

## 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 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> 9						
<b>Corporate/Business Entity Name:</b>		F.A.S.T.T. INC.				
<b>(Include d.b.a., if applicable)</b>		N/A.				
<b>Street Address:</b>		6871 W. Charleston		<b>Website:</b> www.fastnv.org.		
<b>City, State and Zip Code:</b>		Lv, NV. 89117.		<b>POC Name:</b> Lisa Montero		
				<b>Email:</b> info@fastnv.org.		
<b>Telephone No:</b>		702-333-1988		<b>Fax No:</b> 702-489-4049		
<b>Nevada Local Street Address:</b>				<b>Website:</b>		
<b>(If different from above)</b>		Same as above.		Same as above.		
<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)
Matthew Hoyt	President	N/A
Linda Joyce	Secretary	N/A
Joan Mulholland	Treasurer	N/A
Reggie Joyce	Executive Director	N/A

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  
 Executive Director  
 Title

Reggie Joyce  
 Print Name  
 2/25/25  
 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)

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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 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> 29						
<b>Corporate/Business Entity Name:</b> Hard Knox Rehabilitation And Mentoring Services (RAMS) Corp.						
<b>(Include d.b.a., if applicable)</b>						
<b>Street Address:</b> 7473 W Lake Mead Blvd. Suite # 100			<b>Website:</b> www.hardknoxcorp.com/			
<b>City, State and Zip Code:</b> Las Vegas, NV 89128			<b>POC Name:</b> Vance Knox			
			<b>Email:</b> HARDKNOXRAMSCORP@GMAIL.COM			
<b>Telephone No:</b> (702) 562-1288			<b>Fax No:</b> (702) 820-1983			
<b>Nevada Local Street Address:</b> same as above			<b>Website:</b> same as above			
<b>(If different from above)</b>						
<b>City, State and Zip Code:</b> same as above			<b>Local Fax No:</b> same as above			
<b>Local Telephone No:</b> same as above			<b>Local POC Name:</b> same as above			
			<b>Email:</b> same as above			

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)
Vance Knox	President	100%
N/A	N/A	N/A
N/A	N/A	N/A

**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.

  
 Signature  
 President  
 Title

Vance Knox  
 Print Name

2/25/25  
 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.

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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> <span style="font-size: 1.2em;">7</span>						
<b>Corporate/Business Entity Name:</b>		Iron Sharpens Iron Mentoring, Inc				
<b>(Include d.b.a., if applicable)</b>						
<b>Street Address:</b>		1300 S. Jones Blvd. Suite 150		<b>Website:</b> www.ironmentors.com		
<b>City, State and Zip Code:</b>		Las Vegas, Nv 89146		<b>POC Name:</b> Camellia Williams <b>Email:</b> cwilliams@ironmentors.com		
<b>Telephone No:</b>				<b>Fax No:</b>		
<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>		

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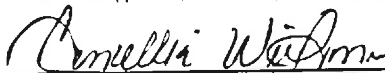
Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
See attachment		

**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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 Signature

Camellia Williams  
 Print Name

Program Director  
 Title

2/26/2025  
 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

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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



**IRON SHARPENS IRON MENTORING, INC  
BOARD OF DIRECTORS  
2023-2025**

<b>Name</b>	<b>Board Office</b>	<b>Telephone</b>	<b>Affiliation</b>
Hafeezah Majeed 2409 Las Verdes St. Las Vegas, NV 89102	Chair	(702) 651-4322	Health Care Senior Specialist DWED/CCSN
Gerald Butler 11069 Turlington LN Las Vegas, NV 89135	Treasurer	(702) 481-2887	City of Henderson
Yadira Breland 5697 S. Jones Blvd Ste Las Vegas, NV 89118	Secretary	(702) 274-4463	Farmers Insurance Owner & Agent
Gerald Robinson 5158 Blissful Valley Cir Las Vegas, NV 89149	Member	(702) 242-2268	School Counselor Clark County School
Rezella McDonald 354 Lyon Dr. Bookkeeping Henderson, NV 89074	Member	(800) 560-5139	President & CEO Mc Donald
Phillipe Fussell 4157 Boralko St Las Vegas, NV 89115	Member	(702) 630-2133	Counselor US. Vets

