

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one) Mark Street Properties, LLC (owns 54.55% of the property.)						
<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
Business Designation Group (Please select all that apply)						
<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
Number of Clark County Nevada Residents Employed:						
Corporate/Business Entity Name: Mark Street Properties, LLC (Owns 54.55% of the property.)						
(Include d.b.a., if applicable) N/A						
Street Address: 50 S. Stephanie Street, Suite 202			Website: N/A			
City, State and Zip Code: Henderson, Nevada 89012			POC Name: Charles T. Cook, Esq.; ctc@juvlaw.com			
Telephone No: 702-699-7500			Email:			
Nevada Local Street Address: N/A			Fax No: 702-699-7555			
(If different from above)			Website:			
City, State and Zip Code:			Local Fax No:			
Local Telephone No:			Local POC Name:			
			Email:			

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)
The Larry & Neely Swanson Family Trust u/a/d May 24, 2009	_____	33.33% (of 54.55%)
The Shirley F. Swanson Trust FBO Timothy F. Swanson u/a/d June 12, 1974	_____	33.34% (of 54.55%)
David J. Swanson	_____	33.33% (of 54.55%)


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 University Medical Center of Southern Nevada full-time employee(s), or appointed/elected official(s)?

Yes No (If yes, please note that University Medical Center of Southern Nevada 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 University Medical Center of Southern Nevada 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 University Medical Center of Southern Nevada Governing Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

 Signature	Charles T. Cook, Esq. Print Name
Attorney	7-25-23 Date
Title	_____

DISCLOSURE OF RELATIONSHIP

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

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF UMC* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO UMC* EMPLOYEE/OFFICIAL	UMC* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
Mark Street Properties, LLC	N/A	N/A	N/A
The Larry & Neely Swanson Family Trust w/dtd May 24, 2009	N/A	N/A	N/A
The Shirley F. Swanson Trust FBO Timothy F. Swanson w/dtd June 12,	N/A	N/A	N/A
David J. Swanson	N/A	N/A	N/A

* UMC employee means an employee of University Medical Center of Southern Nevada

"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 UMC Use Only:

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

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

Yes No Is the UMC 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

Business Entity Type (Please select one) Richard & Joylin Vandenberg 1990 Living Trust (owns 45.45% of the property.)						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
Business Designation Group (Please select all that apply)						
<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
Number of Clark County Nevada Residents Employed:						
(There are no employees of the Trust.)						
Corporate/Business Entity Name:	Richard & Joylin Vandenberg 1990 Living Trust (owns 45.45% of the property)					
(Include d.b.a., if applicable)	N/A					
Street Address:	50 S. Stephanie Street, Suite 202			Website: N/A		
City, State and Zip Code:	Henderson, Nevada 89012			POC Name: Charles T. Cook, Esq.; ctc@juvlaw.com		
				Email:		
Telephone No:	702-699-7500			Fax No: 702-699-7555		
Nevada Local Street Address: (If different from above)	N/A			Website:		
City, State and Zip Code:				Local Fax No:		
Local Telephone No:				Local POC Name:		
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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Joylin J. Vandenberg	Co-Trustee	
Susan Vandenberg Bolton	Co-Trustee	
Richard P. Vandenberg	Co-Trustee	


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Yes No (If yes, please note that University Medical Center of Southern Nevada 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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 _____ Signature	Charles T. Cook, Esq. _____ Print Name
Attorney _____ Title	7-25-23 _____ Date

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(Mark N/A, if not applicable.)

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF UMC* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO UMC* EMPLOYEE/OFFICIAL	UMC* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
Richard & Joylin Vandenberg 1990 Living Trust	N/A	N/A	N/A
Joylin J. Vandenberg	N/A	N/A	N/A
Susan Vandenberg Bolton	N/A	N/A	N/A
Richard P. Vandenberg	N/A	N/A	N/A

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Print Name
Authorized Department Representative