		210000		<u> </u>							
Business Entity Ty	e (Please select	one)	-1			-1 <u>-1</u>		1	المعاولييني		
Sole Proprietorship	Partnership	Limited Liability	^у [Corporation	Trust	Non-Profit Organization		Other			
Business Designati	on Group (Please	select all that ap	ply)								
□MBE	WBE	SBE		PBE		VET		DVET ESB			
Minority Business Enterprise	Women-Owned Business Enterprise	Small Busine Enterprise	ess	Physically Cha Business Ente		Veteran Owned Business		abled Veteran med Business	Emerging Small Business		
300											
Number of Clark County Nevada Residents Employed:											
Corporate/Business Entity Name: Catholic Charities of Southern Nevada											
(Include d.b.a., if ap	0.0	n/a									
-1		1501 Las Vegas I	Boule	vard North	v	Vebsite: catholicchari	ties.com	1			
Street Address:		Las Vegas, NV 89				POC Name: Kate Thur	n				
City, State and Zip (Code:							narities.com			
Telephone No:		702-215-4718				ax No: 702-384-0677			To the second se		
Nevada Local Stree	t Address:	Same as above			V	Vebsite: Same as abo	ove				
(If different from ab-						Same a	s ahove				
City, State and Zip	Code:	Same as above					ocal Fax No: Same as above				
Local Telephone No):	Same as above	Local Po			ocal POC Name: Same as above mail: Same as above					
Entities include all bu close corporations, for	eign corporations, lii	organized under or mited liability compa	goven inies, p	ned by Title 7 of partnerships, limit	the Nevada ed partners Title	a Revised Statutes, inclu hips, and professional co	iding but orporation	not limited to priva ns. % Owne			
	Full Name		5 11 18 050				(Not required for Publicly Traded Corporations/Non-profit organizations) n/a				
Sara Ramirez			President & CEO				n/a				
Chandra Hinds			Senior VP & CFO				n/a				
Bobby Ghisolfo			Seni	ior VP & COO			100				
Please see attached This section is not re	quired for publicly	-traded corporation	ns. A	re you a publicly	r-traded co	rporation? Ye		No	nty Detention		
Are any individual Center or Clark (County Water Recia	mation District full-til	me em	ipioyee(s), oi app	muter/elec	a Clark County, Departr ted official(s)?					
Yes	соп:	tracts, or other contr	acts, v	vhích are not subj	ject to comp						
sister grandchild	i, grandparent, rela e(s), or appointed/e	ited to a Clark Coun elected official(s)?	ity, De∣	partment of Aviat	ion, Clark C	estic partner, child, pare County Detention Center		,	half-brother/half- damation District		
Yes			- F		-	n on Page 2. If no, pleas					
I certify under penalty land-use approvals, co	of perjury, that all of entract approvals, la	f the information production production from the first three from the fi	vided f exchan	nerein is current, iges without the c	complete, a completed d	and accurate. I also unde isclosure form.	erstand th	nat the Board will n	ot take action on		
(1)				Sara Ramirez							
Signation				Print Name							
President & CEO				2/6/2025							
Title				Date							

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

Signature

Print Name

Authorized Department Representative

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)									
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:									



Sara Ramirez President & Chief Executive Officer

1501 Las Vegas Blvd. N, Las Vegas, NV 89101 Phone: 702-387-2269 Fax: 702-384-0677

www.catholiccharities.com

BOARD OF TRUSTEES July 1, 2024

Executive Chairman: Most Rev. George Leo Thomas, Ph.D., Archbishop, Archdiocese of Las Vegas; Term limits not applicable

Chairman: John P. Hester, Retired – former President, Southwest Gas; 4th Term, July 1, 2024 - June 30, 2027

Vice Chairman: Tom McCormick, President, Touchstone Living; 4th Term, July 1, 2022 - June 30, 2025

Secretary: Marilyn Spiegel, The Thomas Spiegel Family Foundation; 3rd Term, July 1, 2022 - June 30, 2025

Treasurer: John B. Page, Partner, PricewaterhouseCoopers LLP; 3rd Term, July 1, 2022 - June 30, 2025

William J. Bullard, CFO, Fertitta Enterprises; 3rd Term, July 1, 2022 - June 30, 2025

Julie Gilday-Shaffer, CEO, JGS Group; 1st Term, July 1, 2023 - June 30, 2026

Rev. James Michael Jankowski, Pastor, St. Elizabeth Ann Seton; Term limits not applicable

Yolanda King, Partner, King Strategies LLC; 1st Term, July 1, 2023 - June 30, 2026

Rev. Samuel Martinez, Pastor, Prince of Peace; Term limits not applicable

Patrick S. Miller, President & CEO, Rio Hotel & Casino, 2nd Term, July 1, 2024 - June 30, 2027

Pat Mulroy, Owner, Sustainable Strategies/UNLV School of Law; 2nd Term, July 1, 2022 - June 30, 2025

Julie Murray, Principal & CEO, Moonridge Group; 2nd Term, July 1, 2022 - June 30, 2025

Gia D Nguyen, Area President, DHI Engineering, LLC; 1st Term, January 1, 2023 - June 30, 2026

Mark J. Ricciardi, Regional Managing Partner, Las Vegas, Fisher & Phillips LLP; 2nd Term, July 1, 2022 - June 30, 2025