## 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:</b> 35						
<b>Corporate/Business Entity Name:</b>		Shining Star Community Services, LLC				
<b>(Include d.b.a., if applicable)</b>		Shining Star				
<b>Street Address:</b>		4580 S. Eastern Ave #33		<b>Website:</b> www.shiningstarlv.com		
<b>City, State and Zip Code:</b>		Las Vegas, NV 89119		<b>POC Name:</b> Diana Wade		
<b>Telephone No:</b>		702-882-7827		<b>Email:</b> Buggy4DIE@AOL.COM		
<b>Nevada Local Street Address:</b>		SAME		<b>Website:</b> SAME		
<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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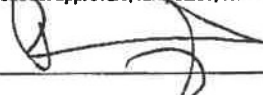
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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Diana Wade	CEO / OWNER	100%

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	Diana Wade
Signature	Print Name
CEO	11/3/25
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

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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>				12		
<b>Corporate/Business Entity Name:</b>		Solutions of Change				
<b>(Include d.b.a., if applicable)</b>						
<b>Street Address:</b>		2310 Paseo Del Prado Building A, Unit A101-03		<b>Website:</b> www.solutionsofchange.org		
<b>City, State and Zip Code:</b>		Las Vegas, NV 89102		<b>POC Name:</b> Lakiesha Oliver <b>Email:</b> <a href="mailto:executivedirector@solutionsofchange.org">executivedirector@solutionsofchange.org</a>		
<b>Telephone No:</b>		702-445-6937		<b>Fax No:</b>		
<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>		

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Dinisha Mingo	President	N/A - Nonprofit
Phyllis Johnson	Treasurer	N/A - Nonprofit
Charles Whitby II	Director	N/A - Nonprofit

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☐ Yes ☒ No

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 Signature  
 Deputy Executive Director  
 Title

Lakiesha Oliver  
 Print Name  
 2/27/2025  
 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

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
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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> 41 full-time, 3 PRN, 1 part-time, 2 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>		

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)
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		

**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 Executive Director Title	Anya Earl Print Name 2/25/2025 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.

"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

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 checked="" 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 checked="" 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>				13		
15						
<b>Corporate/Business Entity Name:</b>		Vegas Don Enterprises LLC				
<b>(Include d.b.a., if applicable)</b>		Hip Hop Entrepreneurship Program				
<b>Street Address:</b>		540 Fork Mesa Ct		<b>Website:</b> <a href="https://hhepacademy.com/">https://hhepacademy.com/</a>		
<b>City, State and Zip Code:</b>		Henderson, Nevada 89015		<b>POC Name:</b> Robert V. Strawder Jr.		
				<b>Email:</b> lasvegas@hhepacademy.com		
<b>Telephone No:</b>		702-810-5808		<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)
Robert V. Strawder Jr.	Owner and CEO	100%

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- 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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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.

*Robert V. Strawder Jr.*  
 Signature

Robert V. Strawder Jr.

Print Name

Owner and CEO

2/26/2025

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.

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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: 24</b>						
<b>Corporate/Business Entity Name:</b> Youth Advocate Programs (YAP), Inc.						
<b>(Include d.b.a., if applicable)</b>						
<b>Street Address:</b>		3899 North Front Street		<b>Website:</b> www.yapinc.org		
<b>City, State and Zip Code:</b>		Harrisburg, PA 17110		<b>POC Name:</b> Carla Powell		
				<b>Email:</b> dev@yapinc.org		
<b>Telephone No:</b>		334-324-7510		<b>Fax No:</b> 800-310-6712		
<b>Nevada Local Street Address:</b>		1515 E Tropicana Ave. Suite #200		<b>Website:</b> www.yapinc.org		
<b>(If different from above)</b>						
<b>City, State and Zip Code:</b>		Las Vegas, NV 89119		<b>Local Fax No:</b> 702.631.9251		
<b>Local Telephone No:</b>		702.631.9275		<b>Local POC Name:</b> Neosha Smith		
				<b>Email:</b> nsmith@yapinc.org		

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N/A		

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 Signature  
 Chief Executive Officer & President  
 Title

