		DISCEOSO	יתבי	DE CAAIL	ILIXO11	IF/FIXINOII AL	-0			
Business Entity Ty	pe (Please selec	t one)								
Ticolo _	Partnership	Limited Liability Company		Corporation	Trust	7 Non-Profit Organization		Other		
Business Designa	tion Group (Pleas	se select all that app	oly)			-			To an	
Пмве	□wbE	□SBE		PBE		VET	DVET		ESB	
Minority Business Enterprise	Women-Owned Business Enterprise	Small Busines Enterprise	ess Physically Challenged Business Enterprise			Veteran Owned Business	Disabled Veteran Owned Business Emerging Sma Business			
Number of Cla	ark County N	evada Residen	its En	nployed:			48			
Corporate/Busine	ss Entity Name:	AIDS Healthcare I	Founda	ation						
(Include d.b.a., if a										
Street Address:	ppilodatoj	6255 W. Sunset B	3lvd 21s	st Floor		Website: www.aidshe	alth.org			
City, State and Zip	Code:	Los Angeles, CA	90028			POC Name: Michael V Email: president(Veinstei	in		
		(323) 860-5301				Fax No:				
Telephone No:	-W-11	(020) 000-0001		-E-19-A	-	Website: www.aidshe	alth oro			
Nevada Local Stre	et Address:	3201 S. Maryland	l Parkw	ay, Ste 218		website: www.aiusile	ann.org	,		
(If different from a	bove)	. M. N. 100	0400				-		:*	
City, State and Zi	p Code:	Las Vegas, NV 89				ale Clasfield				
Local Telephone	No:	(702) 862-8075	Local POC Name: Nico Email: nico				nfield@ahf.org			
ciose corporations, i	Full Name	, annes again, sompa	, [Title	ships, and professional c		% Owne (Not required for Purporations/Non-prof	blicly Traded	
Michael Weinstein			Presid	dent			N/A			
See BOD list attac	hed						_			
	dual members, part	iclamation District full-ti	als, invo	olved in the bu bloyee(s), or a	siness entity ppointed/ele	/, a Clark County, Depart cted official(s)?	tment of			
Yes	Part I	If yes, please note that contracts, or other cont	t County	employee(s).	or appointe	d/elected official(s) may	not perfo	orm any work on pro	ofessional service	
eister grande	hild, grandparent, i oyee(s), or appointe	related to a Clark Cour ed/elected official(s)?	пту, шер	anment of Avi	allon, Olan	mestic partner, child, par County Detention Cente	,	•	, half-brother/half- clamation District	
Yes	7 No (If yes, please complete				rm on Page 2. If no, plea			-	
I certify under pena land-use approvals	Ity of perjury, that a , contract approvals	II of the information pro , land sales, leases or	ovided he exchang	erein is curren ges without the	it, complete e completed	and accurate. I also und disclosure form.	ierstand	that the Board will	not take action on	
	QX			Michael We	instein					
Signature				Print Name	2026	•				
Chief Executive C	ffice			1121	2028	,				
Title				Date						

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			
Water Reclamation District. "Consanguinity" is a relation "To the second degree of follows: • Spouse – Registere	ship by blood. "Affinity" is a reconsanguinity" applies to the	elationship by marriage.	
For County Use Only:			
•	noted above, please complete the fo	llowing:	
		e contracting/selection process for th	is 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 Michael Weinstein