Victoria Umphress, Partner, RSM US LLP; 2nd Term, July 1, 2024 - June 30, 2027

Business Entity Ty	pe (Please select	t one)				, 7 Non-Profit				
Sole Proprietorship	Partnership	Limited Liabilit Company								
Business Designat	ion Group (Pleas	e select all that ap	oly)							
МВE	□WBE	SBE		PBE		VET	DVET	ESB		
Minority Business Enterprise	Women-Owned Business Enterprise	Small Busine Enterprise		Physically Ch Business Ente		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business		
Number of Cla	rk County No	evada Resider	ts Em	ployed:			30			
Corporate/Business	Entity Name:	CPLC Nevada, In	c.							
(Include d.b.a., if ap										
Street Address:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	555 N. Maryland	Pkwy.			Website: https://cplc.c	org/regions/nevada			
Out of Awards		Las Vegas, NV 89	9101			POC Name: Seneuefa	Guyton			
City, State and Zip	Code:					Email: seneuefa.	.guyton@cplc.org			
Telephone No:		(702) 207-1614				Fax No:				
Nevada Local Stree	t Addross:					Website:				
(If different from ab										
City, State and Zip						Local Fax No:				
Orty, otato ana Esp			Local POC Nam			Local POC Name:	ne:			
Local Telephone No	o :		Email:			Email:				
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		% Owne (Not required for Pu Corporations/Non-pro	iblicly Traded		
Andres Contreras			Board C	Chair						
Alicia Nunez			Vice Ch	nair						
Nancy Lipman			Secretary							
Jesse Satterlee			Chief Fi	inancial Offi	cer					
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? 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)? 1. 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										
sister, grandchil	d, grandparent, re ee(s), or appointed	lated to a Clark Coun /elected official(s)?	ty, Departi	ment of Aviat	tion, Clark	rm on Page 2. If no, plea	of Clark County Water No	Clamation District		
I certify under penalty land-use approvals, co	of perjury, that all ontract approvals, I	of the information provand sales, leases or e	vided here exchanges	ein is current, s without the c	complete, completed	and accurate. I also unde	erstand that the Board will	not take action on		
Andres Contrera	S Digitally signed Date: 2025.02.	by Andres Confreras 19 11:10:41 -07'00'		ndres Contr Print Name	eras					
Signature										
Board Chair			_	18/2025						
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.	Clark County, Department of		ention Center or Clark County		
	nship by blood. "Affinity" is a re				
"To the second degree of follows:	consanguinity" applies to the	candidate's first and second	degree of blood relatives as		
Spouse – Registere	ed Domestic Partners – Childre	n – Parents – In-laws (first de	gree)		
 Brothers/Sisters – I 	Half-Brothers/Half-Sisters – Gra	andchildren – Grandparents –	In-laws (second degree)		
For County Use Only:	and above places complete the fol	lowing:			
	s noted above, please complete the fol nployee(s) noted above involved in the		s particular agenda item?		
	nployee(s) noted above involved in an				
Yes No Is the County er Notes/Comments:	inployee(s) noted above involved in an	,,			
Notes/Comments.					
Signature					
↓					
Print Name Authorized Department Represent	tative				

Business Entity Ty	ne (Please selec	t one)										
T colo	Partnership		Limited Liability		Corporation	Tru	Trust Organization Other					
Business Designat	ion Group (Pleas)				1, - 4				
	TWBE	JC JCIC	SBE	-	ПРВЕ			□VET		DVET	Ī	ПESB
Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch Business Ente		i	Veteran Owned Business		abled Veteran med Business		Emerging Small Business

Number of Clark County Nevada Residents Employed:												
Corporate/Busines	s Entity Name:	HEL	P of Southern N	lev	ada						_	
(Include d.b.a., if a	pplicable)										_	
Street Address:		1640	0 E. Flamingo Ro	d #	100			bsite: www.helpsonv.				
City, State and Zip	Code:	Las	Vegas NV 8911	9				C Name: Fuilala Riley nail: friley@helps		ırg		
		702-	-369-4357 ext. 1	238	 3		_	x No: 702-369-4089				
Telephone No:		102							-			
Nevada Local Stre		N/A					We	bsite: N/A				
City, State and Zip	Code:	N/A					Lo	cal Fax No: N/A			_	
,,		NI(A					Local POC Name: N/A					
Local Telephone N	0:	N/A					Em	Email: N/A				
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			Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)						
-Please see attache	d-			_							_	
				_				-				
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												
Do any individu interpretable			ners or principals	hav	n o opouro regi	etered de	nmae	tic partner, child, parent, unty Detention Center or	in-law Clark	or brother/sister, County Water Rec	hal lan	f-brother/half- nation District
full-time employ	ee(s), or appointed	/electe	d official(s)?					on Page 2. If no, please				
	of periury that all a	of the i	nformation provide	ed h	erein is current.	complete	e, and	I accurate. I also underst			ot t	ake action on
	2				Fuilala Riley						_	
Signature					Print Name							
President & CEO					2/10/25 Date						_	
Title					Date						_	

