Business Entity	Type (Please sele	ct one										
Teolo	Partnership		Limited Liability		Corporation	Tru	int.	✓ Non-Profit		Other		
Proprietorship			mpany		Corporation		ısı	Organization		Other		
1000	ation Group (Plea	ise sel		/)								
MBE	WBE		SBE	-	PBE			VET		OVET	ESB	
Minority Business Enterprise	Women-Owne Business Enterprise	ea	Small Business Enterprise		Physically Ch Business Ente			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business	
Number of C	lark County N	Veva	da Residents	s En	nployed:				28			
Corporate/Busine	ess Entity Name:	Acc	ess to Healthcar	Ithcare Network, Inc.								
(Include d.b.a., if												
Street Address:	1.1	400	1 S. Virginia St.,	Suite	e F		We	bsite: https://www.acc	essto	healthcare.org/		
City, State and Zi	p Code:	Rer	o, Nv 89502					C Name: Trevor Rice	sstoh	ealthcare org	= ===	
Telephone No:		(775	5) 284-1885					nail: trevor@acce: K No: (775) 284-1053	-	out loar olong		
Nevada Local Str	ant Addrage:	Ť						bsite: https://www.acc	peetr	healthcare oral		
(If different from		308	5 E Flamingo Rd	d, Su	ite A		we	osite: https://www.acc	,cooii	meanificate.org/		
City, State and Z	-	Las	Vegas, NV 8912	21			Loc	cal Fax No: (702)489-3	600			
		(70)	3) 490 3400					cal POC Name; Jennife		squez		
Local Telephone	No:	(702	2) 489-3400				Em	ail: jennife	r@ac	cesstohealthcar	e.org	
ownership or finance Entities include all	ial interest. The disc business associatio	losure i	requirement, as app inized under or gov	plied verne	to land-use app d by Title 7 of	plications the Neva	, exte ida R	Directors in lieu of diends to the applicant and tevised Statutes, including as, and professional corpo	the lar	ndowner(s). not limited to priva		
	Full Name			Title						% Owned ot required for Pub orations/Non-profit	licly Traded	
Donald Kowitz			Вс	oard	President					ŗ	,	
Valerie Clark			Vi	ice P	resident							
CJ Bawden			Tr	reası	urer							
Michelle Kling			Se	ecret	ary				_			
This section is not	required for public	cly-trac	led corporations.	Are .	you a publicly	r-traded (corp	oration? Yes	✓	No		
	dual members, partr k County Water Red							Clark County, Department official(s)?	t of Av	iation, Clark Count	y Detention	
Yes			lease note that Cou , or other contracts					ected official(s) may not p itive bid.)	erform	any work on profe	essional service	
sister, grandcl		elated t	o a Clark County, [tic partner, child, parent, i inty Detention Center or (
Yes	✓ No (I	f yes, p	ease complete the	Disc	osure of Relati	ionship fo	rm o	n Page 2. If no, please p	rint N/	A on Page 2.)		
I certify under penal land-use approvals,								accurate. I also understa losure form.	ınd tha	at the Board will no	t take action on	
Trevor Rice	Digensis signas by Tropol Rea DN UNITERES Rites, IN-Access AUE DNS 2022 OF 65 14 54 51 47:	i is this lethcoor Nederson,	04. mmilli-barros 即ccarnilohedibania ong.	Т	revor Rice							
Signature	uses care in our ri 20 31 47				Print Name							
COO				0	04/05/2022							
Title					Date							

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

Print Name Authorized Department Representative

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
N/A	N/A	N/A	N/A
Water Reclamation District.	Clark County, Department of ship by blood. "Affinity" is a re-	•	ention Center or Clark County
"To the second degree of of follows:	consanguinity" applies to the	candidate's first and second	degree of blood relatives as
Spouse – Registere	d Domestic Partners – Childre	n – Parents – In-laws (first de	gree)
Brothers/Sisters – H	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents –	In-laws (second degree)
For County Use Only:			
•	noted above, please complete the follo	owing:	
	ployee(s) noted above involved in the		particular agenda item?
200000	ployee(s) noted above involved in any		
Notes/Comments:		,	
Signature			