Print Name Authorized Department Representative

AHF Board of Directors

William Arroyo, M.D

Curley Bonds, M.D

Steve Carlton

Condessa Curley, M.D

Cynthia Davis MPH

Agapito Diaz

Scott Galvin

Jammie Hopkins

Diana Hoorzuk

Albert Ruiz

Angelina Wapakabulo

Michael Weinstein

Anita Williams

Rodney Wright, M.D

			OULOUGH										
Business Entity Typ	e (Please select	one)											
Sole Proprietorship	Partnership	Cor	Limited Liability	₹.	Corporation	Trust	Non-Pro Organization] [Other			
Business Designati	on Group (Please	e sele	ect all that apply	_					_		Tour		
МВЕ	□wbE		SBE		PBE		VET		DVE		ESB		
Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise	Business Enterprise			Veteran Ow Business	Veteran Owned Business Disabled Veteran Owned Business Business Business					
				_									
Number of Cla	rk County Ne	evac	la Residents	E	mployed:			8	3				
Corporate/Business	s Entity Name:	CAI	N Community He	altr	ı, Inc.								
(Include d.b.a., if ap	plicable)		=1						it do a a	lth ora			
Street Address: 2105 North Nebraska Ave. Website: www.cancommunityhealth.org													
Tampa, FL 33602 POC N City, State and Zip Code: Email:								trick Forand orand@cance		nityhealth.o	rg		
041 300 4440 Fax No.													
Telephone No: Nevada Local Street Address: 1820 E, Sahara Ave Website: www.cancommunityhealth.org													
(If different from ab	ove)					-				-			
City, State and Zip	Code:	Las	Vegas, NV 8910)4			Local Fax No:						
Local Telephone No	o:	702	-979-1111	Local POC Name					/anesa Rodriguez rrodriguez@cancommunityhealth.org				
Publicly-traded entity ownership or financial Emitties include all buclose corporations, for	interest. The discit	sure	requirement, as ap	hne	nod by Title 7 of	the Never	ta Revised Statu	tes, including esional corpora	but not ations.	limited to pri	ivate corporations,		
See Attached Board	Member Roster	-											
		, IL						☐ Yes	✓ N	IO.			
This section is not r. 1. Are any individu	equired for public lal members, partn County Water Rec	ore a	woore or principals	im	colved in the bus	iness entit	v. a Clark County				ounty Detention		
Yes	No (If	yes, ntrac	please note that Co ts, or other contract	ount ts, v	ty employee(s), o which are not sub	or appointe oject to cor	d/elected official(npetitive bid.)				rofessional service		
eieter grandchi	sister, grandchild, grandparent, related to a Ctark County, Department of Aviation, Clark County Determine Grand Stark County Frederick Grand Stark Grand												
Yes													
I certify under penalty land-use approvals, o	of perjury, that all contract approvals,	of the	e information provid sales, leases or exc	led I	herein is current ngas without the	, complete completed	, and accurate. I a disclosure form.	also understan	nd that	the Board will	I not take action on		
/ line					Rishi Patel, F	PharmD,	MBA						
Signature					Print Name								
President & CEO					03/04/2	25							
Title				_	Date	1							

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			
"To the second degree of follows: • Spouse – Registere	nship by blood. "Affinity" is a reconsanguinity" applies to the ed Domestic Partners – Childre Half-Brothers/Half-Sisters – Gra	candidate's first and second on – Parents – In-laws (first de	
For County Use Only:			
	noted above, please complete the foll		_
	mployee(s) noted above involved in the		
Yes No Is the County er	mployee(s) noted above involved in an	y way with the business in performar	nce of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Represent	tative		

Board of Directors CAN Community Health, Inc.

First La	•		Stephen Cc	Thomas (Tom) D'		Thomas (Tom) La	Joshua Ro	Gerald (Jerry) Ja
Last Trisolini	Nosal	Devlin	Covert	D'Eletto	DeSilva, Jr	Laughery	Rogers	Janis, Jr.
Title			PhD	ĕ	ĕ			
Position Vice Chair	Secretary	Treasurer	Chair					
Address 1 2525 Gulf of Mexico Dr. Apt. 5D. Longhoat Key FL	2525 Gulf of Mexico Dr. Apt. 5D Longboat Key FL	312 Schubauer Drive	7029 Island Queen Court	8857 Enclave Court	12 Silverthorn Lane	7608 Wingfoot Drive	1317 W. Willetta Street	1944 Grove Street
City	Longboat Ke	Cary	Sarasota	Sarasota	Belle Mead	Raleigh	Phoenix	Sarasota
State	7	NC	끋	끈	Z	NC	ΑZ	끈
Zip 34228	34228	27513	34233	34238	08502	27615	85007	34239
Cell # 941.928.0107	941.400.3565	919.208.3950	540.878.0309	732.915.1773	908.256.5560	919.621.0141	916.595.9645	773.368.0600
Cell # Personal Email 941.928.0107 bobyshobiz@aol.com	941.400.3565 LBKBOB@gmail.com	919.208.3950 nilved.j@gmail.com	540.878.0309 stephenpcovert@gmail.com	34238 732.915.1773 tomdeletto@icloud.com	908.256.5560 ddesir@aol.com	919.621.0141 tomlaughery9@gmail.com	85007 916.595.9645 sjoshuarogers@icloud.com	773.368.0600 jerryjanisbiz@gmail.com

