

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
<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
<b>Business Designation Group (Please select all that apply)</b>						
<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
<b>Number of Clark County Nevada Residents Employed:</b>				15		
<b>Corporate/Business Entity Name:</b>		180 Community Wellness Centers, LLC				
<b>(Include d.b.a., if applicable)</b>		N/A				
<b>Street Address:</b>		4344 W. Cheyenne Avenue		<b>Website:</b> 180CWC.COM		
<b>City, State and Zip Code:</b>		North Las Vegas, Nevada 89032		<b>POC Name:</b> Ericka Severs		
				<b>Email:</b> ESEVERS@180CWC.COM		
<b>Telephone No:</b>		702.675.6314		<b>Fax No:</b> 702.476.9697		
<b>Nevada Local Street Address:</b>				<b>Website:</b>		
<b>(If different from above)</b>						
<b>City, State and Zip Code:</b>				<b>Local Fax No:</b>		
				<b>Local POC Name:</b>		
<b>Local Telephone No:</b>				<b>Email:</b>		

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).

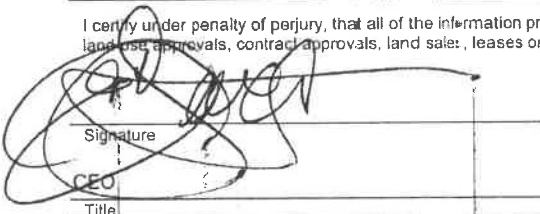
Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Ericka Severs	CEO	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.)
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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  
 CEO  
 Title

Ericka Severs  
 Print Name  
 02.15.2022  
 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.

"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)

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- ☐ 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

<b>Business Entity Type (Please select one)</b>						
<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
<b>Business Designation Group (Please select all that apply)</b>						
<input checked="" 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
<b>Number of Clark County Nevada Residents Employed:</b>				15		
<b>Corporate/Business Entity Name:</b>		Apple Grove Treatment Center, LLC				
<b>(Include d.b.a., if applicable)</b>		Apple Grove Foster Care Agency, Apple Grove				
<b>Street Address:</b>		3155 E Patrick Lane Ste 1		<b>Website:</b> www.applegrovefostercare.com		
<b>City, State and Zip Code:</b>		Las Vegas, NV 89120		<b>POC Name:</b> Icia Reid-Sandulak		
				<b>Email:</b> Icia@applegrovefostercare.com		
<b>Telephone No:</b>		702-992-0576		<b>Fax No:</b> 702-992-0391		
<b>Nevada Local Street Address:</b>		NA		<b>Website:</b>		
<b>(If different from above)</b>						
<b>City, State and Zip Code:</b>				<b>Local Fax No:</b>		
<b>Local Telephone No:</b>				<b>Local POC Name:</b>		
				<b>Email:</b>		

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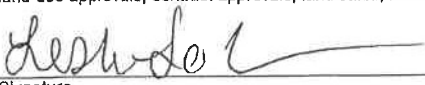
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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Icia Reid-Sandulak	Executive Director	50%
Jason Sandulak	Billing Specialist	50%

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

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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 Director	Leslie LaCombe Print Name 1/12/2022 Date
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(Mark N/A, if not applicable.)

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NA			

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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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<b>Business Designation Group (Please select all that apply)</b>						
<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
<b>Number of Clark County Nevada Residents Employed:</b>				38		
<b>Corporate/Business Entity Name:</b>		Bamboo Sunrise, LLC				
<b>(Include d.b.a., if applicable)</b>						
<b>Street Address:</b>		98 East Lake Mead Parkway Suite 201		<b>Website:</b> www.bamboosunrise.net		
<b>City, State and Zip Code:</b>		Henderson, NV 89015		<b>POC Name:</b> Shirley Holdeman		
				<b>Email:</b> ShirleyH@bamboosunrise.net		
<b>Telephone No:</b>		702-433-3038		<b>Fax No:</b> 702-433-2210		
<b>Nevada Local Street Address:</b>		98 East Lake Mead Parkway Suite 201		<b>Website:</b> www.bamboosunrise.net		
<b>(If different from above)</b>						
<b>City, State and Zip Code:</b>		Henderson, NV 89015		<b>Local Fax No:</b> 702-433-2210		
<b>Local Telephone No:</b>		702-433-3038		<b>Local POC Name:</b> Michael Flynn		
				<b>Email:</b> michael@bamboosunrise.net		

