

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
Business Designation Group (Please select all that apply)						
<input checked="" type="checkbox"/> MBE	<input checked="" type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of Clark County Nevada Residents Employed:				0		
Corporate/Business Entity Name: 180 Community Wellness Centers						
(Include d.b.a., if applicable)						
Street Address:		4344 W. Cheyenne Avenue		Website: 180CWC.COM		
City, State and Zip Code:		North Las Vegas, Nevada 89032		POC Name: Ericka Severs		
				Email: ESEVERS@180CWC.COM		
Telephone No:		702.675.6314		Fax No: 702.476.9697		
Nevada Local Street Address:				Website:		
(If different from above)						
City, State and Zip Code:				Local Fax No:		
Local Telephone No:				Local POC Name:		
				Email:		

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

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

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

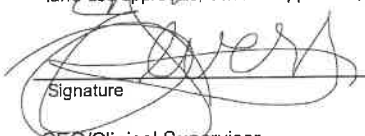
Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
ErickaSevers	CEO/Clinial Supervisor	100%

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 CEO/Clinical Supervisor Title	Ericka Severs Print Name 01.22.2025 Date
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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

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 checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
Business Designation Group (Please select all that apply)						
<input checked="" type="checkbox"/> MBE	<input checked="" 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:				38		
Corporate/Business Entity Name:		Apple Grove Treatment Center, LLC				
(Include d.b.a., if applicable)		Apple Grove Foster Care Agency, Apple Grove				
Street Address:		3155 E Patrick Lane Ste 1		Website: www.applegrovefostercare.com		
City, State and Zip Code:		Las Vegas, NV 89120		POC Name: Icia Reid-Sandulak		
				Email: Icia@applegrovefostercare.com		
Telephone No:		702-992-0576		Fax No: 702-992-0391		
Nevada Local Street Address:		NA		Website:		
(If different from above)						
City, State and Zip Code:				Local Fax No:		
Local Telephone No:				Local POC Name:		
				Email:		

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

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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)
Icia Reid-Sandulak	Executive Director	50%
Jason Sandulak	Billing Specialist	50%

This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? ☐ Yes ☒ No

- Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?
☐ Yes ☒ No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)
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 Signature Executive Director Title	Icia Sandulak Print Name 5/28/24 Date
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(Mark N/A, if not applicable.)

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NA			

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- Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree)
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Notes/Comments:

Signature

Print Name
Authorized Department Representative

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Business Designation Group (Please select all that apply)						
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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:				76		
Corporate/Business Entity Name:		Bamboo Sunrise, LLC				
(Include d.b.a., if applicable)						
Street Address:		98 East Lake Mead Parkway, Suite 201		Website: www.bamboosunrise.net		
City, State and Zip Code:		Henderson, NV 89015		POC Name: Michael Flynn, Director		
				Email: Michael@bamboosunrise.net		
Telephone No:		702-433-3038		Fax No: 702-433-2210		
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)
Shirley L. Holdeman	Chief Executive Officer (CEO)	100%

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- Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?
☐ Yes ☒ No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)
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☐ 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	Michael Flynn Print Name
Director Title	5/31/2024 Date

DISCLOSURE OF RELATIONSHIP

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

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N/A			

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Notes/Comments:

Signature

Print Name
Authorized Department Representative

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)						
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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"/> OVET	<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:				228		
Corporate/Business Entity Name:		Eagle Quest, Inc.				
(Include d.b.a., if applicable)		Eagle Quest				
Street Address:		3680 N Rancho Dr		Website: EagleQuestServices.Org		
City, State and Zip Code:		Las Vegas, NV, 89130		POC Name: David Doyle		
				Email: DDoyle@eaglequest.us.com		
Telephone No:		702 646 5437		Fax No: 702 396 4193		
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)
Leslie Jean Tippetts	Treasurer	51
Ivan Ray Tippetts	CEO	49

This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? ☐ Yes ☒ No

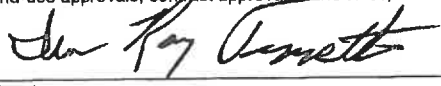
1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