			DI	SCLOSU	ᄹ	OF OWN	IEKSI	חור	PRINCIPAL	<u> </u>			
Business Entit	v Tvp	e (Please selec	t one)								- 		
Sole Proprietorship		Partnership	□ L	imited Liability		Corporation	Tru	st	Non-Profit Organization		Other		
Business Desi	gnatic	n Group (Pleas	e sele	ct all that apply	y)			_		_			
Пмве		□WBE		SBE		PBE			□VET	_	DVET ESB		
Minority Busines Enterprise	ss	Women-Owned Business Enterprise		Small Business Enterprise	S Physically Challenged Business Enterprise Veteran Owned Business				Disabled Veteran Emerging Sm Owned Business Business				
Number of	Clar	k County N	evad	a Resident	s E	mployed:				32			
Corporate/Bus	iness	Entity Name:	Com	munity Counse	eling	Center							
(Include d.b.a.,	if ap	plicable)	-					-		Al ora			
Street Address	3:		714	East Sahara A	venu	re			bsite: www.CCCofS				
City, State and	Zip C	Las	Vegas, NV 891	04				C Name: Patrick Bo: nail: pbozarth@		sn.org			
Telephone No:		702-	369-8700				Fa	x No: 702-369-8489					
Nevada Local		Address:							ebsite:				
(If different fro	m abo	ove)	-										
City, State and	d Zip	Code:							cal Fax No:				
Local Telepho	Local Telephone No:						Local POC Name: Email:						
close corporation	ns, for	eign corporations, Full Name	limited	l liability compani	es, p	oartnerships, limi	ited partne Title	ershi	Revised Statutes, inclups, and professional co		% Owne (Not required for Purporations/Non-prof	ed iblicly Traded	
					-	autius Disoctor				0	rporations/Non-proi	it organizations)	
Patrick Bozarth						cutive Director				0			
Jeanne Hamric	k					sident				0			
Caitlin Abejon			_			retary outy Director				0			
Aaronell Matta	_		-					_		. [ZI No.		
		County Water Rec	ners, ov	vners or principal	s, inv	volved in the bus	siness ent pointed/e	ity, a lecte	Clark County, Departn d official(s)?	nent of			
Yes		o	ontract	s, or other contra	cts, v	which are not su	bject to cc	niipe					
eieter ara	ndchile	d, grandparent, r ee(s), or appointe	eiated d/electi	ed official(s)?	, De	partition of 7 ten	2001, 0.0.		stic partner, child, pare ounty Detention Center			hair-brother/hair- clamation District	
Yes		Account of	_						on Page 2. If no, pleas				
I certify under p land-use approv	enalty vals, co	of perjury, that al ontract approvals,	l of the land s	information provi ales, leases or ex	ided kchar	herein is current nges without the	t, complete complete	e, ar d dis	nd accurate. I also unde sclosure form.	erstand	that the Board will	not take action on	
Michelle Vel	ardo	Digitally signs Date: 2025.0	ed by Mich 3.21 16:55	elle Velardo :11 -07'00'		Michelle Vel	ardo						
Director of Ope	eratio	ns				03/31/2025 Date							
Title					_	Date	1					DEV//SED 7/25/201	

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
"To the second degree of follows: • Spouse – Registere	ship by blood. "Affinity" is a reconsanguinity" applies to the ed Domestic Partners – Childre Half-Brothers/Half-Sisters – Gra	candidate's first and second en – Parents – In-laws (first de	gree)
For County Use Only:			
	noted above, please complete the fol		- marticular aganda itam?
Yes No Is the County er	nployee(s) noted above involved in the nployee(s) noted above involved in an	e contracting/selection process for this	ce of the contract?
Yes No Is the County er Notes/Comments:	nployee(s) noted above ilivolved ili ali	y way with the basiness in passage	
Hotes, comments.			
Signature			
Print Name Authorized Department Represent	tative		