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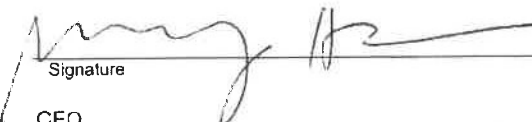
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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Shirley L. Holdeman	CEO	100

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 Signature CEO Title	Shirley L. Holdeman Print Name January 25th, 2022 Date
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## DISCLOSURE OF RELATIONSHIP

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(Mark N/A, if not applicable.)

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N/A			

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Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

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<b>Business Entity Type (Please select one)</b>						
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<b>Business Designation Group (Please select all that apply)</b>						
<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
<b>Number of Clark County Nevada Residents Employed:</b> 162						
<b>Corporate/Business Entity Name:</b> EAGLE QUEST						
<b>(Include d.b.a., if applicable)</b>						
<b>Street Address:</b>		3680 N RANCHO DR		<b>Website:</b> EAGLEQUEST.ORG		
<b>City, State and Zip Code:</b>		LAS VEGAS, NV 89130		<b>POC Name:</b> DAVID DOYLE		
				<b>Email:</b> DDOYLE@EAGLEQUEST.US.COM		
<b>Telephone No:</b>		702 6465437		<b>Fax No:</b> 702-228-8248		
<b>Nevada Local Street Address:</b>		DUE		<b>Website:</b>		
<b>(If different from above)</b>						
<b>City, State and Zip Code:</b>				<b>Local Fax No:</b>		
<b>Local Telephone No:</b>				<b>Local POC Name:</b>		
				<b>Email:</b>		

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
IVAN RAY TIPPETTS	CEO	49
LESLIE JEAN TIPPETTS	TREASURER	51

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☐ Yes ☒ No

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 Signature	IVAN RAY TIPPETTS Print Name
CEO Title	12/16/2021 Date

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(Mark N/A, if not applicable.)

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N/A			

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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
<b>Number of Clark County Nevada Residents Employed:</b>				2		
<b>Corporate/Business Entity Name:</b>		Greater Hope Foundation for Children, Inc				
<b>(Include d.b.a., if applicable)</b>		Greater Hope Foundation, A Greater Hope				
<b>Street Address:</b>		610 E. Main Street		<b>Website:</b> www.aghope.org		
<b>City, State and Zip Code:</b>		Barstow, CA 92311		<b>POC Name:</b> Helena Lopez		
				<b>Email:</b> hlopez@aghope.org		
<b>Telephone No:</b>		760-256-0432 / 310-779-7475		<b>Fax No:</b> 760-256-0537		
<b>Nevada Local Street Address:</b>		170 S. Green Valley Parkway Suite 300		<b>Website:</b> www.aghope.org		
<b>(If different from above)</b>						
<b>City, State and Zip Code:</b>		Henderson, NV 89012		<b>Local Fax No:</b> 760-256-0537		
<b>Local Telephone No:</b>		760-718-5021 / 702-318-7129		<b>Local POC Name:</b> Jessi Maurice		
				<b>Email:</b> jmaurice@aghope.org		

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☐ Yes ☒ No

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Helena Lopez

Digitally signed by Helena Lopez  
Date: 2022.01.26 10:32:55 -08'00'

Signature

Helena Lopez

Print Name

Chief Executive Officer

Title

12/15/2021

Date

## DISCLOSURE OF RELATIONSHIP

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Notes/Comments:

Helena Lopez Digitally signed by Helena Lopez  
Date: 2022.01.25 19:13:37 -08'00'

Signature

Helena Lopez

Print Name

Authorized Department Representative

The culture of A Greater Hope is defined by our love for our community and the optimistic hope we hold for the future. Our values are symbolized in the heart that appears in our logo and are personified in our team of professionals who work diligently to serve those in need. This culture reflects the values of our founder, Ms. Eva Ford who will tell you:

"Look people in the eye, hug them. Offer a drink of water,  
meet whatever need you can."