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

Authorized Department Representative

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			
	1		
		×	
* County employee means Water Reclamation District.	Clark County, Department of	Aviation, Clark County Dete	ntion Center or Clark County
"Consanguinity" is a relations	hip by blood. "Affinity" is a rel	ationship by marriage.	
"To the second degree of c follows:	onsanguinity" applies to the	candidate's first and second	degree of blood relatives as
Spouse – Registered	l Domestic Partners – Childrer	n – Parents – In-laws (first deg	gree)
Brothers/Sisters – Ha	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents – I	n-laws (second degree)
Diothera/olotoro	an Brownston and Court of Court		,
For County Use Only:			
	oted above, please complete the follo	wing:	
	oloyee(s) noted above involved in the		particular agenda item?
	oloyee(s) noted above involved in any		
Notes/Comments:			
Signature			
Print Name			



Fuilala Riley, President/CEO (702) 238-3702 friley@helpsonv.org
Shelly Torres, Chief Financial Officer (702) 860-4046 storres@helpsonv.org
Abby Quinn, Chief Community Relations Officer (702) 278-6916 aquinn@helpsonv.org
Denise Gee, Chief Workforce Officer (702) 334-1686 dgee@helpsonv.org
Thomas McClain, Chief Operations Officer (702) 445-2902 tmcclain@helpsonv.org



HELP OF SOUTHERN NEVADA BOARD OF TRUSTEES

AS OF June 6, 2024

1.	Alam, John / 2022 Franchisee Ori'Zaba's Scratch Mexican Grill 6772 Sharks Bay Court Las Vegas, NV 89149 john@alamandkhan.com
2.	Avila, Jammie / 2019 Managing Partner/CEO Cornerstone Wealth Management 1368 Paseo Verde Parkway, #100 Henderson, NV 89012 jammie@cornerstonevegas.com
3.	Baker, Amber M. / 2022 CPA, CGMA, Tax Principal Clifton Larson Allen LLP 10845 Griffith Peak Drive, Suite 550 Las Vegas, NV 89135 Amber.Baker@claconnect.com
4.	Brazill, Stacy / 2000 Owner, Broker Brazill Team Real Estate 215 E. Warm Springs Rd., Ste. 102 Las Vegas, NV 89119 stacy@thebrazillteam.com
5.	Buchanan, Chet/ 2014 Radio/Television Personality 98.5 KLUC Radio 7255 South Tenaya Way, #100 Las Vegas, NV 89113 chet@chetbuchanan.com



6.	Clingo, Kyle / 2011
	Sr. Vice President, Operations
	United Healthcare
	2720 N. Tenaya Way
	Las Vegas, NV 89128
	Kyle.clingo@uhc.com
7.	Cooper-Tippett, Lisa / 2011
/*	
	Immediate Past Chairperson
	Compliance Officer
	Credit One Bank, N.A. 6801 S. Cimarron Rd
	Las Vegas, NV 89113
	Lisa.cooper-tippett@creditone.com
	Lisa.cooper-uppett@creatione.com
8.	Hackmey, Carrie / 2024
0,	-
	President & Owner
	Scaled Design Studio
	10200 Summit Canyon Drive
	Las Vegas, NV 89144
	cstamps1@gmail.com
9.	Hausch, Mary / 1974
	Retired (UNLV)
	1139 5 th Place
	Las Vegas, NV 89104
	mhausch@outlook.com
10.	Keidel, Duane / 2006
	Detined (Southwest Cos Corn)
	Retired (Southwest Gas Corp)
	5138 Shadow Valley
	Las Vegas, NV 89148
	Keidel@cox.net



11.	Lankowsky, Chelsea/2020 Board Secretary Lankowsky Management LLC 35 Tapadero Lane Las Vegas, NV 89138 Brownc8@gmail.com
12.	Maruca, Kelli / 2008 Partner / Agency 702 7120 Rafael Ridge Way Las Vegas, NV 89119 kelli@agency702.com
13.	Merritt, Jerrie / 2011 Board Treasurer Senior Vice President Community Development Manager Bank of Nevada 2700 W. Sahara Ave. Las Vegas, NV 89102 jmerritt@bankofnevada.com
14.	Ray, Robert / 2016 Senior Vice President-Manager Fidelity National Title Group NCS Las Vegas 8363 W Sunset Rd, #100 Las Vegas, NV 89113 Robert.Ray@fnf.com
15.	Van Son, Hank / 2007 Board Chairperson Chief Financial Officer Terrible Herbst I JETT Gaming 5195 Las Vegas Blvd South Las Vegas, NV 89119 hvanson@terribleherbst.com



16.	Zamir, Talor / 2022
	Peak Performance Life LLC
	1037 Salford Dr.
	Las Vegas, NV 89144
	talorzamir@gmail.com
17.	Zehirev, Vesela / 2017
	Board Vice-Chairperson
	Corporate Philanthropy & Community Engagement Manager
	MGM Resorts International
	840 Grier Drive
	Las Vegas, NV 89119
	vzehirev@mgmresorts.com