			DISCLOS	URI	E OF OWN	ERSF	HP	PRINCIPAL	<u> </u>			
Business Entity	Typ	e (Please select	one)			,						
Sole Proprietorship		Partnership	Limited Liabili Company	ty	Corporation	Trus	st	Non-Profit Organization		Other		
Business Desig	nati	on Group (Pleas	e select all that a	oply)			-			□ □ □ ESE		
Пмве.		□WBE	□SBE	☐ PBE				☐ VET	VET DVET			
Minority Busines Enterprise	s	Women-Owned Business Enterprise	Small Busin Enterprise	ess	Physically Challenged Business Enterprise			Veteran Owned Business		abled Veteran rned Business	Emerging Small Business	
Number of	Cla	rk County Ne	evada Reside	nts l	Employed:				15			
Corporate/Busi	ness	Entity Name:	Community Outr	each	Medical Center							
(Include d.b.a.,	if ap	plicable)		_			_	wast commun	itvoutr	eachmedicalcen	ter org	
Street Address			1090 E. Desert I				Wel	bsite: www.commun	on/Anc	relica Hall	tor.org	
City, State and	Zip (Code:	Las Vegas, NV 8	39109)		Ema					
Talambana Na:			702.657.3873				Fax	No: 702.636.0787				
Telephone No: Nevada Local S	tree	t Address:	N/A					bsite:				
(If different from	n ab	ove)					-					
City, State and	Zip	Code:					Local Fax No:					
Local Telephon	e No) :			Local POC N			al POC Name: ail:				
			i-od updor c	r anu	erned by Title 7 of	the Neva ted partne	da R	ends to the applicant ar evised Statutes, includes, and professional con	ling but	not limited to priv		
		Full Name				Title			(I Cor	Not required for Pu porations/Non-prof	blicly Traded	
Dr. Keith Rogers	3				esident							
Tamera Champa	agne			Se	cretary/Treasure	er	-					
Willie Garrett &	Johr	Heishman		-	ember & Membe							
Juan Diaz & Lize	ette	Matos		Me	ember & Membe	r			-			
4 A bad	و والمراد و	al mambara partn	ly-traded corporations, owners or principal	nals i	involved in the bus	iness entit	ty, a (Clark County, Departm	_	No Aviation, Clark Cou	nty Detention	
Center or C	Clark	County Water Rec	lamation District full-	time e at Cou	intv emplovee(s), or app	or appointe	ed/ele	ected official(s) may no				
sister gran	ıdchil	al members, partno d. grandparent, re				istarod de	omoc	tic partner, child, parer unty Detention Center o	nt, in-lav or Clark	w or brother/sister, County Water Re	half-brother/half- clamation District	
Yes	ibios	No (If	yes, please comple	te the	Disclosure of Rela	itionship fo	orm c	on Page 2. If no, pleas	e print	N/A on Page 2.)		
I certify under pe	nalty als, c	of perjury, that all ontract approvals,	of the information pl land sales, leases o	rovide r exch	d herein is current, anges without the	, complete completed	e, and d disc	l accurate. I also under dosure form.	rstand t	hat the Board will r	not take action on	
1	0	~			Koma Ondar	,						
Signature	_				Kema Ogder Print Name	1						
Executive Direct	tor				10/28/24							
Title	Ė				Date					-		
					1	ı						

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			
"Consanguinity" is a relations "To the second degree of of follows: • Spouse – Registered	ship by blood. "Affinity" is a reconsanguinity" applies to the	lationship by marriage.	
Yes No Is the County em	ployee(s) noted above involved in an	owing: contracting/selection process for this y way with the business in performand	