## LEADERSHIP

### Eva Ford

FOUNDER

Rising from a childhood of abuse and abject poverty to become a highly successful entrepreneur, Ms. Eva Ford never forgot about the children in need. With a penchant for identifying profitable opportunities Ms. Ford began her career in residential real estate development and expanded to commercial development. With every property she acquired, Ms. Ford not only invested in the physical building, she engaged and enhanced the lives of its people. They became family. Their children, her children. Ms. Ford has adopted special needs children, sponsored children to attend summer camps, and helped countless others who were homeless, hungry or abused.

[READ MORE](#)

### Helena Lopez

PRESIDENT & CHIEF EXECUTIVE OFFICER

Helena Lopez's work in the foster care system began when she was just ten years old. Her mother, a renowned philanthropist, opened three group homes for teenage foster youth. Lopez saw the residents as her siblings and remembers fondly how many of them attended her Junior High School promotion. "I had the biggest crowd of family there." Years later, Lopez became a Case Manager at the Greater Hope Society group home, where she relished in working in empowering foster youth.

[READ MORE](#)

### Joe Lopez

CHIEF PROGRAM OFFICER

Joe Lopez's three decades of distinguished service to individuals in need began when he was just 17 years old. Immediately after graduating from high school, Lopez began volunteering in shelters for run-away youth. Although the teenagers he worked with were often older than him, he thrived in the environment and proved highly effective in working with the youth.

[READ MORE](#)

## Reako Davis

CHIEF OPERATING OFFICER

Reako Davis joined A Greater Hope as the Chief Operating Officer in December 2004. In this role, she directs and oversees the organization's operational policies, objectives, initiatives, and organizational structure. Davis' primary duties focus on Human Resources/Employee Relations issues, government compliance, and legal issues.

[READ MORE](#)

## Brenda Roper

CHIEF FINANCIAL OFFICER

Brenda Roper's professional career in finance began in banking more than 25 years ago. First, she worked at a national bank, performing finance duties in Cheyenne, Wyoming. She then moved to California where she worked at a bank in the South Bay area. In that role, Roper oversaw 21 branches of the bank and supervised the accounting department which included: auditing, loan servicing, operations.

[READ MORE](#)

## Amanda Bell

DIRECTOR OF DEVELOPMENT

Over the last two decades, Amanda Bell has honed her skills as a fundraising professional, engaging individuals, private foundations and corporations with meaningful philanthropic experiences and elevating social causes. An adult adoptee herself, Bell is passionate about connecting hurting children to healing families. As she will tell you, "My identical twin sister and I won the adoption lottery and I am forever grateful for my family."

[READ MORE](#)

## Erin Wikert

PROGRAM DIRECTOR | FOSTER CARE & ADOPTION

For the first twenty years of her career, Erin Wikert worked in fine dining, where she rose to the position of General Manager and honed her superior communication and leadership skills. Yet, Wikert knew from a young age that she wanted to work with children. She committed to staying home to raise her two children, while pursuing her Bachelor of Arts Degree in Education from Chapman University to fulfil her dream of working with children.



---

## Mary Sue Swift

PROGRAM DIRECTOR | BEHAVIORAL HEALTH SERVICES

Mary Sue Swift began her career in human services with an internship in a Drug and Alcohol services agency. This was a strategic decision for Swift because as she notes, "I knew that the ability to work with those who struggled with substance abuse would always be an important skill." For three years, she performed individual and group counseling for outpatient clients.

