

## 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 checked="" 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> <span style="float: right;">7</span>						
<b>Corporate/Business Entity Name:</b> 180 Community Wellness Centers, LLC						
<b>(Include d.b.a., if applicable)</b>						
<b>Street Address:</b>		4344 W. Cheyenne Avenue		<b>Website:</b> 180CWC.COM		
<b>City, State and Zip Code:</b>		North Las Vegas, Nevada 89032		<b>POC Name:</b> Ericka Severs		
				<b>Email:</b> ESEVERS@180CWC.COM		
<b>Telephone No:</b>		702.675.6314		<b>Fax No:</b> 702.476.9697		
<b>Nevada Local Street Address:</b> <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 (Not required for Publicly Traded Corporations/Non-profit organizations)
Ericka Severs	CEO	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)?  
 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.

  
 \_\_\_\_\_  
 Signature

Ericka Severs  
 \_\_\_\_\_  
 Print Name

CEO  
 \_\_\_\_\_  
 Title

01.28.2026  
 \_\_\_\_\_  
 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
N/A	N/A	N/A	N/A

\* 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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- 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 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 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>					62	
<b>Corporate/Business Entity Name:</b> AppleGrove Treatment Center, LLC						
<b>(Include d.b.a., if applicable)</b> Apple Grove Foster Care Agency						
<b>Street Address:</b> 3155 E. Patrick Lane #1			<b>Website:</b> www.applegrovefostercare.com			
<b>City, State and Zip Code:</b> Las Vegas NV, 89120			<b>POC Name:</b> Icia Sandulak			
			<b>Email:</b> icia@applegrovefostercare.com			
<b>Telephone No:</b> 702-992-0576			<b>Fax No:</b> 702-992-0391			
<b>Nevada Local Street Address:</b> (If different from above) N/A			<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).

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
ICIA SANDULAK	MANAGING MEMBER	50%
JASON SANDULAK	MANAGING MEMBER	50%

*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.)
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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.

	ICIA SANDULAK
Signature	Print Name
EXECUTIVE DIRECTOR	1/28/2026
Title	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
N/A			

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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 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>					68	
<b>Corporate/Business Entity Name:</b>		Bamboo Sunrise, LLC				
<i>(Include d.b.a., if applicable)</i>						
<b>Street Address:</b>		98 East Lake Mead Parkway		<b>Website:</b> www.bamboosunrise.net		
<b>City, State and Zip Code:</b>		Suite 201 Henderson, NV 89015		<b>POC Name:</b> Shirley Holdeman, CEO		
				<b>Email:</b> Shirleyh@bamboosunrise.net		
<b>Telephone No:</b>		702-433-3038		<b>Fax No:</b>		
<b>Nevada Local Street Address:</b>		98 East Lake Mead Parkway   Suite 201		<b>Website:</b> www.bamboosunrise.net		
<i>(If different from above)</i>						
<b>City, State and Zip Code:</b>		Henderson, NV 89015		<b>Local Fax No:</b>		
<b>Local Telephone No:</b>		702-433-3038		<b>Local POC Name:</b> Michael Flynn, Director		
				<b>Email:</b> Michael@bamboosunrise.net		

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Shirley Lim Holdeman	Chief Executive Officer	100

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Shirley Lim Holdeman Digitally signed by Shirley Lim Holdeman  
Date: 2026.02.02 09:37:06 -08'00'  
 Signature  
 CEO  
 Title

Shirley Lim Holdeman  
 Print Name  
 2/2/2026  
 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
N/A			

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Notes/Comments:

\_\_\_\_\_  
Signature

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

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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>					204	
<b>Corporate/Business Entity Name:</b>			Eagle Quest			
<i>(Include d.b.a., if applicable)</i>						
<b>Street Address:</b>		3680 N Rancho Dr		<b>Website:</b> Eaglequestservices.org		
<b>City, State and Zip Code:</b>		Las Vegas, Nv, 89130		<b>POC Name:</b> David Doyle		
				<b>Email:</b> DDoyle@eaglequest.us.com		
<b>Telephone No:</b>		7026465437		<b>Fax No:</b> 7023964193		
<b>Nevada Local Street Address:</b> <i>(If different from above)</i>				<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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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Ivan Ray Tippetts	CEO	49%
Leslie Jean Tippetts	Treasurer	51%

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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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 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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	Ivan Ray Tippetts
Signature	Print Name
CEO	1/28/2026
Title	Date

## DISCLOSURE OF RELATIONSHIP

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(Mark N/A, if not applicable.)