			DISCLOS	OUR	E OF OWN	ICK2H	IP/PKI	INCIPALS					
Business Entity	/Type (Pla	ease select	one)										
Sole Proprietorship	Partne		Limited Liab	ility	Corporation	Trust	✓ No Organ	on-Profit nization	Other				
	nation Gr	oup (Pleas	e select all that a	apply)									
Пмве	□v		□SBE		□PBE		□ VE		DVET	ESB			
Minority Busines Enterprise	s Won Busi	nen-Owned ness erprise	Small Busi Enterprise		Physically Ch Business Ent		Vetera Busine	n Owned ess	Disabled Veteran Owned Business	Emerging Small Business			
Number of 0	Clark C	ounty No	evada Resido	ents I	Employed:				30				
Corporate/Busi	ness Entit	ty Name:	CPLC Nevada,	PLC Nevada, Inc.									
(Include d.b.a.,	if applical	ole)											
Street Address:			555 N. Marylan	nd Pkwy	y				regions/nevada				
City, State and	Zip Code:		Las Vegas, NV	89101				e: Karla Banda karla.banda@					
Orty, Dialo and			(man) 007 4044				Email:	Karia.bariaa	gopioloig				
Telephone No:			(702) 207-1614	1			Fax No:						
Nevada Local S	treet Add	ress:					Website:						
(If different from								No.					
City, State and	Zip Code						_ocal Fax No: _ocal POC Name:						
Local Telephon	e No:						Email:						
ownership or final	ncial interes all business s, foreign c	st. The disclo association orporations,	sure requirement,	as appl	ied to land-use ap	the Nevad	a Revised	Statutes, includin	g but not limited to priv	rate corporations,			
	Full N	l ame			l itle				(Not required for Pu Corporations/Non-pro				
Andres Contrera	s			Boa	ard Chair								
Alicia Nunez				Vic	e Chair								
Nancy Lipman					cretary								
Jesse Satterlee				Chief Financial Officer									
1. Are any ind Center or C	ividual men lark County	nbers, partne y Water Recl lo (If co	amation District full yes, please note th ntracts, or other co	cipals, ir II-time ei nat Cour ontracts,	nvolved in the bus mployee(s), or ap nty employee(s), o which are not sub	iness entity pointed/elector or appointed oject to com	, a Clark Co ted official(d/elected off petitive bid.	ounty, Departmer (s)? ficial(s) may not p) er child parent	No nt of Aviation, Clark Couperform any work on pro in-law or brother/sister, Clark County Water Re	ofessional service			
sister, grand full-time em	ployee(s),	or appointed	/elected official(s)?	?					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 land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form. Andres Contreras									not take action on				
Signature 958 18394	ICSEA42C				Print Name	15103							
Signature													
Board Chair				3/7/2025 Date									
Title													

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			
ii ii			
	(6)		
 Water Reclamation District. "Consanguinity" is a relations "To the second degree of of follows: Spouse – Registered 	ship by blood. "Affinity" is a reconsanguinity" applies to the displayment of Domestic Partners – Childre	Aviation, Clark County Deterlationship by marriage. candidate's first and second n – Parents – In-laws (first degrandchildren – Grandparents –	degree of blood relatives a gree)
Yes No Is the County em		owing: contracting/selection process for this way with the business in performanc	

But	elnose Entity	Tur	e (Please select	one	·								
	Sole prietorship		Partnership		Limited Liability		Corporation	□ Tn	ıst	Non-Profit Organization		Other	
84	siness Desig	neti	on Group (Pleas	e sel	ect all that apply)							
	MBE		□w8E		SBE		☐ PBE			□ VET		VET	□ESB
	ority Busines erprise	S	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch Business Ente		3	Veteran Owned Business	Disabled Veteran Emerging Sm Owned Business Business		Emerging Small Business
Nu	ımber of (Clar	k County Ne	evac	la Residents	E	mployed:			3	,585		
_				Dia	المارية المارية	-			_				
Corporate/Business Entity Name: Dignity Health St. Rose Dominican Hospital													
	lude d.b.a., l		plicable)		1 St. Rose Parky	_			201.	bsite: www.dignityheal	th.on	/las-vegas	
Str	eet Address:									C Name: Katherine Ve		g	
City	, State and 2	Zip C	ode:	Hen	derson, NV 890	2						commonspirit.or	0
_		-		702	616-5000					A RIVE	,		
Telephone No: 702-616-5000 Fax No:													
	ada Local Si								We	bsite:			
1	Afferent from								Loc	cal Fax No:			
Cit	y, State and	ZIP 1	.DOB:							cal POC Name:			
Loc	Local Telephone No:						Email:						
clos	ties include al e corporations attached list	, fore	iness associations Ign corporations, i Full Name	i orga Imilied	nized under or gov lieb :y companies	vem S, pi	ied by Title 7 of : artnerships, ilmite	the Neve ed partne Tille	ada R ership	evised Statutas, including s, and professional corpo	rasvoin: (Ni	not limited to privat s. % Owned at required for Publi antions/Non-profit	icly Traded
000	ELIZABIRA IIOL												
_													
This					led corporations.							No	u Dalamira
1.	Are any indiv Center or Cla	idual ark C	ounty Water Recie	malio	n District full-time (émp	oloyee(s), or appo	MITTER	ected				
	Yes	£	con	tracts	, or other contracts	, wi	nich are not subje	ect to cor	mpetil				
2.	 Do any individual mambers, partners, owners or principals have a spouse, registered domestic pertner, 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 point N/A on Page 2.)												
l cer land	certify under penetry 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.												
	Katherine Vergos Print Name												
-	ature		0				Print Name	12	2).	2025			
Las \	/egas Marke	ı PR	espora A.				Date	1010	10	1003			
a white		_				_							