[READ MORE](#)

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## Elizabeth Curtis

PROGRAM MANAGER | CALIFORNIA

Elizabeth Curtis began her career in social services as a Clinician at a homeless shelter in East Los Angeles. In that role, Curtis worked with clients who held a dual diagnosis of a Mental Health Disorder and a Substance Abuse Disorder. Curtis found the role incredibly fulfilling as she witnessed clients grow not only as a result of clinical services, but also because of the support clients provided to one another. The transformative power of a supportive group of individuals guiding and inspiring one another is something Curtis believes in strongly to this day.

[READ MORE](#)

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## Jessi Maurice

PROGRAM MANAGER | NEVADA

Jessi Maurice was introduced to A Greater Hope when she made a special appearance at the organization's Annual Family Picnic in 2009. Maurice was crowned Ms. Barstow, and as part of her duties she supported local nonprofit organizations like A Greater Hope. Maurice has been deeply involved in her community her entire life. As a teenager, Maurice completed 400 hours of volunteer service annually. She was part of a Youth Leadership Council, planned community events with the nearby Military Bases and coached young women on communication skills.

[READ MORE](#)

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## Yasmeen Sheikh

SPECIAL PROJECTS COORDINATOR

Yasmeen Sheikh was introduced to the foster care system during an internship at a shelter in Los Angeles County for youth aged 8-18 who were awaiting placement in either a foster home or a group home residential facility. Sheikh assisted with group therapy, mentored the youth and connected with Social Workers to advocate on their behalf. At the conclusion of that internship, Sheikh knew she wanted to pursue a career in the social service sector. "The stories of these young girls, the same age as my sisters, opened my eyes to the unending needs of the Child Welfare System, and I wanted to help."

[READ MORE](#)

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
<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
<b>Business Designation Group (Please select all that apply)</b>						
<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
<b>Number of Clark County Nevada Residents Employed:</b>				6		
<b>Corporate/Business Entity Name:</b>		National Youth Advocate Program, Inc.				
<b>(Include d.b.a., if applicable)</b>						
<b>Street Address:</b>		1801 Watermark Dr. Suite 200		<b>Website:</b> www.nyap.org		
<b>City, State and Zip Code:</b>		Columbus, OH 43215		<b>POC Name:</b> Marvena Twigg		
				<b>Email:</b> mtwigg@nyap.org		
<b>Telephone No:</b>		614-487-8758		<b>Fax No:</b>		
<b>Nevada Local Street Address:</b>		500 N. Rainbow Blvd.		<b>Website:</b> www.nyap.org		
<b>(If different from above)</b>						
<b>City, State and Zip Code:</b>		Las Vegas, NV 89107		<b>Local Fax No:</b>		
<b>Local Telephone No:</b>		725-230-0141		<b>Local POC Name:</b> Tarsha Turner		
				<b>Email:</b> tturner@nyap.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)
N/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.)

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.

Reyahd Kazmi

Digitally signed by Reyahd Kazmi  
Date: 2021.12.09 16:27:49 -0600

Signature

Reyahd Kazmi

Print Name

Chief Advocacy & Government Strategies Officer

12.9.21

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			

\* 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

NATIONAL YOUTH ADVOCATE PROGRAM – BOARD OF DIRECTORS

Mary Ramseyer, Chair  
612 Crimson Maple Court  
Bluffton, OH 45817  
843-592-0567 Cell  
Email: [mary.ramseyer@gmail.com](mailto:mary.ramseyer@gmail.com)  
Term expiration: 12/2025

Delois McKinley-Eldridge, Vice Chair  
5836 Radcliffe Drive  
Fort Wayne, IN 46816  
260-447-7650 Home  
260-467-8500 Office  
260-602-4674 Cell  
Email: [delois.mckinley-eldridge@fwcs.k12.in.us](mailto:delois.mckinley-eldridge@fwcs.k12.in.us)  
Term expiration: 12/2025

David Gemmill, Treasurer  
102 Ottekee Drive  
Perrysburg, OH 43551  
419-874-4483 Home  
419-215-6846 Cell  
Email: [wdgemmill@gmail.com](mailto:wdgemmill@gmail.com)  
Term expiration: 12/2025