Business Er	ntity Ty	pe (Please select	one)							
Sole Proprietorshi		Partnership	Co	Limited Liability mpany	Corporation	Trus		Non-Profit Organization		Other	
Business De	signat	on Group (Pleas	e sel	ect all that apply)						
MBE		□WBE		SBE	☐ PBE			VET		VET	□ESB
Minority Busi Enterprise	ness	Women-Owned Business Enterprise		Small Business Enterprise	Physically Ch Business Ent			eteran Owned usiness		ibled Veteran ned Business	Emerging Small Business
Number o	of Cla	rk County Ne	evac	da Residents	Employed:				14		
0		- 44-51	Δid	for AIDS of Neva	ada Inc						
		Entity Name:	Aid	IOI AIDO OI NEVE	aua, 1110.						
(Include d.b.		plicable)	183	0 E. Sahara Ave.	Ste. 210			. www.afaniv.org			
Street Addre	·S5:		-					te: www.afanlv.org lame: Antioco Carril	lo		
City, State a	nd Zip	Code:	Las	Vegas, NV 8910	J4						
			/701	2)382-2326			Email:		10.01		
Telephone N	o:		(102	2,002-2020			Fax No	o: (702) 366- 1609	_		
Nevada Loca							Websi	te:			
(If different f											
City, State a	na Zip	Code:						Fax No:			
Local Teleph	one No):					Local	POC Name:			
Entities includ	d e al l bu	siness associations	s orga	anized under or gov	verned by Title 7 of	the Neva	da Revis	s to the applicant and the sed Statutes, including and professional corpor	but n	ot limited to privat	e corporations,
		Full Name		_	Title			1	(No Corpo	% Owned ot required for Publ rations/Non-profit	licly Traded
Tina Ya	- 0				pard President						
Anthony DeFe					pard Vice-Preside	ent					
Nycole Cumm Antioco Carril					oard Treasurer						
			-				-				
1. Are any	individua	al members, partne	rs, ow	vners or principals,	Are you a publicly involved in the busi employee(s), or app	ness entity	y, a Clari	k County, Department	of Avi		y Detention
Yes		√ No (If y	yes, p	lease note that Cou		r appointe	d/electe	d official(s) may not pe	rform	any work on profe	ssional service
sister, gr	andchild		ated t	o a Clark County, [artner, child, parent, in Detention Center or C			
Yes		rametry .			Disclosure of Relat	tionship fo	rm on Pa	age 2. If no, please pri	int N/	on Page 2.)	
					ed herein is current, nanges without the c			curate. I also understar ire form.	nd tha	t the Board will no	t take action on
Antioco Car Signature	rillo	Digitally signed Date: 2022.04.1			Antioco Carril Print Name	llo					
Executive Dire	ector				4/11/2022						
Title					Date						

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

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
NA	N/A	N/A	N/A
* County employee means Water Reclamation District.	Clark County, Department of	Aviation, Clark County Dete	ntion Center or Clark County
"Consanguinity" is a relations	ship by blood. "Affinity" is a rel	lationship by marriage.	
"To the second degree of o	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	