Business Entity T	ma /Planca calac	t one		-17							
Sole							st	Non-Profit Organization	Other		
Proprietorship Business Designa	tion Group (Pleas			Λ.							
MBE	WBE	, ac	□SBE	1	ПРВЕ			VET		DVET	□ESB
Minority Business Enterprise	Women-Owned Business Enterprise	ı	Small Business Enterprise		Physically Cha Business Ente			Veteran Owned Business		Disabled Veteran Dwned Business	Emerging Small Business
	Litter price										
Number of Clark County Nevada Residents Employed: 52											
		l lan	allals of Courthon	n Nic	wada						
Corporate/Busines	s Entity Name:	Нор	elink of Southern	1 INC	avaua						
(Include d.b.a., if a	pplicable)	170	Mastminator Ma	21/				osite: WWW.Link2	hope.o)ra	
Street Address:		-	Westminster Wa	_				Name: Jodi Lynn			
City, State and Zip	Code:	Her	derson, NV 890	15			Ema				
		702	-566-0576					No: 702-566-0494			
Telephone No:		102	-500-0570	-		-					
Nevada Local Stre	et Address:	San	ne as Above				Web	osite: Same as Ab	ove		
(If different from a	oove)			_			_	al Fax No: Same a	s Ahos	/e	
City, State and Zi	Code:	-		-							
Local Telephone N	o:						Local POC Name: Same as Above Email: 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)			
Aaron Sheets				Chief Executive Officer				0%			
Jodi Lynn Higdon				Chief Financial Officer				0%			
Kristin Aviles				Chief Operations Officer Chief Social Services Officer				0%			
Danielle Sparks		_	Cl	niet	Social Service	S Office){ 		-		
1 Are any individu	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										
Yes	✓ No (If	yes, pi ntracts	ease note that Col , or other contracts	unty s, wh	employee(s), or lich are not subje	ect to con	npetiti	ive bid.)	0, 60,10	in any train an praise	
 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		-					-	Page 2. If no, pleas			
I certify under penalty land-use approvals, c	of perjury, that all contract approvals, la	of the i	nformation provide les, leases or exch	d he	rein is current, o es without the co	complete, ompleted	and a disclo	accurate. I also unde osure form.	rstand t	that the Board will no	t take action on
Signature	_			12	J.d. k	LYNH	4,	g d.~		<u> </u>	
7 0 P 7 C C	weed of	F>	_		1/29						
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	N/A	N/A	N/A		

* County er	nployee means	Clark	County,	Department	of Aviation	n, Clark	County	Detention	Center or	Clark	County
Water Recla	amation District.										

"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:
Jo. LH 1/29/25 Signature

Authorized Department Representative

[&]quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.





2024-2025 Board of Directors

Scot Rutledge / CHAIR '24 - '25

Michael O'Brien

Jim Nyberg / TREASURER '23-'24

Steve Hamile

Kellen Kautzman

Christie McCart / SECRETARY '23-'24

Thomas J. Schnitker (Immediate Past Chair)

Executive Team

Aaron Sheets, Since 2013
Chief Executive Officer
HopeLink of Southern Nevada
(C) 702-306-4168
(O) 702-566-0576 x314
Aaron@link2hope.org

Kristin Aviles, Since 2011
Chief Operating Officer
HopeLink of Southern Nevada
(C) 702-882-1355
(O) 702-566-0576 x303
Kristin@link2hope.org

Dani Sparks, since 2015 Chief Social Services Officer HopeLink of Southern Nevada (C) 725-577-3656 (O) 702-566-0576 x304 Dani.sparks@link2hope.org

Jodi Lynn Higdon, since 2019 Chief Financial Officer HopeLink of Southern Nevada (C) 702-561-2764 (O) 702-566-0576 ext. 317 finance@link2hope.org

Patricia Kelly, since 2017
Director of Client Services
HopeLink of Southern Nevada
(C) 702-982-9673
(O) 702-566-0576 x302
Patricia@link2hope.org

Tiffany Simmons, since 2020





Director of Housing Services HopeLink of Southern Nevada (C) 702-742-6991 (O) 702-566-0576 x1004 Tiffany@link2hope.org

Ryan Henson, since September 2022
Director of Administration
HopeLink of Southern Nevada
(C) 725-270-6560
(O) 702-566-0576 x1018
R.henson@link2hope.org

Rueinass	s Entity Ty	pe (Please select	t one)											
Sole		Partnership	Li	Limited Liability Corporation Trust Organization		Other								
Business	s Designat	tion Group (Pleas	e selec	t all that apply)									
Пмве		□wbE	1	SBE	□Pt	BE			□VET		VET	□ESB		
	Minority Business Enterprise Women-Owned Business Enterprise			Small Business Enterprise		Physically Challenged Business Enterprise			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business		
Numbe	er of Cla	rk County N	evada	Residents	Emplo	yed:	59							
Corporat	to/Rusines	s Entity Name:	Jewisl	ewish Family Service Agency										
	d.b.a., if a	0												
Street Ad		ppriodistoy	5851	W. Charleston	Blvd.			Web	osite:www.jfsalv.org					
City, State and Zip Code:			Las V	egas, NV 891	46			POC	Name: Lynda R. Kee					
			702-7	32-0304 ext. 12	20			Ema	No: ⁷⁰²⁻⁹¹⁴⁻⁰²⁹³					
Telephon	ne No:		102-7	32-0304 CXL 12	20									
'		et Address:						Wet	osite:					
(If different from above)									al Fau Na					
City, Sta	ite and Zip	Code:							Local Fax No: Local POC Name: Kenneth Moskowitz, CEO					
Local Telephone No:			702-7	32-0304 ext. 10	80			Ema	kmosko		@jfsalv.org			
ownership	or financia	l interest. The disclo	s organi	quirement, as appointed under or gover	plied to land verned by ⁻	id-use app Title 7 of	olications, the Neva ed partne	, extei da Re	Directors In lieu of dis nds to the applicant and t evised Statutes, including s, and professional corpor	ne lar ı but r	idowner(s). not limited to priva	te corporations,		
Please see	e list of off	icer attached.	Title				7100				% Owned Not required for Publicly Traded rporations/Non-profit organizations)			
1 10000 000	0 1101 01 011													
1. Are a	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.)													
siste	er, grandchi	d, grandparent, rel ee(s), or appointed	lated to a lelected	a Clark County, [official(s)?	Departmen [.]	it of Aviati	on, Clark	Cour	c partner, child, parent, in hty Detention Center or C	lark C	county water Rec	nalf-brother/half- lamation District		
	Yes	No (If	yes, plea	ase complete the	Disclosure	e of Relati	onship fo	rm or	n Page 2. If no, please pr	int N/	A on Page 2.)			
I certify un land-use a	nder penalty approvals, c	of perjury, that all ontract approvals, l	of the inf and sale	formation provide s, leases or exch	ed herein is nanges with	current, on	complete, ompleted	, and disclo	accurate. I also understa osure form.	nd tha	at the Board will no	ot take action on		
kenn	uth M	oskowitz				Kenneth Moskowitz								
Signature	v1LAB65402.					Name								
Presdi	ent/CEC)		3/3/2025										
Title					Date									

