>  |   |                                |
| <b>Local Telephone No:</b>  |                                      |  |   | <b>Local POC Name:</b>  |   |                                |
|   |                                      |  |   | <b>Email:</b>   |   |                                |

All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business entity appearing before the Board.

Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s).

Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

| Full Name  | Title  | % Owned<br>(Not required for Publicly Traded Corporations/Non-profit organizations) |
|--|--|---|
| <span style="font-family: cursive;">Jim Christensen</span> | <span style="font-family: cursive;">President</span> |   |
| <span style="font-family: cursive;">Jerry Code</span>      | <span style="font-family: cursive;">Secretary</span> |   |
| <span style="font-family: cursive;">John Ellerton</span>   | <span style="font-family: cursive;">Treasurer</span> |   |

**This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?**

☐ Yes ☒ No

1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

☐ Yes ☒ No


(If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)

2. Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

☐ Yes ☒ No

(If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

|   |   |
|---|---|
|  | <span style="font-family: cursive;">Jerry Code, MD</span> |
| <b>Signature</b>  | <b>Print Name</b>   |
| <span style="font-family: cursive;">Executive Director</span>                       | <span style="font-family: cursive;">2/17/2022</span>      |
| <b>Title</b>  | <b>Date</b>   |

## DISCLOSURE OF RELATIONSHIP

List any disclosures below:  
(Mark N/A, if not applicable.)

| NAME OF BUSINESS<br>OWNER/PRINCIPAL | NAME OF COUNTY*<br>EMPLOYEE/OFFICIAL<br>AND JOB TITLE | RELATIONSHIP TO<br>COUNTY*<br>EMPLOYEE/OFFICIAL | COUNTY*<br>EMPLOYEE'S/OFFICIAL'S<br>DEPARTMENT |
|-------------------------------------|---|---|--|
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|                                     |   |   |  |

\* County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

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- ☐ Yes ☐ No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?
- ☐ Yes ☐ No Is the County employee(s) noted above involved in any way with the business in performance of the contract?

Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

|   |                                      |   |   |                                 |  |                                |
|---|--------------------------------------|---|---|---------------------------------|--|--------------------------------|
| <b>Business Entity Type (Please select one)</b>                         |                                      |   |   |                                 |  |                                |
| <input type="checkbox"/> Sole Proprietorship                            | <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Corporation      | <input type="checkbox"/> Trust  | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Other |
| <b>Business Designation Group (Please select all that apply)</b>        |                                      |   |   |                                 |  |                                |
| <input checked="" type="checkbox"/> MBE                                 | <input type="checkbox"/> WBE         | <input type="checkbox"/> SBE                                  | <input type="checkbox"/> PBE              | <input type="checkbox"/> VET    | <input type="checkbox"/> DVET                    | <input type="checkbox"/> ESB   |
| Minority Business Enterprise  | Women-Owned Business Enterprise      | Small Business Enterprise                                     | Physically Challenged Business Enterprise | Veteran Owned Business          | Disabled Veteran Owned Business                  | Emerging Small Business        |
|   |                                      |   |   |                                 |  |                                |
| <b>Number of Clark County Nevada Residents Employed:</b>                |                                      |   |   | 5                               |  |                                |
|   |                                      |   |   |                                 |  |                                |
| <b>Corporate/Business Entity Name:</b>                                  |                                      | Horizon Ridge Clinic, LLC                                     |   |                                 |  |                                |
| <b>(Include d.b.a., if applicable)</b>                                  |                                      |   |   |                                 |  |                                |
| <b>Street Address:</b>  |                                      | 1670 E Flamingo Road, Suite A                                 |   | <b>Website:</b> www.hrcl.org    |  |                                |
| <b>City, State and Zip Code:</b>  |                                      | Las Vegas, Nevada 89119                                       |   | <b>POC Name:</b> Bruce Eddins   |  |                                |
|   |                                      |   |   | <b>Email:</b> b.eddins@hrcl.org |  |                                |
| <b>Telephone No:</b>  |                                      | (702) 489-2889  |   | <b>Fax No:</b> (702) 780-0755   |  |                                |
| <b>Nevada Local Street Address:</b><br><b>(If different from above)</b> |                                      |   |   | <b>Website:</b>                 |  |                                |
| <b>City, State and Zip Code:</b>  |                                      |   |   | <b>Local Fax No:</b>            |  |                                |
| <b>Local Telephone No:</b>  |                                      |   |   | <b>Local POC Name:</b>          |  |                                |
|   |                                      |   |   | <b>Email:</b>                   |  |                                |

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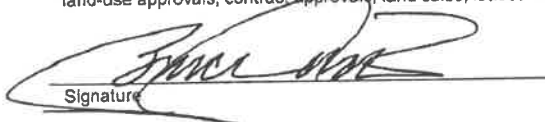
Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

| Full Name    | Title         | % Owned<br>(Not required for Publicly Traded Corporations/Non-profit organizations) |
|--------------|---------------|---|
| Bruce Eddins | Administrator | 100%  |
|              |               |   |
|              |               |   |