		DICOLOGI	JINE O	1 01111	ILI (OI	111 /1 10114011 /	720		
Business Entity Ty	pe (Please select	one)						·	
Sole Proprietorship	Partnership	Limited Liabilit Company	y Co	orporation	Trus	t Non-Profit Organization		Other	18
Business Designati	on Group (Pleas	e select all that ap	ply)						
MBE	□wBE	SBE] PBE		☐ VET		DVET	□ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Busine Enterprise		hysically Chusiness Ente		Veteran Owned Business		sabled Veteran vned Business	Emerging Small Business
Number of Cla	rk County Ne	evada Resider	its Emp	oloyed:	31				
Corporate/Business	Entity Name	AIDS Healthcare	Foundatio	on					
(Include d.b.a., if ap	94								
Street Address:	producto	6255 W. Sunset E	Blýd., Floo	or 21		Website: www.aidsh	nealth.org		
City, State and Zip (Code:	Los Angeles, Cali	ifornia 90	028		POC Name: Shibu S			ontracts
Telephone No:		323/860-5200				Fax No: 888/972-22	81		
Nevada Local Stree		1815 E. Lake Mea Las Vegas, NV 8 3201 S. Maryland	9030 and			Website: www.aidsl			
City, State and Zip	Code:	Las Vegas, NV 8	9109			Local Fax No: 702/6	39-8112 /	702/962-8077, r	espectively
Local Telephone No	ı;	702/639-8110 / 70	02/862-80	75, respect	tively	Local POC Name: N	icole Stan		
financial interest in the Publicly-traded entiti ownership or financial Entities include all bus close corporations, fore	ies and non-profi interest. The disclo	it organizations she sure requirement, as	all list all applied to governed t	land-use app by Title 7 of t	olications, of the Nevad	extends to the applican a Revised Statutes, in	it and the la- cluding but corporation (N	ndowner(s). not limited to priva is. % Owned ot required for Pub	te corporations, I licly Traded
Condessa M. Curley			Secretary	,			N/A	orations/Non-profit	organizacions)
Michael Weinstein			Presiden				N/A		
William Arroyo, M.D.			Chair				N/A		
Cynthia Davis			Domestic	Vice Chai	ir		N/A		
Steve L. Carlton			Treasure	г		: 2 12 2			
Center or Clark C	I members, partner county Water Recia	rs, owners or principa mation District full-tim	ls, invalved ne employe County emp	in the busin e(s), or appo ployee(s), or	ness entity, ointed/elec appointed	a Clark County, Departed official(s)?	riment of Av		
sister, grandchild full-time employe	members, partner, grandparent, rela e(s), or appointed/e	s, owners or principa sted to a Clark Count elected official(s)?	Is have a s y, Departm	spouse, regis ent of Aviatio	stered dom on, Clark (nestic partner, child, pa County Detention Cent	er or Clark (County Water Reck	alf-brother/half- amation District
Yes	X No (If y	es, please complete	the Disclos	ure of Relation	onship for	n on Page 2. If no, ple	ase print N/	A on Page 2.)	
I certify under penalty of land-use approvals, con	of perjury, that all of ntract approvals, la	f the information prov nd sales, leases or ea	kchanges v	vithout the co	ompleted o	and accurate. I also un fisclosure form.	derstand tha	at the Board will no	t take action on
	1		IVIC	hael Weins	iein				
Signature			Pri	nt Name					
Signature President				nt Name rch 9, 2022					

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

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
N/A			
"To the second degree of of follows: • Spouse – Registered	ship by blood. "Affinity" is a rel consanguinity" applies to the d Domestic Partners – Childrer alf-Brothers/Half-Sisters – Gra	candidate's first and second	-
For County Use Only:			
If any Disclosure of Relationship is	noted above, please complete the folio	owing:	
Yes No Is the County em	ployee(s) noted above involved in the	contracting/selection process for this	particular agenda item?
Yes No Is the County em	ployee(s) noted above involved in any	way with the business in performance	ce of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	tive		