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

Authorized Department Representative

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 relations "To the second degree of of follows: • Spouse – Registered	Clark County, Department of ship by blood. "Affinity" is a releconsanguinity" applies to the double Domestic Partners – Children alf-Brothers/Half-Sisters – Gra	ationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as gree)						
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									



FRANCISCO V. AGUILAR Secretary of State 401 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708

Annual or Amended List and State Business License Application

Website: www.nvsos.gov www.nvsilverflume.gov

ANNUAL AMENDED	check one)
List of Officers, Managers, Members, General Partners, Managin	g Partners, Trustees or Subscribers:
JEWISH FAMILY SERVICE AGENCY	NV19771003913
NAME OF ENTITY	Entity or Nevada Business
TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGH	Identification Number (NVID) T
IMPORTANT: Read instructions before completing and returning this form. Please indicate the entity type (check only one):	
Corporation	Filed in the Office of Business Number
This corporation is publicly traded, the Central Index Key number is:	C2602-1977 Filing Number 20254597897
Nonprofit Corporation (see nonprofit sections below)	Sceretary of State State Of Nevada Filed On 01/14/2025 18:29:06 PM Number of Pages
Limited-Liability Company	4
Limited Partnership	
Limited-Liability Partnership	
Limited-Liability Limited Partnership	
Business Trust	
Corporation Sole	
Additional Officers, Managers, Members, General Partners, Managing Partners, Trustee	es or Subscribers, may be listed on a supplemental page.
CHECK ONLY IF APPLICABLE	
Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. 001 - Governmental Entity	
006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number	
For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit desig the fee is \$200.00. Those claiming an exemption under 501(c) designation must indicate by	nation are required to maintain a state business license, checking box below.
Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt fro Exemption Code 002	om the business license fee.
For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' associa organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C \$ 501(c) are exclicense. Please indicate below if this entity falls under one of these categories by marking the atthese categories please submit \$200.00 for the state business license.	cluded from the requirement to obtain a state pusitiess
Unit-owners' Association Religious, charitable, fraternal or other org	anization that qualifies as a tax-exempt organization
For nonprofit entities formed under NRS Chapter 82 and 80:Charitable Solicitation Info	rmation - check applicable box
Does the Organization intend to solicit charitable or tax deductible contributions?	
No - no additional form is required	
Yes - the "Charitable Solicitation Registration Statement" is required.	
The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From required"	om Charitable Solicitation Registration Statement" is
Failure to include the required statement form will result in rejection of	of the filing and could result in late fees.



FRANCISCO V. AGUILAR Secretary of State 401 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708

Website: www.nvsos.gov www.nvsilverflume.gov

Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

3			
CORPORATION, INDICATE THE <u>Director</u> :			
DOUG GOLD		USA	
Name		Countr	Ŋ
5851 W CHARLESTON BLVD	Las Vegas		NV 89146
Address	City		State Zip/Postal Code
CORPORATION, INDICATE THE President:			
KENNETH MOSKOWITZ		USA	
Name		Countr	У
5851 W CHARLESTON BLVD	Las Vegas		NV 89146
Address	City	,	State Zip/Postal Code
CORPORATION, INDICATE THE Director:			
CYNTHIA ASHER		USA	
Name		Countr	У
5851 W CHARLESTON BLVD	Las Vegas		NV 89146
Address	City		State Zip/Postal Code
CORPORATION, INDICATE THE Secretary:			
SAM BERKLEY		USA	
Name	411	Countr	У
5851 W CHARLESTON BLVD	Las Vegas		NV 89146
Address	City		State Zip/Postal Code
CORPORATION, INDICATE THE Director:			
AMY FIELDMAN (BOARD CHAIR)		USA	
Name		Countr	У
5851 W CHARLESTON BLVD	Las Vegas		NV 89146
Address	City		State Zip/Postal Code
CORPORATION, INDICATE THE <u>Director</u> :			
BARBARA RABEN		USA	
Name		Countr	у
5851 W CHARLESTON BLVD	Las Vegas		NV 89146
Address	City		State Zip/Postal Cod