Gary Ivory  
 Print Name

12/26/2024  
 Date

## DISCLOSURE OF RELATIONSHIP

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(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

# Youth Advocate Programs, Inc.

## Board of Directors

### OFFICERS

#### CHAIRMAN OF THE BOARD

*Teddy Reese, Esq.*  
The Reese Firm, LLC  
1318 Stark Ave  
Columbus, GA 31906  
Term Ends: December 2027  
African American Male  
County of Residence: Muscogee

#### VICE-CHAIRMAN

*Juan Sepulveda*  
U.S. President's Special Advisor  
for Inclusive Excellence  
300 East Basse Road, Apt 2127  
San Antonio, TX 78209  
Term Ends: March 2027  
Hispanic Male  
County of Residence: Bexar

#### SECRETARY

*Janet Lincoln*  
Yavapai Co. Public Defender, Ret.  
14124 W. Circle Ridge Dr.  
Sun City West, AZ 8573-6101  
Term ends: March 2027  
Caucasian Female  
County of Residence: Yavapi

#### TREASURER

*Clarence Campbell*  
EVP, Director of Sales, Lendistry  
12441 Dipolma Drive  
Reisterstown, MD 21136  
Term Ends: March 2025  
African American Male  
County of Residence: Baltimore

### BOARD MEMBERS

*Kamia Brown*  
FL State Legislator  
720 Fortanini Circle  
Ocoee, FL 34761  
Term Ends: December 2027  
African American Female  
County of Residence: Orange

*Mamie Jackson Williams, M.A.*  
VP of Dev., Planned Parenthood of Washington DC  
9130 Cherrytree Dr.  
Alexandria, VA 22309  
Term Ends: December 2027  
African American Female  
County of Residence: Fairfax

*Mark Lester*  
Sr. VP, Wells Fargo Bank (Chicago)  
10905 Lorel Avenue  
Oak Lawn, IL 60452  
Term Ends: March 2025  
African American Male  
County of Residence: Cook

*Thomas Foster*  
KS District Court Judge, Retired  
12846 Sagamore Rd  
Leawood, KS 66209  
Term Ends: March 2025  
Caucasian Male  
County of Residence: Johnson

*Tracey Morant Adams, Ph.D.*  
Senior EVP, Renasant Bank  
124 Weatherly Way  
Pelham, AL 35124  
Term Ends: March 2025  
African American Female  
County of Residence: Shelby

*Sharon Arnold*  
Ret. Professor, Lebanon Valley College  
148 Cricket Lane  
Camp Hill, PA 17011  
Term Ends: December 2026  
Caucasian Female  
County of Residence: Cumberland

*William Wachob*  
Partner, The Campaign Group, Inc.  
5444 Waverly Ave.  
La Jolla, CA 92037  
Term Ends: February 2026  
Caucasian Male  
County of Residence: San Diego

*James Gee*  
Lobbyist  
30 Greenwood Ave  
Trenton, NJ 08611  
Term Ends: March 2025  
African American Male  
County of Residence: Mercer

*Heather Wenzel*  
Vice President, SaVida Health  
2849 White Hill Road  
Parishville, NY 13672  
Term ends: March 2027  
Caucasian Female  
County of Residence: St. Lawrence

*Stephen Ward*  
Principal  
Stephen Ward Consulting  
2909 N Harrison St  
Arlington, VA 22207  
Term Ends: March 2027  
Caucasian Male  
County of Residence: Arlington

*Husnah Khan*  
Student  
160 Billingsgate Ct  
Bloomfield Hills, MI 48301  
Term Ends: March 2025  
Arabic Female  
County of Residence: Oakland

*Shawn Saulsberry*  
CEO - Saulsberry Strategic Solutions, LLC.  
1010 Boopa Lane, Unit Apt. 204  
Mount Pleasant, SC 29464-5556  
Term Ends: June 2027  
African American Male  
County of Residence: Charleston

*Ellana Watson*  
Mental Health Technician, Jefferson Univ. Hospital  
6001 Dorcas Terrace  
Philadelphia, PA 19114  
Term Ends: March 2025  
African American Female  
County of Residence: Philadelphia