☐ 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
 CEO
 Title

Ivan Ray Tippetts
 Print Name
 05/28/2024
 Date

DISCLOSURE OF RELATIONSHIP

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

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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

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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:					2	
Corporate/Business Entity Name:		Greater Hope Foundation for Children, Inc				
(Include d.b.a., if applicable)		A Greater Hope				
Street Address:		14344 Cajon, Suite 102		Website: www.aghope.org		
City, State and Zip Code:		Victorville, CA 92392		POC Name: HELENA LOPEZ		
				Email: HLOPEZ@AGHOPE.ORG		
Telephone No:		760-243-3999		Fax No:		
Nevada Local Street Address:		170 S GREEN VALLEY PARKWAY STE 300		Website: www.aghope.org		
(If different from above)						
City, State and Zip Code:		HENDERSON NV 89012		Local Fax No: 760-256-0537		
Local Telephone No:		702-318-7129 ext. 7129		Local POC Name: Jessica Maurice		
				Email: jmaurice@aghope.org		

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Frieda Scott	Board President	0
Kelly Kolterman	Vice President	0
Shirley Roach	Secretary	0

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	HELENA LOPEZ Print Name
CEO Title	05/25/2024 Date

DISCLOSURE OF RELATIONSHIP

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(Mark N/A, if not applicable.)

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N.A			

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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:					6	
Corporate/Business Entity Name:		National Youth Advocate Program, Inc.				
(Include d.b.a., if applicable)						
Street Address:		500 N. Rainbow Blvd. Suite 300		Website: www.nyap.org		
City, State and Zip Code:		Las Vegas, NV 89107		POC Name: Kristin Tordoff		
				Email: ktordoff@nyap.org		
Telephone No:		(725) 230-0141		Fax No: 702-924-4967		
Nevada Local Street Address:		same		Website:		
(If different from above)						
City, State and Zip Code:				Local Fax No:		
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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Marvena Twigg	President/ CEO	
Wellington Chimbwanda	COO	
Tom McDermott	CFO	

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Kristin Tordoff
 Digitally signed by Kristin Tordoff
 Date: 2024.05.24 15:05:40 -07'00'
 Signature
 Executive Director
 Title

Kristin Tordoff
 Print Name
 5-24-2024
 Date

DISCLOSURE OF RELATIONSHIP

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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:

Kristin Tordoff Digitally signed by Kristin Tordoff
Date: 2024.05.24 15:06:47 -07'00'

Signature

Kristin Tordoff

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:					19	
Corporate/Business Entity Name:		Olive Crest				
(Include d.b.a., if applicable)						
Street Address:		2130 Fourth St. Suite 200		Website: www.olivecrest.org		
City, State and Zip Code:		Santa Ana, CA 92705		POC Name: Donald Verleur, Chief Executive Officer		
Telephone No:		714-543-5437		Email: ceo@olivecrest.org		
Nevada Local Street Address:		4285 North Rancho Dr. Suite 160		Fax No: 714-543-5463		
(If different from above)				Website: www.olivecrest.org		
City, State and Zip Code:		Las Vegas, NV 89130		Local Fax No: 702-851-8528		
Local Telephone No:		702-685-3459		Local POC Name: Jimmy Monaghan, Executive Director		
				Email: jimmy-monaghan@olivecrest.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).

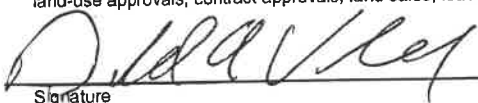
Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Donald Verleur	President/CEO	
Justin Laird	Treasurer/CFO	
Kathryn Jones	Secretary	

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 for me



Donald Verleur
Print Name

Chief Executive Officer
Title

Date

DISCLOSURE OF RELATIONSHIP

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

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
N/A			

* County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

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"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

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 checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
Business Designation Group (Please select all that apply)						
<input checked="" type="checkbox"/> MBE	<input checked="" 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: 5						
Corporate/Business Entity Name: Sandria LLC						
(Include d.b.a., if applicable)						
Street Address:		10439 Stroma Ave		Website: Sandriafostercare.org		
City, State and Zip Code:		Las Vegas, NV 89166		POC Name:		
				Email:		
Telephone No:		702-806-3837		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:		

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).