Business Entity	Тур	e (Please select	one)									
Sole Proprietorship	F	Partnership		Limited Liability Corporation		Trus	st	Non-Profit Organization		Other		
Business Design	atio	on Group (Pleas	e sel	ect all that apply)							
□мве		□WBE		SBE		PBE			VET		OVET	□ESB
Minority Business Enterprise		Women-Owned Business Enterprise		Small Business Enterprise		Physically Cha Business Ente			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of C	lar	k County Ne	evac	la Residents	E	mployed:				38		
Cornerate/Pusin		Entitu Name	Con	nmunity Counsel	ina	Center						
Corporate/Busin					9							
Street Address:	app	ilicable)	714	E. Sahara Aven	ue			Mah	osite: www.cccofsn.org	n		
City, State and Z	ip C	ode:	Las	'14 E. Sahara Avenue Las Vegas, NV 89104					Name: Kay Velardo		.org	
Telephone No:			(702	2)369-8700					No: (702)369-8489			
Nevada Local Str	reet	Address:	_		Ī				osite:			
(If different from			San	ne as above.								
City, State and Z	ip C	Code:						Loca	al Fax No:			
								Loca	al POC Name:			
Local Telephone	NO:							Ema	ıil:			
ownership or finance Entities include all	bus bus	nterest. The disclo iness associations	sure i	requirement, as app inized under or gov	plied vern	d to land-use app led by Title 7 of t	olications, the Nevad	exter da Re	Directors in lieu of dis nds to the applicant and to evised Statutes, including to, and professional corpo	the lar but r ration: (No	ndowner(s). not limited to priva	te corporations, i dicly Traded
y												
	dual	members, partne	rs, ov	•	invo	olved in the busin	ness entity	, a C	lark County, Department		No iation, Clark Coun	ty Detention
Yes		√ No (If	es, p		unty	employee(s), or	appointed	d/elec	cted official(s) may not pe	erform	any work on prof	essional service
sister, grando	hild,		ated t	o a Clark County, I					c partner, child, parent, in ty Detention Center or C			
Yes		✓ No (If	/es, p	lease complete the	Dis	closure of Relati	ionship for	m on	Page 2. If no, please p	rint N/	A on Page 2.)	
I certify under pena land-use approvals									accurate. I also understa osure form.	nd tha	at the Board will no	ot take action on
Patrick Sena-B	OZi	arth: Dipark dynas by Parick 3 are bod (DR complete) Sice Bode(), pro- combinate both dipole (or	enh. o myody Cove Apili orlis	ng Cordon, ay-Gathardon M Hastin.		Patrick Sena-B	Bozarth					
Executive Director	r				5	March 31, 202	22					
Title						Date						

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

Authorized Department Representative

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
N/A			
* County employee means Water Reclamation District.	Clark County, Department of	Aviation, Clark County Deter	ntion Center or Clark County
"Consanguinity" is a relations	ship by blood. "Affinity" is a rel	ationship by marriage.	
"To the second degree of of follows:	consanguinity" applies to the	candidate's first and second	degree of blood relatives as
Spouse – Registered	d Domestic Partners – Childrer	n – Parents – In-laws (first deg	ree)
	alf-Brothers/Half-Sisters – Gra	_	·
• brothers/sisters - n	ali-diotriers/hali-disters – Gra	ndchildren – Grandparents – I	n-laws (second degree)
		=	
For County Use Only:			
If any Disclosure of Relationship is r	noted above, please complete the folio	owing:	
Yes No Is the County em	ployee(s) noted above involved in the	contracting/selection process for this	particular agenda item?
Yes No Is the County emp	ployee(s) noted above involved in any	way with the business in performance	e of the contract?
Notes/Comments:			
Signature			
Print Name			

Community Counseling Center Board of Directors Roster – 2022

Charles (Chuck) Stutz, President (Joined 2020)

Contact: stutzchuck@gmail.com

Andy Marlett, Board Member (Joined 2018)

Contact: andy@stolenacesfarm.com

Joseph Miera, Treasurer (Joined 2020)

Contact: joemiera@gmail.com

Kat Hawkins, Board Member (Joined 2022)