Frances James-Brown, Secretary  
1325 Haddon Road  
Columbus, OH 43209  
614-736-4352 Cell  
614-237-4506 Work  
Email: [fjames2@sbcglobal.net](mailto:fjames2@sbcglobal.net)  
Term expiration: 12/2025

Gabrielle Benoit  
1338 ½ W. Argyle St., Apt. 3N  
Chicago, IL 60640  
631-943-2301  
Email: [gabrielle\\_benoit@yahoo.com](mailto:gabrielle_benoit@yahoo.com)  
Term expiration: 12/2023

Luke Fedlam  
129 Sanctuary Court  
Columbus, OH 43235  
614-558-0658 cell  
Email: [lfedlam@porterwright.com](mailto:lfedlam@porterwright.com)  
Term expiration: 12/2022

Terence D. Johnson  
1848 Rolling River Drive, SW  
Lilburn, GA 30047  
770-820-4643  
Email: [terence.johnson@fanning.uga.edu](mailto:terence.johnson@fanning.uga.edu)  
Term expiration: 12/2023

Janet E. Rechtman  
11 Avenida Brisa Court  
Chico, CA 95928  
404-966-3318 Phone  
Email: [drjr@uga.edu](mailto:drjr@uga.edu)  
Term expiration: 12/2028

Linda Sanner  
1630 N. Edgemont St., Apt. D3  
Los Angeles, CA 90027  
847-471-2289 Cell  
Email: [LSanner@gatewayshospital.org](mailto:LSanner@gatewayshospital.org)  
Term expiration: 12/2027

Marvena Twigg, President/CEO  
National Youth Advocate Program  
1801 Watermark Drive, Suite 200  
Columbus, OH 43215  
614-487-3822 Phone  
614-296-8181 Cell  
Email: [mtwigg@nyap.org](mailto:mtwigg@nyap.org)

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
<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
<b>Business Designation Group (Please select all that apply)</b>						
<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
<b>Number of Clark County Nevada Residents Employed:</b>				15 Employees		
<b>Corporate/Business Entity Name:</b> Olive Crest						
<b>(Include d.b.a., if applicable)</b>						
<b>Street Address:</b>		2130 E. 4th Street, Ste. 200		<b>Website:</b> www.olivecrest.org		
<b>City, State and Zip Code:</b>		Santa Ana, CA 92705		<b>POC Name:</b> Donald Verleur		
				<b>Email:</b> ceo@olivecrest.org		
<b>Telephone No:</b>		(714) 543-5437		<b>Fax No:</b> (714) 543-5463		
<b>Nevada Local Street Address:</b>		4285 N. Rancho Dr. #160		<b>Website:</b> www.olivecrest.org/Nevada/		
<b>(If different from above)</b>						
<b>City, State and Zip Code:</b>		Las Vegas, NV 89130		<b>Local Fax No:</b> (702) 851-8528		
<b>Local Telephone No:</b>		(702) 685-3459		<b>Local POC Name:</b> Jimmy Monaghan		
				<b>Email:</b> 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	Chief Executive Officer	
Justin Laird	Chief Financial Officer	
Kathryn Jones	Secretary	

**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	Donald A. Verleur Print Name
CEO Title	<div style="text-align: center;">12/21/14</div> 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.

"Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

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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)

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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:

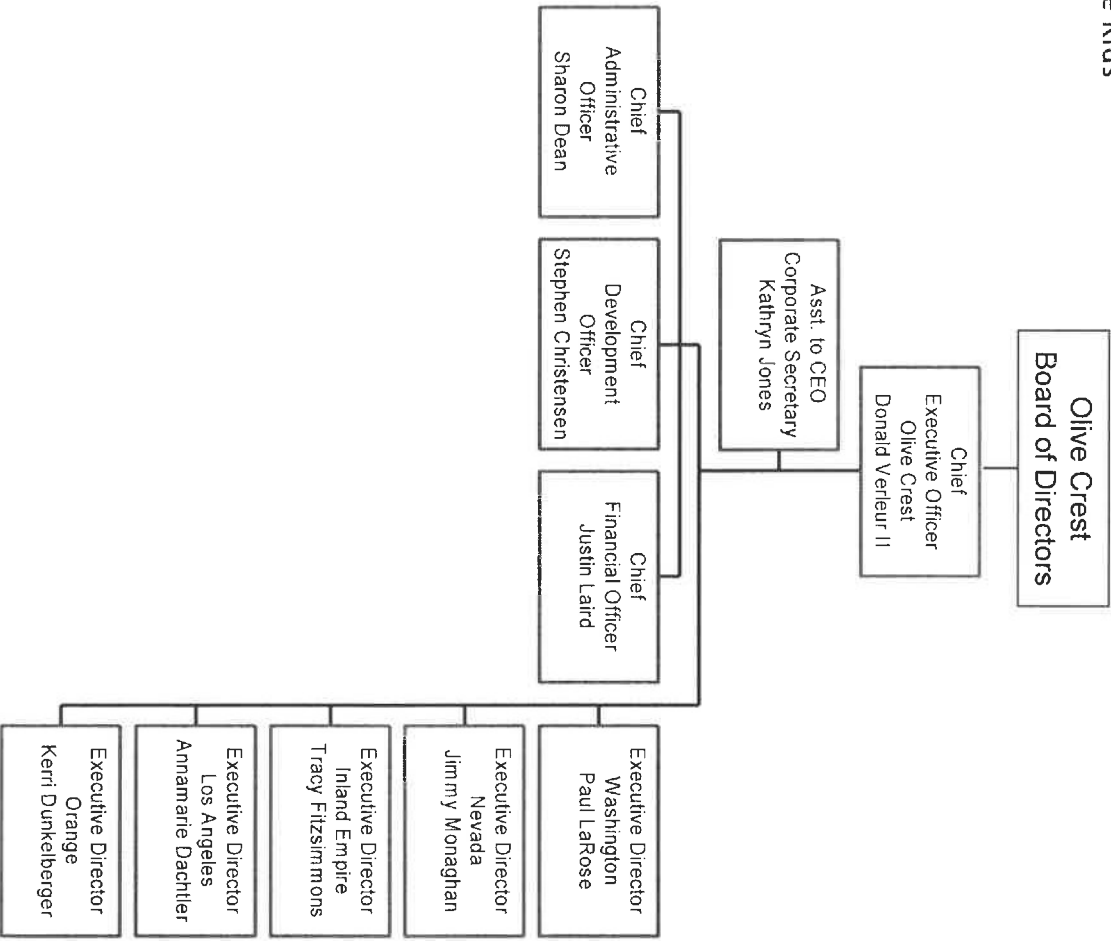
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative



Strong Families, Safe Kids

# Executive Leadership



# DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
<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 Corporation	<input type="checkbox"/> Other
<b>Business Designation Group (Please select all that apply)</b>						
<input type="checkbox"/> MBE	<input checked="" type="checkbox"/> WBE	<input checked="" type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VBE	<input type="checkbox"/> DVE*	<input type="checkbox"/> EWB
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: 18						
Corporate/Business Entity Name: <u>Shining Star Community Services, LLC</u>						
(Include d.b.a. if applicable): <u>Shining Star</u>						
Street Address: <u>4580 S. Eastern Ave #33</u>				Website: <u>ShiningStarLV.com</u>		
City, State and Zip Code: <u>Las Vegas, NV 89119</u>				POB Name: <u>Diana Wade</u>		
Telephone No: <u>702-882-7827</u>				Email: <u>Buggy401@aol.com</u>		
Nevada Local Street Address: <u>Same</u>				Fax No: <u>702-940-6124</u>		
(If different from above)				Website:		
City, State and Zip Code:				Local Fax No:		
Local Telephone No:				Local POC Name:		
				Email:		

All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than two percent (2%) 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 is applied to franchise applications, not to those who apply to own the franchise.