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n/a			

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Notes/Comments:

\_\_\_\_\_  
Signature

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

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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>					6	
<b>Corporate/Business Entity Name:</b>		National Youth Advocate Program				
<i>(Include d.b.a., if applicable)</i>						
<b>Street Address:</b>		1801 Watermark Drive; Suite 200		<b>Website:</b> NYAP.org		
<b>City, State and Zip Code:</b>		Columbus, Ohio 43215		<b>POC Name:</b> Reyhad Kazmi		
				<b>Email:</b> rkazmi@nyap.org		
<b>Telephone No:</b>		1-877-692-7226		<b>Fax No:</b>		
<b>Nevada Local Street Address:</b>		500 N. Rainbow Blvd., Suite 300		<b>Website:</b> NYAP.org		
<i>(If different from above)</i>						
<b>City, State and Zip Code:</b>		Las Vegas, Nevada 89107		<b>Local Fax No:</b>		
<b>Local Telephone No:</b>		725-230-0141		<b>Local POC Name:</b> Kristin Tordoff		
				<b>Email:</b> ktordoff@nyap.org		

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N/A		

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Kristin Tordoff	Digitally signed by Kristin Tordoff Date: 2026.01.29 07:38:31 -0800'	Kristin Tordoff
Signature		Print Name
Executive Director, Nevada		1/29/2026
Title		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
N/A			

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Notes/Comments:

**Kristin Tordoff** Digitally signed by Kristin Tordoff  
Date: 2026.01.29 07:38:20 -0800

Signature

Kristin Tordoff

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>					19	
<b>Corporate/Business Entity Name:</b> Olive Crest						
<b>(Include d.b.a., if applicable)</b>						
<b>Street Address:</b>		2130 E. Fourth St.		<b>Website:</b> www.olivecrest.org		
<b>City, State and Zip Code:</b>		Santa Ana, CA 92705		<b>POC Name:</b> Donald Verleur, Chief Executive Officer		
				<b>Email:</b> ceo@olivecrest.org		
<b>Telephone No:</b>		714-543-5437		<b>Fax No:</b> 714-543-5463		
<b>Nevada Local Street Address:</b>		4285 North Rancho Dr., Ste. 160		<b>Website:</b> www.olivecrest.org		
<b>(If different from above)</b>						
<b>City, State and Zip Code:</b>		Las Vegas, NV 89130		<b>Local Fax No:</b> 702-851-8528		
<b>Local Telephone No:</b>		702-685-3459		<b>Local POC Name:</b> Jimmy Monaghan, Executive Director		
				<b>Email:</b> jimmy-monaghan@olivecrest.org		

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Donald Verleur	President/CEO	
Kristan Livingston	Treasurer/CFO	
Kathryn Jones	Secretary	

**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.

	Donald Verleur
Signature	Print Name
CEO	1/28/26
Title	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
N/A			

\* 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)

**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>					28	
<b>Corporate/Business Entity Name:</b>		Rite of Passage Adolescent Treatment Centers and Schools, Inc.				
<b>(Include d.b.a., if applicable)</b>						
<b>Street Address:</b>		2560 Business Parkway Ste. B		<b>Website:</b> www.riteofpassage.com		
<b>City, State and Zip Code:</b>		Minden, NV 89423		<b>POC Name:</b> Jennifer Stoops		
				<b>Email:</b> jennifer.stoops@rop.com		
<b>Telephone No:</b>		(775) 392-2659		<b>Fax No:</b> (775) 392-2443		
<b>Nevada Local Street Address:</b>		800 E. Charleston Blvd.		<b>Website:</b> theembracingproject.org		
<b>(If different from above)</b>						
<b>City, State and Zip Code:</b>		Las Vegas, NV 89104		<b>Local Fax No:</b> (775) 267-9420		
<b>Local Telephone No:</b>		(702) 463-6929		<b>Local POC Name:</b> makaya Swain		
				<b>Email:</b> makaya.swain@rop.com		

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).

