

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)						
<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
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:				48		
Corporate/Business Entity Name: AIDS Healthcare Foundation						
(Include d.b.a., if applicable)						
Street Address:		6255 W. Sunset Blvd 21st Floor		Website: www.aidshealth.org		
City, State and Zip Code:		Los Angeles, CA 90028		POC Name: Michael Weinstein		
				Email: president@ahf.orh		
Telephone No:		(323) 860-5301		Fax No:		
Nevada Local Street Address:		3201 S. Maryland Parkway, Ste 218		Website: www.aidshealth.org		
(If different from above)						
City, State and Zip Code:		Las Vegas, NV 89109		Local Fax No:		
Local Telephone No:		(702) 862-8075		Local POC Name: Nicole Stanfield		
				Email: nicole.stanfield@ahf.org		

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

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


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

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

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	Michael Weinstein Print Name 1/2/2025 Date
Chief Executive Office 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			

* 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:

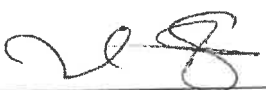
- Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree)
- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

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
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

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)						
<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
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:						8
Corporate/Business Entity Name: CAN Community Health, Inc.						
(Include d.b.a., if applicable)						
Street Address:		2105 North Nebraska Ave.		Website: www.cancommunityhealth.org		
City, State and Zip Code:		Tampa, FL 33602		POC Name: Patrick Forand		
				Email: pforand@cancommunityhealth.org		
Telephone No:		941-300-4440		Fax No:		
Nevada Local Street Address:		1820 E. Sahara Ave		Website: www.cancommunityhealth.org		
(If different from above)						
City, State and Zip Code:		Las Vegas, NV 89104		Local Fax No: 702-852-6227		
Local Telephone No:		702-979-1111		Local POC Name: Vanesa Rodriguez		
				Email: vrodiguez@cancommunityhealth.org		

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

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
See Attached Board Member Roster		

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

☐ Yes ☒ No

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

☐ Yes

☒ No

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


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

☐ Yes

☒ No

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

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Signature

Rishi Patel, PharmD, MBA
Print Name

President & CEO
Title

03/04/25
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			

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For County Use Only:

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

Notes/Comments:

Signature

Print Name
Authorized Department Representative

Board of Directors
CAN Community Health, Inc.

<u>First</u>	<u>Last</u>	<u>Title</u>	<u>Position</u>	<u>Address 1</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Cell #</u>	<u>Personal Email</u>
Robert (Bob) E.	Trisolini		Vice Chair	2525 Gulf of Mexico Dr. Apt. 5D	Longboat Key	FL	34228	941.928.0107	bobvshobiz@aol.com
Robert (Bob) D.	Nosal		Secretary	2525 Gulf of Mexico Dr. Apt. 5D	Longboat Key	FL	34228	941.400.3565	LBKBOB@gmail.com
John	Devlin		Treasurer	312 Schubauber Drive	Cary	NC	27513	919.208.3950	nlived.j@gmail.com
Stephen	Covert	PhD	Chair	7029 Island Queen Court	Sarasota	FL	34233	540.878.0309	stephenpcovert@gmail.com
Thomas (Tom)	D'Elletto	MD		8857 Enclave Court	Sarasota	FL	34238	732.915.1773	tomdeletto@icloud.com
Derrick	DeSilva, Jr.	MD		12 Silverthorn Lane	Belle Mead	NJ	08502	908.256.5560	ddeisir@aol.com
Thomas (Tom)	Laughery			7608 Wingfoot Drive	Raleigh	NC	27615	919.621.0141	tomlaughery9@gmail.com
Joshua	Rogers			1317 W. Willetta Street	Phoenix	AZ	85007	916.595.9645	sioshuarogers@icloud.com
Gerald (Jerry)	Janis, Jr.			1944 Grove Street	Sarasota	FL	34239	773.368.0600	jerryjanisbiz@gmail.com

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)						
<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
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:					32	
Corporate/Business Entity Name:		Community Counseling Center				
(Include d.b.a., if applicable)						
Street Address:		714 East Sahara Avenue		Website: www.CCCofSN.org		
City, State and Zip Code:		Las Vegas, NV 89104		POC Name: Patrick Bozarth		
				Email: pbozarth@cccfsn.org		
Telephone No:		702-369-8700		Fax No: 702-369-8489		
Nevada Local Street Address:				Website:		
(If different from above)						
City, State and Zip Code:				Local Fax No:		
Local Telephone No:				Local POC Name:		
				Email:		

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Patrick Bozarth	Executive Director	0
Jeanne Hamrick	President	0
Caitlin Abejon	Secretary	0
Aaronell Matta	Deputy Director	0

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Michelle Velardo

Signature

Digitally signed by Michelle Velardo
Date: 2025.03.21 16:55:11 -07'00'

Michelle Velardo

Print Name

Director of Operations

Title

03/31/2025

Date

DISCLOSURE OF RELATIONSHIP

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

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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