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

Docusign Envelope ID: FFAF7B6A-85A9-408A-AA93-462FE6814D17

X Kenneth Moskowitz

UNSIGNED

Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Subscriber, Member, Owner of Business, Partner or Authorized Signer FORM WILL BE RETURNED IF

President 01/14/2025

Date

Title

			DI	SCLOSUR	KE U	IF OWI	MEKSI	TIP	PRINCIPAL	3			
Business Entity	у Тур	e (Please select	one)				,						
Sole Proprietorship		Partnership		_imited Liability	□ c	orporation	Trus	it	Non-Profit Organization		Other		
Business Desig	natio	n Group (Pleas	e sele	ct all that apply	0								
Пмве		□wbe		SBE		PBE		_ [VET		DVET	□ESB	
Minority Busines Enterprise	s	Women-Owned Business Enterprise		Small Business Enterprise		Physically Challenged Business Enterprise			Veteran Owned Business		sabled Veteran wned Business	Emerging Small Business	
Number of	Clar	k County Ne	evad	la Residents	Emj	ployed:	0						
Corporate/Business Entity Name: Nevada Partners, Inc.													
(Include d.b.a.,	if ap	plicable)				A .	1				- 1		
Street Address	:		6	70 W L	ake	e Mec	ACA.	Web	site: www.y	JAB	arthers, or	19	
City, State and	Zip (ode:	N.	las Veg	as,	NV 8		Ema	11: Iquillen	<u>on</u>	evadapartu		
Telephone No:	- 1							Fax	No: 702-	544	-8019		
Nevada Local S								Web	site:				
(If different from								1.000	al Fax No:				
City, State and	Zip	Code:	-						al POC Name:				
Local Telephone No:								Ema					
Entities include close corporation	all bu s, for	siness association eign corporations, Full Name	s orga Ilmited	inized under or go d liability companie	overned es, partr	l by Title 7 o nerships, lim	f the Neva ited partne Title	da Re rships	vised Statutes, includ , and professional col	, , , , , , ,	% Owne	ed iblicly Traded	
										Corporations/Non-profit organizations)			
Lizette		Guillen			Act	ing f	resid	ent	<u> </u>				
Steven	H	ors ford			Boo	ard C	hair			_		/	
Cedric	ىل	villiams			Bo	ord !	Yem			-			
Brook	و	Page			B	courd	Men	nbo	er	-	7 /		
1. Are any inc Center or 0	This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes No 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)?												
sister, grar full-time en	rdchile	i, grandparent, re e(s), or appointed	lated t Velect	to a Clark County, ed official(s)?	, Depan	Iment of Man	ation, Clair	Cour	c partner, child, paren ity Detention Center of i Page 2. If no, pleas	O, O,		half-brother/half- clamation District	
Yes	-				-							not take action on	
I certify under per land-use approve	als, co	of perjury, that all entract approvals,	of the land s	information provid ales, leases or exc	cnange	Lize	t, complete completed	uisck	accurata. I also under osure form.	rstand	that the Board will r	tot take action on	
Signature	q	resident	-	CEO	_		125						
Title						Date	1					DEVICED 705001	

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

	T MANUE OF COUNTY	DELATIONISHID TO	COUNTY*
NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	EMPLOYEE'S/OFFICIAL'S DEPARTMENT
NIA			
10/15			
7.			
"To the second degree of of follows:		candidate's first and second	d degree of blood relatives as
	d Domestic Partners – Childre	F	
 Brothers/Sisters – H 	lalf-Brothers/Half-Sisters – Gra	andchildren – Grandparents –	In-laws (second degree)
For County Use Only:			
	noted above, please complete the follower		
	nployee(s) noted above involved in the		
Yes No Is the County em	nployee(s) noted above involved in an	y way with the business in performar	ice of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Represent	ative		