Contact: katkhawkins@gmail.com

Patrick Sena Bozarth, Executive Director

Sole Proprietorship Business Designation Group (Please select MBE Minority Business Enterprise Number of Clark County Nevada Corporate/Business Entity Name: (Include d.b.a., if applicable)	Artnership	Trust Organization	Business Entity Type (Please select one)		De i Piease seiect	one)								
MBE WBE Minority Business Women-Owned Business Enterprise Number of Clark County Nevada Corporate/Business Entity Name: Comm	WBE SBE PBE VET DVET E Women-Owned Business Enterprise Physically Challenged Business Enterprise Enterprise Senterprise Enterprise Senterprise Senter	nged Veteran Owned Disabled Veteran Emerging Small Business Business				Limited Liability		Corporation	Trust			Other		
Minority Business Enterprise Women-Owned Business Enterprise Number of Clark County Nevada Corporate/Business Entity Name: (Include d.b.a., if applicable)	Women-Owned Business Enterprise Physically Challenged Business Enterprise Physically Challenged Business Enterprise Physically Challenged Business Physical Physica	aged Veteran Owned Disabled Veteran Emerging Small Business Business	Sole Destroyabio Limited Liability Corporation Trust / Non-Profit	Business Designati	on Group (Pleas	e select all that app	ly)			T				
Number of Clark County Nevada Corporate/Business Entity Name: (Include d.b.a., if applicable)	Business Enterprise Business Enterprise Business Owned Business Business Owned Business Business Enterprise Business Owned Business Business Owned Business Business Business Owned Business Business Owned Business Business Business Owned Business Business Owned Business Business Business Owned Business Business Business Owned Business	se Business Owned Business Business	Sole Destroyabio Limited Liability Corporation Trust / Non-Profit	□MBE	□WBE	SBE		PBE		□VET		VET	ESB	
Corporate/Business Entity Name: Comm (Include d.b.a., if applicable)	Community Outrooph Medical Contes	31	Sole Partnership Partnership Company Corporation Trust Non-Profit Organization Business Designation Group (Please select all that apply)		Business		ss							
Corporate/Business Entity Name: Comm (Include d.b.a., if applicable)	Community Outrooph Medical Contes	31	Sole Partnership Partnership Company Corporation Trust Non-Profit Organization Business Designation Group (Please select all that apply) MBE SBE PBE VET DVET ESB Minority Business Women-Owned Business Enterprise Business Enterprise Business Enterprise Minority Business Enterprise Minority Business Enterprise Momen-Owned Business Enterprise Disabled Veteran Owned Business Business Business Business Business											
(Include d.b.a., if applicable)	Entity Name: Community Outreach Medical Center		Sole Partnership Partnership Company Corporation Trust Non-Profit Organization Business Designation Group (Please select all that apply) MBE SBE PBE VET DVET ESB Minority Business Women-Owned Business Enterprise Business Enterprise Business Enterprise Minority Business Enterprise Minority Business Enterprise Momen-Owned Business Enterprise Disabled Veteran Owned Business Business Business Business Business	Number of Cla	rk County Ne	evada Resident	ts E	mployed:			31			
1000			Sole Proprietorship Partnership Limited Liability Corporation Trust Non-Profit Organization Business Designation Group (Please select all that apply) MBE	Corporate/Business	s Entity Name:	Community Outrea	ach M	ledical Center						
Street Address: 1090	licable)		Sole Proprietorship Partnership Company Corporation Trust Non-Profit Organization Other Business Designation Group (Please select all that apply) MBE WBE SBE PBE VET DVET ESB Minority Business Enterprise Senterprise Enterprise Enterprise Enterprise Senterprise Senter	(Include d.b.a., if ap	plicable)									
	1090 E. Desert Inn Rd. Suite 200 Website: www.nvcomc.org		Sole Proprietorship Partnership Company Corporation Trust Non-Profit Organization Other Business Designation Group (Please select all that apply) MBE WBE SBE PBE VET DVET ESB Minority Business Enterprise Susiness Enterprise Business Enterprise Senterprise	Street Address:		1090 E. Desert Inn	Rd.	Suite 200	w	ebsite: www.nvcomc.	org			
City, State and Zip Code:	Las Vegas, NV 89109 POC Name: Kema Ogden/Angelica Hall	Website: www.nvcomc.org	Partnership	City, State and Zip	Code:	Las Vegas, NV 89	109		P	OC Name: Kema Ogde	en/Ange		c.org	
Telephone No: 702.6		POC Name: Kema Ogden/Angelica Hall	Sole Proprietorship	Telephone No:		702.657.3873								
		POC Name: Kema Ogden/Angelica Hall Email: kogden@nvcomc.org/om@nvcomc.org	Partnership		t Addrose:									
Nevada Local Street Address.		POC Name: Kema Ogden/Angelica Hall Email: kogden@nvcomc.org/om@nvcomc.org Fax No: 702.636.0787	Partnership							ensite.				
(If different from above)	Address: Website:	POC Name: Kema Ogden/Angelica Hall Email: kogden@nvcomc.org/om@nvcomc.org Fax No: 702.636.0787	Sole Proprietorship						Lo	ocal Fax No:				
(If different from above) City, State and Zip Code:	Address: Website:	POC Name: Kema Ogden/Angelica Hall Email: kogden@nvcomc.org/om@nvcomc.org Fax No: 702.636.0787 Website:	Sole Proprietorship											
(If different from above) City, State and Zip Code:	Address: Website:	POC Name: Kema Ogden/Angelica Hall Email: kogden@nvcomc.org/om@nvcomc.org Fax No: 702.636.0787 Website: Local Fax No:	Sole Proprietorship	Local Telephone No	o :				Eı	mail:				