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			
Water Reclamation District. "Consanguinity" is a relation "To the second degree of follows:	Clark County, Department of ship by blood. "Affinity" is a rel	lationship by marriage. candidate's first and second	degree of blood relatives as
 Spouse – Registere 	d Domestic Partners – Childre	n – Parents – In-laws (first de	gree)
Brothers/Sisters – H	lalf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents –	In-laws (second degree)
For County Use Only:			
•	noted above, please complete the follo		
	ployee(s) noted above involved in the		
— —	ployee(s) noted above involved in any	way with the business in performan	ce of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	ative		

Dignity Health - St. Rose Dominican Hospital Board of Directors

Mark Wiley, Chair

Rod Davis, Vice Chair

Maggie Arias-Petrel

Tim Bricker

Cynthia Cammack

Patricia Dulka

Brian Glicklich

Patrick Hays

Saville Kellner

Aldo Madrigrano

Sean McBurney

Shaundell Newsome

Timothy Sauter, M.D.

Katherine Vergos

Irena Vitkovitsky, M.D.

Kate Zhong, M.D.

Business Designation Group (Please solect all that apply) MBE				DISCLOSU	RE	OF OWN	IERSH	PIPRINCIPAL	3			
Some projection Partnership	Business Entit	v Tvr	e (Please select	one)								
Million Pusiness Momen-Owned Small Business President Per Million Mill	Sole Proprietorship			Limited Liability		Corporation	Trust	Non-Profit Organization		Other		
Million Pusiness Momen-Owned Small Business President Per Million Mill	Business Desi	jnati	on Group (Pleas	e select all that appl	ly)			1	1_		Dean	
Minority Business Enterprise Business Business Enterprise Business B				17			VET	10121				
Number of Clark County Nevada Residents Employed: Gorporate/Business Entity Name: GAY AND LESBIAN COMMUNITY CENTER OF SOUTHERN NEVADA THE CENTER A01 S. MARTYLAND PKWY Website: Www.linecenterity.org POC Name: JOHN WALDRON, Ed.D., CEO Email: JWALDRON, Ed.D., CEO Email: J		ss	Business		s	Physically Challenged Business Enterprise						
Street Addross: 401 S. MARYLAND PKWY Website: www.thacenterity.org	Number of	Cla	rk County N	evada Resident	s E	mployed:			50			
Streat Address:	Corporate/Bus	iness	s Entity Name:	GAY AND LESBIA	N CC	MMUNITY C	ENTER OF	SOUTHERN NEVAD	Α			
Street Address: LOS VEGAS, NV 89101 LOS VEGAS, NV 89101 POC Name: JOHN WALDRON, Ed.D., CEO Email: JWALDRON@THECENTERLY.ORG POC Name: JWALDRON@THECENTERLY.ORG Fax No: 702-733-9800 Fax No: 702-330-0279 Website: Website: Website: Website: Local Fox No: Local Fox 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. 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. The disclosure requirement, as applied to land-use applications, exderés to the applicant and the landownership or financial interest. The disclosure requirement, as applied to land-use applications, exderés to the applicant and the landownership or manufacture of propertions, initiated liability companies, partnerships, limited partnerships, initiated partnerships, initiated partnerships, initiated partnerships, and professional corporations. Full Name Full Name Title No Comed (Not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes No No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, which are not subject to compelbive bid.) Center or Clork County Wite Redemation District full-line employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, which are not subject to compelbive bid.) Center or Clork Occurb, Wite Redemation District full-line employee(s), or appointed/elected official(s) may not perform any				THE CENTER								
Telephono No: 702-733-9800 Fax No:				401 S. MARYLAND) PK	WY	\	Vebsite: www.thecente	erly.org	9		
Telephone No: 702-733-9800 Fax No:702-330-0279 Nevada Local Street Address: (ff different from above) City, State and Zip Code: Local Fax No: Local Fax No: Local Telephone No: Local Fax No: Local Telephone No: Local Fax No: 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. All entities, with the exception of publicly-traded 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). Publicly-traded entities and non-profit organizations shall list all Corporate officers and Directors in lieu of disclosing the names of individuals with ownership of financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s). Entitles include all business associations organized under or governed by Tite 7 of the Nevada Revised Stabutes, including but not limited to private corporations, close corporations, foreign componenties, limited liabitity companies, partnerships, limited partnerships, and professional corporations. Full Name Full Name President President Titls section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Treasurer This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes Show (If yes, please onlice limit (i			Code:	LAS VEGAS, NV 8	910	1	1	MALDEO	LDRC N@Th	N, Ed.D, CEO HECENTERLV.O	RG	