NPI BOARD LIST Revised July 2023

Steven Horsford - 2015

R&R Partners

Caleb Dawkins - 07/2021

JP Morgan Private Bank

Cedric Williams - 07/2021

City of North Las Vegas Fire Department

Jerry Whitsett - 07/2021

M.R. Whitsett, Inc

Brooke Page 11/2021

The Corporation for Supportive Housing

Dr. Constance Brooks 03/2023

University of Nevada Las Vegas

Business Entitu T	no (Please salent	One										
Business Entity Type Sole Proprietorship	Partnership		Limited Liability		Corporation	Trus	st	Non-Profit Organization		Other		
Business Designati	on Group (Pleas		1)								
Пмве	Пwве		□SBE		PBE			□VET		OVET	□ESB	
Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise		Physically Cha Business Ente			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business	
Number of Cla	rk County Ne	evac	ta Residents	Em	nployed:				62			
		C+	Jude's Ranch for	Chile	dren							
Corporate/Business	s Entity Name:	St. 1	Jude S Marier for	Ormi	ulon							
(Include d.b.a., if ap	plicable)	200	Wilson Circle	_			101.	bsite: https://stjudesra	nch.c	ora/		
Street Address:				005				C Name: Dr. Christina				
City, State and Zip	Code:	Bot	ılder City, NV 890	005				nail: cvela@stjude				
Telephone No:		702	-294-7100				Fax	k No:				
Nevada Local Stree	t Address:						We	bsite:				
(If different from ab	ove)											
City, State and Zip	Code:			Local Fax No:								
Local Telephone No	o :							Local POC Name: Email:				
Entition include all bu	ninner accoriations	e ora:	nized under or do	verne	d by Title 7 of	the Neva	ida F	ends to the applicant and Revised Statutes, including os, and professional corpo	g but pration	not limited to prive	d blicly Traded	
This section is not re 1. Are any individu Center or Clark	al members, partne County Water Recl	ers, ov amati	vners or principals, on District full-time	invol emple	ved in the busing oyee(s), or applemployee(s), or	ness entit pointed/ele r appointe	ty, a ected ed/el	Clark County, Departmen d official(s)? ected official(s) may not p	t of A			
sister, grandchile	d, grandparent, rel ee(s), or appointed/	lated /elect	to a Clark County, ed official(s)?	Depa	rtment of Aviat	ion, Clark	(600	tic partner, child, parent, unty Detention Center or (Clark	County Water Nec	half-brother/half- lamation District	
Yes		_		_				on Page 2. If no, please p				
land-use approvals, co	ontract approvals, li	of the and s	information provide ales, leases or excl	ed hei hange	rein is current, es without the c	complete completed	e, and disc	d accurate. I also understa closure form.	and th	at the Board will n	ot take action on	
Dr. Christina Vela,	DPP Signathy upward by Dr. Christian 9 May DPP Signathy Christian 9 May DP	e Se Jugle's Runch	to Châlme na	= [Or. Christina ' Print Name	Vela, DF	PP -					
Chief Executive Office	cor			1	1-27-2025							
Title	CGI			-	Date							

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

Print Name

Authorized Department Representative

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 of follows: • Spouse – Registere	ship by blood. "Affinity" is a re consanguinity" applies to the d Domestic Partners – Childre	lationship by marriage. candidate's first and second n – Parents – In-laws (first de			
 Brothers/Sisters – H 	lalf-Brothers/Half-Sisters – Gra	andchildren – Grandparents –	In-laws (second degree)		
Yes No Is the County em	noted above, please complete the foll iployee(s) noted above involved in the aployee(s) noted above involved in any	contracting/selection process for this			
Signature					

Sty Jude's Ranch for Children A Community of Hope

BOARD OF TRUSTEES

Lance Knight (Board Chairman)

Managing Advisor Ashton Thomas Private Wealth

Office: 702-848-2848 Lknight@AT-PW.com

Cara Steele Huey

(Secretary/Treasurer)

VP of Corporate Finance Caesar's Entertainment

Office: 702-407-6369 Cell: 702-428-0957 cahuey@caesars.com carajhsteele@gmail.com

Robin Greenspun

Producer/Director Culture Dog Films Cell:702-580-9090 robin@culturedog.com

Ashley Burney

Founder & President Heart to Heart, LLC Cell:702-756-5477 ashleyburney@gmail.com

Jessica Cunningham

Senior Vice President, Legal Counsel & Assistant Manager
MGM Resorts International
Cell:702-692-5662
jecunningh@mgmresorts.com
jecunningham@mgmresorts.com

Angela Biletnikoff

Founder of Biletnikoff Foundation CEO of Biletnikoff 25 Wines Cell: 925-580-4878 biletnikoff25@gmail.com

Mike Fath

Retired VP & Chief Procurement Officer

Caesars Entertainment, Inc.

Cell: 216-533-2934 fath.michael@gmail.com

Christie O'Melia McCart

CRA Officer/Senior Compliance Analyst

Toyota Financial Savings Bank

Office: 702-477-2137 Cell: 702-525-5018

christie.omelia@toyota.com

Col. Cameron Dadgar

US Airforce Cell:702-503-0492 cameron.dadgar@gmail.com

Rebecca Haines

Associate Attorney- JEFFREY BURR Cell: 907-382-9555 rebecca@jeffreyburr.com

Kaitlin Molina

HR Caesar's Palace Cell:702-964-9288 Kaitlin.j.molina@gmail.com

			100001								
Business Entity Ty	pe (Please select	one									
Sole Proprietorship	Partnership	Co	Limited Liability mpany		Corporation	Tru	st	Non-Profit Organization		Other	
Business Designat	ion Group (Pleas	e sel	ect all that apply)					_		I
МВЕ	MBE WBE		SBE		PBE			☐ VET		VET	ESB
Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch Business Ente			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of Cla	rk County N	evac	da Residents	Ε	mployed:	55					
Corporate/Business	s Entity Name:	Th	he Just One Project								
(Include d.b.a., if a						- 14					
Street Address:	01 N. Deca	tui	r Blvd Ste	. 34	We	_{bsite:} www.theju:	ston	eproject.oi	g		
City, State and Zip Code:			Las Vegas, NV 89108					c Name:Brooke N nail: brooke@		oauer justonepro	ect.org
Telephone No:		702	2-462-2253	3			Fa	k No:			
Nevada Local Street Address:							We	ebsite:			
	(If different from above)						Lo	cal Fax No:			
City, State and Zip Code:								cal POC Name:			
Local Telephone No	o:							nail:			
close corporations, for	eign corporations, Full Name	limite	d liability companie:	s, p	artnerships, limit	ed partne Title	ership	Revised Statutes, includin os, and professional corpo	Siation	s. % Owned ot required for Put	d
N/A			N	N/A				Corporations/Non-profit organizations)			
IN//A											
This section is not re 1. Are any individu Center or Clark Yes	al members, partne County Water Recl	ers, ov amati	vners or principals, on District full-time	inv em	olved in the busingloyee(s), or app	ness enti pointed/el	ty, a ected ed/el	Clark County, Departmer d official(s)? ected official(s) may not p	nt of Av		
sister grandchil	d, grandparent, re ee(s), or appointed	lated i /electe	to a Clark County, ed official(s)?	Dep	partment of Aviat	lion, Clari	COL	tic partner, child, parent, unty Detention Center or	Olai K	odiny water no	half-brother/half- lamation District
Yes								on Page 2. If no, please p			
I certify under penalty land-use approvals, c	of perjury, that all ontract approvals, I	of the and s	information provide ales, leases or excl	ed h	erein is current, ges without the c	complete	e, and d disc	d accurate. I also underst closure form.	and th	at the Board will n	ot take action on
Oh					Brooke N	euba	uei	<u> </u>			
Signature											
Founder & CE	0 '				2/6/2024 Date						
Title					24.0						