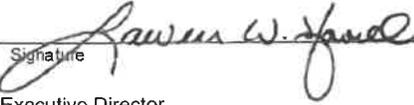
Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
See ATCS Board Contact List Attached		0% ownership, as it's a non-profit 501(c)3
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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  
 Executive Director  
 \_\_\_\_\_  
 Title

Lawrence W. Howell  
 \_\_\_\_\_  
 Print Name  
 2/10/2026  
 \_\_\_\_\_  
 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
N/A			

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

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- 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 any way with the business in performance of the contract?

Notes/Comments:

\_\_\_\_\_  
Signature

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



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## **ATCS BOARD OF DIRECTORS**

**Dr. John Sutton**  
President Chairperson  
620 Sierra Rose Dr  
Reno, NV 89511  
Office:(775)323-1680  
Cell:(775)742-6823  
Fax:(775)323-2119  
Email: drjh@sbcglobal.net

**Stephon Jefferson**  
Vice President Chairperson  
978 Croston Springs Dr  
Sparks, NV 89436  
Cell: (814)615-8288  
Email:  
Stephon25@outlook.com

**Vicky Sauer-Lamb**  
Treasurer  
1795 Caughlin Creek Rd  
Reno, NV 89519  
Home:(775)392-0825  
Cell:(775)721-2187  
Email:  
woolly2306@charter.net

**Kimberly Anastassatos-  
Welker**  
Secretary  
1200 Chance Lane  
Reno, NV 89521  
Cell: (775) 233-7205  
Email: kwelker@unr.edu  
kimanastassa-  
tos@yahoo.com

**Debby Liberman**  
Member  
1694 Mackland Ave.  
Minden, NV 89423  
Cell: (530) 515-5555  
Email:  
debby.kamali@gmail.com

**Regina Ford**  
Member  
507 E. Adams Ave.  
Orange, CA 92867  
Cell: (775)230-5660 Email:  
reginaford@rocketmail.com

## **ATCS BOARD CONSULTANTS**

**Fernando Serrano**  
Board Monitor  
1340 Thompson St.  
Carson City, NV 89703  
Office: (775) 883-6999  
Cell: (775) 881-8826  
Email: 4fserrano@gmail.com

**Ernie Adler**  
Legal Consultant  
412 N. Division Street  
Carson City, NV 89703  
Office: (775) 883-5149  
Fax: (775) 882-6114  
Email:  
Eadler.kja@pyramid.net

## **ATCS MANAGEMENT**

**Ski Broman**  
Chief Executive Officer  
Work:(775)392-2612  
Cell:(775)721-2970  
Email: ski.broman@rop.com

**Lawrence Howell**  
Chief Administrative Officer/  
Executive Director  
Work:(775)267-9411  
Cell:(775)721-2972  
Email:  
lawrence.howell@rop.com

**CJ Bower**  
Chief Financial Officer  
Work:(775)267-9411  
Cell:(775)720-4643  
Email: cjbower@rop.com

**Jennifer Stoops**  
Corporate Business  
Manager  
Work:(775)392-2659  
Email:  
Jennifer.stoops@rop.com

RITE OF PASSAGE ADOLESCENT TREATMENT CENTERS AND SCHOOLS IS A NON-  
PROFIT ORGANIZATION; THEREFORE, THE BOARD HAS 0 (ZERO) PERCENT OF DIRECT  
AND/OR INDIRECT OWNERSHIP.