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Latoya Wilson	Owner	

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.)

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

Latoya Wilson

Print Name

Owner

5/9/2024

Title

Date

DISCLOSURE OF RELATIONSHIP

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

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
N/A	N/A	N/A	N/A

* County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

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- 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

Print Name
Authorized Department Representative

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one) <u>SHINING STAR COMMUNITY SERVICES, LLC</u>						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
Business Designation Group (Please select all that apply)						
<input type="checkbox"/> MBE	<input checked="" type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of Clark County Nevada Residents Employed: <u>37</u>						
Corporate/Business Entity Name: <u>SHINING STAR COMMUNITY SERVICES</u>						
(Include d.b.a., if applicable) <u>SHINING STAR</u>						
Street Address: <u>4500 S. EASTERN AVE #33</u>			Website: <u>WWW.SHININGSTARLV.COM</u>			
City, State and Zip Code: <u>LAS VEGAS, NV 89119</u>			POC Name: <u>DIANA WADE</u>			
			Email: <u>BUGGYADE@BOL.COM</u>			
Telephone No: <u>702-882-7827</u>			Fax No:			
Nevada Local Street Address: <u>SAME</u>			Website: <u>SAME</u>			
(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)
<u>DIANA WADE</u>	<u>CEO / OWNER</u>	<u>100%</u>

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

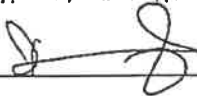
(If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)

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.)

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.

	<u>DIANA WADE</u>
Signature	Print Name
<u>CEO, OWNER</u>	<u>5/26/24</u>
Title	Date

DISCLOSURE OF RELATIONSHIP

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

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
None			

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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

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:				40 full-time, 3 PRN, 1 part-time, 2 interns		
Corporate/Business Entity Name:		Specialized Alternatives for Families and Youth of Nevada, Inc.				
(Include d.b.a., if applicable)						
Street Address:		4285 N. Rancho Dr, Suite 130		Website: www.safy.org/safy-of-nevada		
City, State and Zip Code:		Las Vegas, NV 89130		POC Name: Anya Earl earla@safy.org Email: safygrants@safy.org		
Telephone No:		702-385-5331		Fax No:		
Nevada Local Street Address: (If different from above)		SAME		Website:		
City, State and Zip Code:				Local Fax No:		
Local Telephone No:				Local POC Name: Email:		

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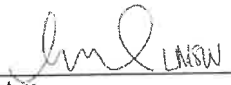
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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
James Pozy, Board Chairperson	Cathy Desenberg, Executive Assistant	
Charmaine Brittain, Vice-Chairperson	Nathan Leonhard, Treasurer and Chief of Finance and Business Administration	
William Matt, President CEO		

This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? ☐ Yes ☒ No

- Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?
☐ Yes ☒ No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)
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☐ Yes ☒ No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

 Signature	Anya Earl Print Name
Executive Director	1/23/2025 Date
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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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

Anya Earl
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:				77		
Corporate/Business Entity Name:		St. Jude's Ranch for Children				
(Include d.b.a., if applicable)						
Street Address:		200 Wilson Circle		Website: https://stjudesranch.org/		
City, State and Zip Code:		Boulder City, NV 89005		POC Name: Dr. Christina Vela, DPP-CEO Email: cvela@stjudesranch.org		
Telephone No:		702-294-7100		Fax No:		
Nevada Local Street Address: (If different from above)		Same as 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)
See Attached		

This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? ☐ Yes ☒ No

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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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Dr. Christina Vela, DPP
Signature

Dr. Christina Vela, DPP
Print Name

Chief Executive Officer
Title

1-22-2025
Date

DISCLOSURE OF RELATIONSHIP

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

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
N/A			

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Notes/Comments:

Signature

Print Name
Authorized Department Representative



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

Rebecca Haines
Principal Harrison LLP
Cell: 907-382-9555
rhaines@harrisonllp.com

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