**This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?** ☐ Yes ☒ No

- Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?  
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☒ Yes ☐ No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

  
 Signature  
 Administrator  
 Title

Bruce Eddins  
 Print Name

February 16, 2022  
 Date

## DISCLOSURE OF RELATIONSHIP

**List any disclosures below:**  
(Mark N/A, if not applicable.)

| NAME OF BUSINESS OWNER/PRINCIPAL | NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE | RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL | COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT |
|----------------------------------|---|---|--|
| Bruce Eddins                     | Vivian Eddins, Investigator                     | sister-in-law                             | Business License Department              |
|                                  |   |   |  |
|                                  |   |   |  |
|                                  |   |   |  |
|                                  |   |   |  |
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|                                  |   |   |  |
|                                  |   |   |  |

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- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

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☐ Yes ☐ No Is the County employee(s) noted above involved in any way with the business in performance of the contract?

Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative



## DISCLOSURE OF OWNERSHIP/PRINCIPALS

|  |                                      |  |   |  |   |                                |
|--|--------------------------------------|--|---|--|---|--------------------------------|
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| <b>Business Designation Group (Please select all that apply)</b>           |                                      |  |   |  |   |                                |
| <input type="checkbox"/> MBE   | <input type="checkbox"/> WBE         | <input type="checkbox"/> SBE                       | <input type="checkbox"/> PBE              | <input type="checkbox"/> VET                     | <input type="checkbox"/> DVET                               | <input type="checkbox"/> ESB   |
| Minority Business Enterprise   | Women-Owned Business Enterprise      | Small Business Enterprise                          | Physically Challenged Business Enterprise | Veteran Owned Business                           | Disabled Veteran Owned Business                             | Emerging Small Business        |
|  |                                      |  |   |  |   |                                |
| <b>Number of Clark County Nevada Residents Employed:</b>                   |                                      |  |   | 3,482  |   |                                |
|  |                                      |  |   |  |   |                                |
| <b>Corporate/Business Entity Name:</b> Dignity Health - St. Rose Dominican |                                      |  |   |  |   |                                |
| <b>(Include d.b.a., if applicable)</b>                                     |                                      |  |   |  |   |                                |
| <b>Street Address:</b>   |                                      | 3001 St. Rose Parkway                              |   | <b>Website:</b> www.dignityhealth.org/las-vegas/ |   |                                |
| <b>City, State and Zip Code:</b>   |                                      | Henderson, NV 89052                                |   | <b>POC Name:</b> Jon Van Boening                 |   |                                |
|  |                                      |  |   | <b>Email:</b> jon.vanboening@commonspirit.org    |   |                                |
| <b>Telephone No:</b>   |                                      | 702-616-5000                                       |   | <b>Fax No:</b> 602-230-3097                      |   |                                |
| <b>Nevada Local Street Address:</b>  |                                      |  |   | <b>Website:</b>                                  |   |                                |
| <b>(If different from above)</b>   |                                      |  |   |  |   |                                |
| <b>City, State and Zip Code:</b>   |                                      |  |   | <b>Local Fax No:</b>                             |   |                                |
| <b>Local Telephone No:</b>   |                                      |  |   | <b>Local POC Name:</b>                           |   |                                |
|  |                                      |  |   | <b>Email:</b>                                    |   |                                |

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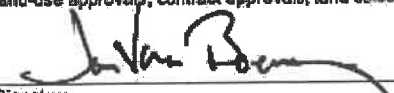
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| Full Name         | Title | % Owned<br>(Not required for Publicly Traded Corporations/Non-profit organizations) |
|-------------------|-------|---|
| See attached list |       |   |
|                   |       |   |
|                   |       |   |
|                   |       |   |

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☐ Yes ☒ No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

  
 Signature  
 Nevada Market Leader and President, Siena  
 Title

Jon Van Boening  
 Print Name

2/25/22  
 Date

## DISCLOSURE OF RELATIONSHIP

List any disclosures below:  
(Mark N/A, if not applicable.)

| NAME OF BUSINESS<br>OWNER/PRINCIPAL | NAME OF COUNTY*<br>EMPLOYEE/OFFICIAL<br>AND JOB TITLE | RELATIONSHIP TO<br>COUNTY*<br>EMPLOYEE/OFFICIAL | COUNTY*<br>EMPLOYEE'S/OFFICIAL'S<br>DEPARTMENT |
|-------------------------------------|---|---|--|
| N/A                                 |   |   |  |
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|                                     |   |   |  |

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- ☐ Yes ☐ No Is the County employee(s) noted above involved in any way with the business in performance of the contract?

Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

## **Dignity Health – St. Rose Dominican Board of Directors**

Maggie Arias-Petrel, Chair

Mark Wiley, Vice Chair

Cynthia Cammack

Patricia Dulka

Patrick Hays

Saville Kellner

Sean McBurney

Shaundell Newsome

John Oh, MD

Timothy Sauter, MD

Dr. Irena Vitkovitsky

Dr. Kate Zhong