Website: (If different from above) City, State and Zip Code: Local Fax No: Local Fax Not Lo				702-733-9800	F							
Nevada Local Street Address; (fill different from above) City, State and Zip Code: Local Fax No: Local Fax N								***				
Local Telephone No: Local Telephone 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 entitles 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, extend to the applicant and the landowner(s). Publicly-traded entitles 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, extend to the applicant and the landowner(s). Publicly-traded entitles 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 of profit organizations, limited liability companies, partnerships, limited partnerships, and professional corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations. President President President President This section is not required for publicly-traded corporations. Are your a publicly-traded corporation?				1								
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President Denise McCurry Secretary Christopher Melton Treasurer This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes V 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, grendparent, 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. Print Name Print Name Print Name	close corporation	15, 10		, million habiting company						% Owns	blicty Traded	
Denise McCurry Triss section is not required for publicly-traded corporations. Are you a publicly-traded corporation? 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 Rectamation 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. Print Name Print Name Date					Pres	ident						
Treasurer This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes Vo 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 Vo (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, grendparent, 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 Vo (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. Print Name Print Name Date												
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sister, grandchild, grandparent, related to a Chark County, Espansion 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 Print Name Date	1. Are any in Center or Yes	dividu Clark	al members, partr County Water Red No (I	iers, owners or principa clamation District full-tin f yes, please note that (ontracts, or other contra	ils, inv ne em Coun' acts, v	volved in the bu: aployee(s), or ap ty employee(s), which are not su	siness entity opointed/elect or appointed bject to com	, a Clark County, Departn ted official(s)? Velected official(s) may n petitive bid.)	nent of ot perfo	Aviation, Clark Cou	ofessional service	
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, leases or exchanges without the completed disclosure form. Signature Print Name 02.27.25 Date	eleier are	ndehi	ld, grandparent, r	elated to a Clark Count d/elected official(s)?	.y, DO	paration of the		•			, half-brother/half- clamation District	
Signature CEO Print Name 02.27.25											not take action on	
Date	I certify under poland-use approv	enaity als, c	of perjury, that all ontract approvals,	of the information prov land sales, leases or e	rided xchar	igue transmin	•	_		that the boats will	HUL TAKE ACTION	
Date						Print Name	02.	17.25				
	Title											

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

Print Name Authorized Department Representative

OWNER/PRINCIPAL N/A	AND JOB TITLE N/A	2144	
		N/A	N/A
			371
"To the second degree of follows: • Spouse – Registere	ship by blood. "Affinity" is a reconsanguinity" applies to the domestic Partners – Childre Half-Brothers/Half-Sisters – Gra	candidate's first and second n – Parents – In-laws (first de	
For County Use Only:			
If any Disclosure of Relationship is	noted above, please complete the follower	lowing:	the second second
Yes No Is the County en	nployee(s) noted above involved in the	contracting/selection process for thi	s particular agenda item?
Yes No Is the County en	nployee(s) noted above involved in any	y way with the business in performar	ICE OF THE COUNTACT.
Notes/Comments:			



The Gay and Lesbian Community Center of Southern Nevada 401 S. Maryland Pkwy. • Las Vegas, NV 89101 OFFICE 702-733-9800 • FAX 702-733-9075 • www.TheCenterLV.org

February 27, 2025

To Whom It May Concern,

On behalf of The Gay and Lesbian Community Center of Southern Nevada (The Center), I am pleased to provide the requested information regarding our corporate officers and board of directors in support of our grant application.