City, State and Zip Code: Local Telephone No: All entities, with the exception of publicly-traded financial interest in the business entity appearing	Address: we) Local Fax No: Local POC Name: Email: ception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) owner pusiness entity appearing before the Board.	POC Name: Kema Ogden/Angelica Hall Email: kogden@nvcomc.org/om@nvcomc.org Fax No: 702.636.0787 Website: Local Fax No: Local POC Name: Email: ne names of individuals holding more than five percent (5%) ownership or	Proprietorship	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.										
City, State and Zip Code: Local Telephone No: All entities, with the exception of publicly-traded financial interest in the business entity appearing Publicly-traded entities and non-profit organ ownership or financial interest. The disclosure recentities include all business associations organized.	Address: we) Local Fax No: Local POC Name: Email: ception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) owners and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals the nam	POC Name: Kema Ogden/Angelica Hall Email: kogden@nvcomc.org/om@nvcomc.org Fax No: 702.636.0787 Website: Local Fax No: Local POC Name: Email: ne names of individuals holding more than five percent (5%) ownership or cers and Directors in lieu of disclosing the names of individuals with tions, extends to the applicant and the landowner(s). Nevada Revised Statutes, including but not limited to private corporations,	Proprietorship	ownership or financial Entities include all bu	interest. The disclo siness associations	sure requirement, as a corganized under or g	II list applied govern	d to land-use app ned by Title 7 of	plications, ex the Nevada	tends to the applicant an Revised Statutes, includ	d the lan ing but r	idowner(s). not limited to priva		
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POC Name: Kema Ogden/Angelica Hall Email: kogden@nvcomc.org/om@nvcomc.org Fax No: 702.636.0787 Website: Local Fax No: Local POC Name: Email: ne names of individuals holding more than five percent (5%) ownership or cores and Directors in lieu of disclosing the names of individuals with the landowner(s). Nevada Revised Statutes, including but not limited to private corporations, artnerships, and professional corporations. 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City, State and Zip Code: Telephone No: 702.69	Las Vegas, NV 89109 POC Name: Kema Ogden/Angelica Hall Email: kogden@nvcomc.org/om@nvcomc.org	Website: www.nvcomc.org	Sole Proprietorship Partnership Company Corporation Trust Organization Other Business Designation Group (Please select all that apply) MBE WBE SBE PBE VET DVET ESB Minority Business Enterprise Senterprise Enterprise Business Enterprise Senterprise Senterprise Corporate/Business Enterprise Community Outreach Medical Center Corporate/Business Entity Name: Community Outreach Medical Center	City, State and Zip of Telephone No: Nevada Local Stree (If different from ab City, State and Zip Local Telephone No	t Address: ove) Code:	702.657.3873			P(Er Fa W	OC Name: Kema Ogdomail: kogden@nv ax No: 702.636.0787 ebsite: ccal Fax No: ccal POC Name:	en/Ange	org/om@nvcom		
(Include d.b.a., if applicable)	Entity Name: Community Outreach Medical Center		Sole Partnership Partnership Company Corporation Trust Non-Profit Organization Business Designation Group (Please select all that apply) MBE SBE PBE VET DVET ESB Minority Business Women-Owned Business Enterprise Business Enterprise Business Enterprise Minority Business Enterprise Minority Business Enterprise Momen-Owned Business Enterprise Disabled Veteran Owned Business Business Business Business Business	Number of Cla	rk County Ne	evada Resident	ts E	mployed:			31			
Corporate/Business Entity Name: Comm (Include d.b.a., if applicable)	Community Outrooph Medical Contes	31	Sole Partnership Company Corporation Trust Non-Profit Organization Business Designation Group (Please select all that apply) MBE SBE PBE VET DVET ESB		Business									
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Minority Business Enterprise Women-Owned Business Enterprise Number of Clark County Nevada Corporate/Business Entity Name: (Include d.b.a., if applicable)	Women-Owned Business Enterprise Physically Challenged Business Enterprise Physically Challenged Business Enterprise Physically Challenged Business Physical Physica	aged Veteran Owned Disabled Veteran Business Disabled Veteran Owned Business Business	Sole Partnership Partnership Company Corporation Trust Non-Profit Organization Other	(1000)			ly)	Прве		Пует		WET	ПЕСВ	
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Business Designation Group (Please selection MBE WBE Interprise Women-Owned Business Enterprise Enterprise Enterprise Enterprise Communication May 1997 May	n Group (Please select all that apply) WBE SBE PBE VET DVET E Women-Owned Small Business Enterprise Business Enterprise Business Enterprise K County Nevada Residents Employed: Somewhat Contracts Medical Contracts Organization Organization VET DVET E DVET E DVET E Business Enterprise Business Enterprise Business Senterprise Senterprise Business Senterprise Senterpris	Tyet DVET ESB Iged Veteran Owned Business Emerging Small Business Owned Business Business		Sole				Corneration	T-1.04	✓ Non-Profit		04		