**RITE OF PASSAGE ADOLESCENT TREATMENT CENTERS AND SCHOOLS, INC.**

*"Dedicated to Improving the Lives of Youth"*

2560 BUSINESS PARKWAY, SUITE B • MINDEN, NV 89423 • 775-267-9411 • FAX 775-267-9420

---

## 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> 42 full-time, 1 part-time, 5 PRN, 3 interns						
<b>Corporate/Business Entity Name:</b>		Specialized Alternatives for Families and Youth of Nevada, Inc.				
<b>(Include d.b.a., if applicable)</b>						
<b>Street Address:</b>		4285 N. Rancho Dr, Suite 130		<b>Website:</b> www.safy.org/safy-of-nevada		
<b>City, State and Zip Code:</b>		Las Vegas, NV 89130		<b>POC Name:</b> Anya Earl earla@safy.org		
				<b>Email:</b> safygrants@safy.org		
<b>Telephone No:</b>		702-385-5331		<b>Fax No:</b>		
<b>Nevada Local Street Address:</b>		SAME		<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 (Not required for Publicly Traded Corporations/Non-profit organizations)
James Pozy, Board Chairperson	Cathy Desenberg, Executive Assistant	
Charmaine Brittain, Vice-Chairperson	Nathan Leonhard, Treasurer and Chief of Finance and Business Administration	
William Matt, President CEO		

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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	Anya Earl Print Name
Executive Director	1/28/2026 Date
Title	

## 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
N/A	N/A	N/A	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

Anya Earl  
 \_\_\_\_\_  
 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 type="checkbox"/> MBE	<input checked="" 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: 5</b>						
<b>Corporate/Business Entity Name:</b>		Sandria LLC				
<b>(Include d.b.a., if applicable)</b>						
<b>Street Address:</b>		10439 Stroma		<b>Website:</b> sandriafostercare.org		
<b>City, State and Zip Code:</b>		Las Vegas, Nevada 89166		<b>POC Name:</b> Latoya Wilson		
				<b>Email:</b> sandriallc@yahoo.com		
<b>Telephone No:</b>		702-806-3837		<b>Fax No:</b>		
<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 (Not required for Publicly Traded Corporations/Non-profit organizations)
Latoya Wilson	CEO	100
Antionna Bland Wilson	Member	

**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 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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 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	Latoya Wilson _____ Print Name
CEO _____ Title	1/28/2026 _____ 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
N/A			

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

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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 type="checkbox"/> MBE	<input checked="" type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> OVET	<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> 47						
<b>Corporate/Business Entity Name:</b> <u>Shining Star Community Services, LLC</u>						
<b>(Include d.b.a., if applicable)</b> <u>Shining Star</u>						
<b>Street Address:</b> <u>4580 S. Eastern Ave #33</u>				<b>Website:</b> <u>www.shiningstarlv.com</u>		
<b>City, State and Zip Code:</b> <u>Las Vegas, NV 89119</u>				<b>POC Name:</b> <u>Diana Wade</u>		
<b>Telephone No:</b> <u>702-982-7827</u>				<b>Email:</b> <u>BUGGY4DF@AOL.COM</u>		
<b>Nevada Local Street Address:</b> <u>SAME</u>				<b>Website:</b> <u>SAME</u>		
<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 (Not required for Publicly Traded Corporations/Non-profit organizations)
<u>Diana Wade</u>	<u>CEO / Managing Member</u>	<u>100%</u>

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<u>[Signature]</u>	<u>Diana Wade</u>
Signature	Print Name
<u>CEO / Managing Member</u>	<u>11/28/2026</u>
Title	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
None			

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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

<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>					85	
<b>Corporate/Business Entity Name:</b>		St. Jude's Ranch for Children-Nevada Region				
<i>(Include d.b.a., if applicable)</i>						
<b>Street Address:</b>		200 Wilson Circle		<b>Website:</b> www.stjudesranch.org		
<b>City, State and Zip Code:</b>		Boulder City, NV 89005		<b>POC Name:</b> Christina Vela		
				<b>Email:</b> cvela@stjudesranch.org		
<b>Telephone No:</b>		702-294-7100		<b>Fax No:</b>		
<b>Nevada Local Street Address:</b>				<b>Website:</b>		
<i>(If different from above)</i>						
<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 (Not required for Publicly Traded Corporations/Non-profit organizations)
<b>NON-PROFIT ENTITY</b>		
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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.

Dr. Christina Vela, DPP Digitally signed by Dr. Christina Vela, DPP  
Date: 2025.01.25 10:41:32 -08'00'  
 \_\_\_\_\_  
 Signature

CEO  
 \_\_\_\_\_  
 Title

Dr. Christina Vela, DPP  
 \_\_\_\_\_  
 Print Name

1/28/2026  
 \_\_\_\_\_  
 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
N/A			

\* 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)

**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