Corporate Officers:

- John Waldron, Ed.D Chief Executive Officer
- Leana Ramirez Chief Clinical Officer
- Gregory Gudenkauf Chief Operating Officer
- Donya Monroe Chief Financial Officer

Board of Directors:

- Ryn Bartel Board President
- Shalom Stephens Board Vice President
- Christopher Melton Treasurer
- Denise McCurry Secretary
- Wayne Cassard Immediate Past President
- Andrea Behrens Board Member
- Marc Bodman Board Member
- Monica Brown Board Member
- Travis Chance Board Member
- Matt Cox Board Member
- Matthew Dempsey Board Member
- Kailyn (Katy) Jones Board Member
- Anne Mazzola Board Member
- Shushan Sadjadi Board Member
- April Thomas Board Member
- Ivana Walborn Board Member
- Kangcheng (Kang) Yin Board Member

Should you require any additional information, please do not hesitate to contact me at lramirez@thecenterlv.org or 702.755.2401.

Sincerely.

Leana Ramirez, PharmD, AAHIVP, CSP

401 S. Maryland Parkway

Las Vegas, NV 89101

O: 702.733.9800

E: Iramirez@thecenterlv.org

Queinoso Entitu To	ine (Places sales	t one)							
Business Entity Ty		t one) ☐ Limited	T	7.0 "		. ⊠ Non-Profit		D Other	
Proprietorship	Partnership	Liability Company		Corporation	Trus	rust Organization			
Business Designat	ion Group (Pleas	se select all that ap	ply)				1		
☐ MBE	☐ WBE	☐ SBE		☐ PBE		□ VET	10	DVET	☐ E\$B
Minority Business Enterprise	Women-Owned Business Enterprise	Small Busines Enterprise	SS					Emerging Small Business	
Number of Cla	rk County N	evada Resider	nts	Employed:	0				
- 500	- 0000	North Country F	leal	thCare, Inc					
Corporate/Busines		North Country H							
(Include d.b.a., if a	pplicable)	PO Box 3630				Website: https://nortl	ncour	ntryhealthcare.	org/
Street Address:		1 6 26% 6666				POC Name: Carrie St.			
City, State and Zip	Code:	Flagstaff, AZ 8	6003	3		Email: cstamand@no			
Tolonhono No:		928-718-4530	x45	37		Fax No: 928-718-453			
Telephone No:						Website:			
Nevada Local Stree						website.			
City, State and Zip						Local Fax No:			
Oity, State and Zip					Local POC Name:				
Local Telephone N	o:					Email:			
	Full Name				Title			% Owne Not required for Pul orations/Non-profi	olicly Traded
Anne Newland			Chi	ief Executive	Officer				
Kim Chen				ief Clinical Int		n Officer			
April Alvarez Cor	ief Medical O	fficer							
John Andrews			Ch	nief Financial	Officer				
This section is not re 1. Are any individu Center or Clark ☐ Yes	al members, partne County Water Recl	ers, owners or princip amation District full-ti ves, please note tha	als, ir ime e at Coi	nvolved in the bu mployee(s), or ap unty employee(s	siness ent ppointed/e	tity, a Clark County, Depart	ment o		
sister, grandchile	d, grandparent, rela ee(s), or appointed	ated to a Clark County /elected official(s)?	/, Dep	partment of Aviati	ion, Clark	nestic partner, child, parent County Detention Center or	Clark	County water Rec	nalf-brother/half- lamation District
☐ Yes	⊠ No (If	yes, please complete	the I	Disclosure of Rel	ationship	form on Page 2. If no, plea	se prin	nt N/A on Page 2.)	
on land-use approvals	of perjury, that all of contract approva	of the information pro ls, land sales, leases	vided or ex	Anne Newl	tne compi	e, and accurate. I also unde leted disclosure form.	erstand	I that the Board wil	I not take action y β
Signature				Print Name 2/28/202	25				
Chief Executive (Officer								
Title				Date					

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
NA			
Reclamation District. "Consanguinity" is a relations "To the second degree of cor • Spouse – Registered	ship by blood. "Affinity" is a re	elationship by marriage. didate's first and second degr en – Parents – In-laws (first de	
For County Use Only:			
	noted above, please complete the foll ployee(s) noted above involved in the		s narticular agenda item?
	ployee(s) noted above involved in the		
Notes/Comments:	ployee(s) floted above involved in all	y way with the backless in performan	
Trocks Commond.			
Signature			
Print Name	tive		