Entities which are business associations organized and governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, are exempt from this requirement. These include partnerships, limited liability companies, and other non-profit corporations.

Full Name	Title	Percentage (Not required for Publicly Traded Corporations/Non-profit organizations)
<u>Diana Wade</u>	<u>CEO</u>	<u>100%</u>

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

Are any related companies, partners, owners or employees involved in the business entity a Clark County Department of Aviation, Clark County Detention Center, Clark County Public Procurement Center, or have employees (or appointed members) of any of these entities?

☐ Yes ☒ No (If yes, provide Clark County employment or appointment details below, including but not limited to professional service contracts or other contracts which are not subject to competitive bid.)

Are any related companies, partners, owners or employees involved in the business entity a Clark County Department of Aviation, Clark County Detention Center, Clark County Public Procurement Center, or have employees (or appointed members) of any of these entities?

☐ Yes ☒ No (If yes, provide Clark County employment or appointment details below, including but not limited to professional service contracts or other contracts which are not subject to competitive bid.)

Are any related companies, partners, owners or employees involved in the business entity a Clark County Department of Aviation, Clark County Detention Center, Clark County Public Procurement Center, or have employees (or appointed members) of any of these entities?

<u>[Signature]</u>	<u>Diana Wade</u>
<u>CEO</u>	<u>1/13/2022</u>



## 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.

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- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

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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 performance of the contract?

Not a Candidate

Signature

Date

Signature of Representative of Department

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
<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
<b>Business Designation Group (Please select all that apply)</b>						
<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
<b>Number of Clark County Nevada Residents Employed:</b>				40		
<b>Corporate/Business Entity Name:</b>		Specialized Alternatives for Families and Youth				
<b>(Include d.b.a., if applicable)</b>						
<b>Street Address:</b>		4615 Hilton Corporate Drive		<b>Website:</b> www.safy.org		
<b>City, State and Zip Code:</b>		Columbus, OH 43232		<b>POC Name:</b> Cathy Desenberg		
				<b>Email:</b> desenbergc@safy.org		
<b>Telephone No:</b>		(614) 729-2024		<b>Fax No:</b> (614) 729-2030		
<b>Nevada Local Street Address:</b>		4285 North Rancho Drive, Suite 130		<b>Website:</b> www.safy.org		
<b>(If different from above)</b>						
<b>City, State and Zip Code:</b>		Las Vegas, NV 89130		<b>Local Fax No:</b> (702) 385-5678		
<b>Local Telephone No:</b>		(702) 385-5331		<b>Local POC Name:</b> Valerie Hicks		
				<b>Email:</b> hicksval@safy.org		

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Valerie Hicks	Executive Director	
William P. Matt	President	
Nathan Leonhard	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)?  
☐ 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	Valerie Hicks Print Name
Executive Director Title	01/31/2022 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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- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

---

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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

## OUR leadership



**William Matt**

President and Chief Executive Officer



**Nathan Leonhard, MBA**

Chief of Finance & Business Administration



**Veronica Farris, MBA**

Chief of Business Development and  
Marketing



**Heather Rice, PHR, MOD**

Chief of Human Resources



**Ryan Estes, LCSW, LCAS**

Chief of Clinical Innovation and Technology



**Tonya Brooks-Thomas, MSSA,  
LISW-S**

Senior Executive Director of Ohio

## OUR board of directors and members



**Daniel Pappas**

BOARD PRESIDENT

Magistrate for the State of Indiana



**Elisabeth B. Evensen, PhD**

BOARD VICE PRESIDENT

Client Relationship Director



**Natasha Davis**

Associate General Counsel



**Michael Crome**

Financial Professional



**James J. Pozy**

Finance and Accounting Professional



**Jeffrey A. Crawford**

Foster Parent



**Charmaine Brittain, MSW, PhD**

Director of Practice Innovation for Butler  
Institute for Families



**Ramona Denby-Brinson, PhD**

Dean - University of Chapel Hill School  
of Social Work



## ABOUT US a message from our executive director, Demetria Parnell-Scott, LCSW

Since 1998, SAFY of Alabama has cared for families and children, providing a brighter today and strength for them to carry throughout their lifetime. Our qualified staff ensure programmatic excellence and positive clinical outcomes, boasting a proven track record of successful program development and a deep understanding of the needs of families and children.