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)						
<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
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:					15	
Corporate/Business Entity Name:		Community Outreach Medical Center				
(Include d.b.a., if applicable)						
Street Address:		1090 E. Desert Inn Rd Suite 200		Website: www.communityoutreachmedicalcenter.org		
City, State and Zip Code:		Las Vegas, NV 89109		POC Name: Kema Ogden/Angelica Hall		
				Email: kogden@nvcomc.org		
Telephone No:		702.657.3873		Fax No: 702.636.0787		
Nevada Local Street Address:		N/A		Website:		
(If different from above)						
City, State and Zip Code:				Local Fax No:		
Local Telephone No:				Local POC Name:		
				Email:		

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


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☐ Yes ☒ No

1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?
- ☐ Yes ☒ No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)

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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	Kema Ogden _____ Print Name
Executive Director _____ Title	10/28/24 _____ 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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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:				30		
Corporate/Business Entity Name: CPLC Nevada, Inc.						
(Include d.b.a., if applicable)						
Street Address:		555 N. Maryland Pkwy.		Website: https://cplc.org/regions/nevada		
City, State and Zip Code:		Las Vegas, NV 89101		POC Name: Karla Banda		
				Email: karla.banda@cplc.org		
Telephone No:		(702) 207-1614		Fax No:		
Nevada Local Street Address:				Website:		
(If different from above)						
City, State and Zip Code:				Local Fax No:		
Local Telephone No:				Local POC Name:		
				Email:		

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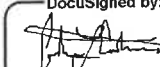
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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Andres Contreras	Board Chair	
Alicia Nunez	Vice Chair	
Nancy Lipman	Secretary	
Jesse Satterlee	Chief Financial Officer	

- 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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DocuSigned by:  Signature	Andres Contreras Print Name
Board Chair Title	3/7/2025 Date

DISCLOSURE OF RELATIONSHIP

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(Mark N/A, if not applicable.)

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Notes/Comments:

Signature

Print Name
Authorized Department Representative

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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
Number of Clark County Nevada Residents Employed:				3,585		
Corporate/Business Entity Name:		Dignity Health				
(Include d.b.a., if applicable)		St. Rose Dominican Hospital				
Street Address:		3001 St. Rose Parkway		Website: www.dignityhealth.org/las-vegas		
City, State and Zip Code:		Henderson, NV 89052		POC Name: Katherine Vergos		
				Email: katherine.vergos@commonsense.org		
Telephone No:		702-616-5000		Fax No:		
Nevada Local Street Address:				Website:		
(If different from above)						
City, State and Zip Code:				Local Fax No:		
				Local POC Name:		
Local Telephone No:				Email:		

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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 attached list		

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	Katherine Vergos _____ Print Name 2/28/2025 _____ Date
Las Vegas Market President _____ 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			

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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

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 Madrigano

Sean McBurney

Shaundell Newsome

Timothy Sauter, M.D.

Katherine Vergos

Irena Vitkovitsky, M.D.

Kate Zhong, M.D.

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)						
<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
Business Designation Group (Please select all that apply)						
<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
Number of Clark County Nevada Residents Employed:						50
Corporate/Business Entity Name: GAY AND LESBIAN COMMUNITY CENTER OF SOUTHERN NEVADA						
(Include d.b.a., if applicable) THE CENTER						
Street Address: 401 S. MARYLAND PKWY			Website: www.thecenterlv.org			
City, State and Zip Code: LAS VEGAS, NV 89101			POC Name: JOHN WALDRON, Ed.D, CEO			
			Email: JWALDRON@THECENTERLV.ORG			
Telephone No: 702-733-9800			Fax No: 702-330-0279			
Nevada Local Street Address:			Website:			
(If different from above)						
City, State and Zip Code:			Local Fax No:			
Local Telephone No:			Local POC Name:			
			Email:			

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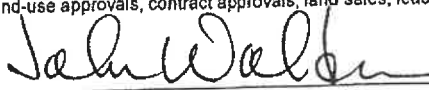
Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Ryn Bartel	President	
Denise McCurry	Secretary	
Christopher Melton	Treasurer	

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	JOHN WALDRON Print Name	02.27.25 Date
CEO 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

Print Name
Authorized Department Representative



the center
Serving the LGBTQ Community of Nevada

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 iramirez@thecenterlv.org or 702.755.2401.

Sincerely,

Leana Ramirez, PharmD, AAHLVP, CSP
401 S. Maryland Parkway
Las Vegas, NV 89101
O: 702.733.9800
E: iramirez@thecenterlv.org

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)						
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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
Number of Clark County Nevada Residents Employed: 0						
Corporate/Business Entity Name: North Country HealthCare, Inc						
(Include d.b.a., if applicable) North Country HealthCare						
Street Address: PO Box 3630			Website: https://northcountryhealthcare.org/			
City, State and Zip Code: Flagstaff, AZ 86003			POC Name: Carrie St. Amand Email: cstamand@nchcaz.org			
Telephone No: 928- 718-4530 x4537			Fax No: 928-718-4531			
Nevada Local Street Address: (If different from above)			Website:			
City, State and Zip Code:			Local Fax No:			
Local Telephone No:			Local POC Name: Email:			

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Anne Newland	Chief Executive Officer	
Kim Chen	Chief Clinical Integration Officer	
April Alvarez Corona	Chief Medical Officer	
John Andrews	Chief Financial Officer	

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 Signature Chief Executive Officer Title	Anne Newland Print Name 2/28/2025 Date
--	---

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Notes/Comments:

Signature

Print Name
Authorized Department Representative