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

Signature

Print Name Authorized Department Representative

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		
Water Reclamation District. "Consanguinity" is a relation	Clark County, Department of ship by blood. "Affinity" is a reconsanguinity" applies to the	lationship by marriage.			
	LD U. Darta Childre	n Doronto In Jawe (firet de	aree)		
·	d Domestic Partners – Childre				
 Brothers/Sisters – F 	lalf-Brothers/Half-Sisters – Gra	ındchildren – Grandparents –	In-laws (second degree)		
For County Use Only:					
	noted above, please complete the following		norticular agenda item?		
	nployee(s) noted above involved in the				
	nployee(s) noted above involved in any	way with the business in performance	30 01 1110 00111111111		
Notes/Comments:					

					_							
Business Entity	Type (Please selec	t one)	_							
Sole Proprietorship	Pan	Inership	Co	Limited Liability mpany		Corporation	Tr	ust	Non-Profit Organization		Other	
Business Desig	nation (Group (Pleas	e sel	ect all that apply)							
MBE		WBE	SBE			PBE			VET		VET	ESB
Minority Business Enterprise	Bu	omen-Owned isiness iterprise	Small Business Enterprise			Physically Challenged Business Enterprise		d	Veteran Owned Business			Emerging Sma Business
Number of C	Clark (County Ne	evac	la Residents	E	mployed:	115					
Cornerate/Busin	oss Ent	titu Namai	The Salvation Army, A California Corporation									
Corporate/Business Entity Name: The Salvation Army, (Include d.b.a., if applicable) The Salvation Army								_				
Street Address:	пррпо		3084	10 Hawthorne Bly	vd			Wa	bsite; www.Usw.Salva	tionarı	my.org	
City, State and Zip Code:			cho Palos Verde	s, CA 90275 POC Name: Michele			C Name: Michele Fisch					
Telephone No:									No: 562 491-8875			
Nevada Local St		dress:	2900 Palomino Lane				Website: www.SalvationArmySouthernNevada.0rg					
City, State and 2		1:	Las \	/egas, NV 89108	3			Local Fax No: 702 870-4391				
			700	970 4420				cal POC Name: Elsie L. Lewis				
Local Telephone	No:		702	870-4430				Ema	ail: Elsie.Le	wis@	usw.salvationa	rmy.org
Entities include all business associations organized under or go close corporations, foreign corporations, limited liability companie Full Name							s, and professional corpore					
ee Auached List												
This section is not	required	i for publicly-	trade	d corporations. A	re j	you a publicly-t	raded c	orpoi	ration? Yes	V N	».=" 0	
				ers or principals, in District full-time en					ark County, Department of ficial(s)?	of Avlati	ion, Clark County	Detention
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	o (If yes	s, plea	se complete the D	iscl	osure of Relation	ship for	m on	Page 2. If no, please prin	t N/A c	n Page 2.)	5 W :
certify under penalt and-use approvals,	y of perju	ury, that all of t approvals, land	he inf	ormation provided l s, leases or exchar	here nges	s without the con	rpieted o	disclo		l that th	ne Board will not t	take action on
	1	-h			_	LAM LAM	IOR DA	AVID	YARDLEY			
Ignature GEN	ERAL S	SECRETAR			F	Print Name	200	25	/			
itle					E	Date						

List any	disclosures	below
/Mark N/A	if not applicable	۵١

Authorized Department Representative

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL DEPARTMENT
N/A			
county employee means (ter Reclamation District,	Clark County, Department of	Aviation, Clark County Deter	ntion Center or Clark Coun
neanquinity" is a relations	hip by blood. "Affinity" is a rela	ationship 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	e, please complete the following:
Yes No Is the County employee(s) no	sted above involved in the contracting/selection process for this particular agenda item?
Yes No Is the County employee(s) no	ated above involved in any way with the business in performance of the contract?
Notes/Comments:	
Signature MAJOR DAVID VARDLEY	
Print Name Authorized Department Representative	GENERAL SECRETARY

2

THE SALVATION ARMY (a California corporation)

BOARD OF DIRECTORS

KENNETH G. HODDER CHAIRMAN OF THE BOARD/DIRECTOR 615 SLATERS LANE ALEXANDRIA, VA 22313

DOUGLAS RILEY PRESIDENT/DIRECTOR 30840 HAWTHORNE BLVD RANCHO PALOS VERDES, CA 90275

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KELLY PONTSLER TREASURER/DIRECTOR 30840 HAWTHORNE BLVD RANCHO PALOS VERDES, CA 90275

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