## ABOUT US a message from our executive director, Jenna Coleman, LCSW

Since 2014, SAFY of Colorado has cared for families and children, providing a brighter today and strength for them to carry throughout their lifetime. We've built our reputation around our commitment to programmatic and administrative excellence, ensuring the best interests of children and families through our ability to develop and manage direct clinical services that produce positive outcomes.



## ABOUT US a message from our executive director, Camron Whitacre, MSEd., LPCC-S

Since 1990, SAFY of Indiana has cared for families and children, meeting a brighter today and strength for them to carry throughout their lifetime. Our professional staff is known for delivering exceptional service in each of our programs that ensure positive outcomes for families and children. We are proud to collaborate with community partners to serve Indiana's families and children.



## ABOUT US a message from our executive director, Janet A. Hodge, LMFT

Since 1996, SAFY of Kentucky has cared for families and children, meeting a brighter today and strength for them to carry throughout their lifetime. Our professional staff is known for delivering exceptional service in each of our programs that ensure positive outcomes for families and children. We are proud to collaborate with community partners to serve Kentucky's families and children.



## ABOUT US a message from our executive director, Valerie Hicks, MSSA, LISW

Since 1993, SAFY of Nevada has cared for families and children, providing a brighter today and strength for them to carry throughout their lifetime. We are proud to collaborate with community partners to directly impact the safety, permanency and well-being of Nevada's families and children. Our qualified staff have implemented programs that build resiliency that produce positive, sustainable outcomes.



## ABOUT US a message from our executive director, Tonya Brooks-Thomas, MSSA, LISW-S

Since 1984, SAFY of Ohio has cared for families and children, providing a brighter today and strength for them to carry throughout their lifetime. Our qualified staff ensure programmatic excellence and positive clinical outcomes, boasting a proven track record of successful child welfare program development and a deep understanding of the needs of Ohio's families and children.



## ABOUT US a message from our executive director, Christi Wright, MA, LPC, LPC/S, CACII

Since 1994, SAFY of South Carolina has cared for families and children, providing a brighter today and strength for them to carry throughout their lifetime. We've built our reputation on delivering clinical services that produce positive outcomes for families and children in South Carolina. Our impact on the individuals we serve in Family Preservation, Therapeutic Foster Care, and Behavioral Health programs continue to build resiliency throughout our communities.

# DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
<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
<b>Business Designation Group (Please select all that apply)</b>						
<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
<b>Number of Clark County Nevada Residents Employed: 46</b>						
<b>Corporate/Business Entity Name:</b> St. Jude's Ranch for Children - Nevada Region Inc.						
(Include d.b.a., if applicable)						
<b>Street Address:</b> 200 Wilson Circle			<b>Website:</b> www.stjudesranch.org			
<b>City, State and Zip Code:</b> Boulder City, NV 89005			<b>POC Name:</b> Jed Blake			
<b>Telephone No:</b> 702-294-7109			<b>Email:</b> jblake@stjudesranch.org			
<b>Nevada Local Street Address:</b>			<b>Fax No:</b> 702-294-7171			
<b>(If different from above)</b>			<b>Website:</b>			
<b>City, State and Zip Code:</b>			<b>Local Fax No:</b>			
<b>Local Telephone No:</b>			<b>Local POC Name:</b>			
			<b>Email:</b>			

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)

**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

Chief Executive Officer

Title

Christina Vela

Print Name

Jan. 31, 2022

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			

\* 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)

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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



## **BOARD OF TRUSTEES**

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