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

Print Name

Authorized Department Representative

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NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
N/A			
Water Reclamation District. "Consanguinity" is a relations "To the second degree of of follows: • Spouse – Registered	Clark County, Department of ship by blood. "Affinity" is a release onsanguinity" applies to the of Domestic Partners – Children	ationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as
Yes No Is the County emp	noted above, please complete the follo ployee(s) noted above involved in the o ployee(s) noted above involved in any	contracting/selection process for this p	· ·
Signature			

file and the second					01 01111	Am I. L. No.	. 436	AL AMERICAN PROPERTY.			
Business Entity Ty	pe (Please select	T		_				T			
Sole Proprietorship	Partnership		Imited Liability Ipany		Corporation	Tru	st.	Non-Profit Organization		Other	
Business Designati	on Group (Pleas	e sela	ct all that apply)	_							
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Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch Business Ente			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of Cla	rk County Ne	evada	a Residents I	Er	nployed:			2	3,482		
Corporate/Business	Entity Name:	Digni	ty Health								
(Include d.b.a., if ap	plicable)										
Street Address:		3001	St. Rose Parkwa	iy			We	bsite: www.dignilyhes	ith.org	u/las-vegas/	
City, State and Zip (Code:	Hend	erson, NV 89052	2				C Name: Jon Van Bos	ning	ommonspirit.org	
Telephone No:		702-6	16-5000				Fax	No: 602-230-3097			
Nevada Local Street	t Address:	**************************************		- 111	72			belte:	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	:	1
(If different from abo	ove)						,	·· · · · · · · · · · · · · · · · · · ·			
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See attached list				_							
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sister, grandchild, full-time employee	, grandparent, reta e(s), or appointed/e —	ted to a elected	a Clark County, De official(s)?	pa	rtment of Aviatic	in, Clerk	Coun	e partner, child, parent, i nty Detention Center or C	ilark C	ounty Water Recla	ilf-brothenhalf- mation District
Yes	No (if ye	es, piet	ise complete the D	ISC	osure of Relation	inship for	m on	Page 2. If no, please p	riot N/A	on Page 2.)	
I certify under penalty o land-use approvals, cor	f perjury, that all of tract approvals, lar	the info nd sale:	ormation provided i s, leases or exchan	hea	ein is current, c s without the co	omplete, mpleted	and : disclo	accurate. I also understa osure form.	nd thai	the Board will not	take action on
- JaVh	12			_	on Van Boeni	ng					
Signature					Print Name		1	1			
Nevada Market Leade	er and President,	Siena	!	-	Date	5	1	n/27			
				-			_				

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

	NAME OF COUNTY*	RELATIONSHIP TO	COLINTY
NAME OF BUSINESS OWNER/PRINCIPAL	EMPLOYEE/OFFICIAL AND JOB TITLE	COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
N/A			
Water Reclamation District. "Consanguinity" is a relations "To the second degree of of follows: • Spouse – Registered	ship by blood. "Affinity" is a re	lationship by marriage. candidate's first and second n – Parents – In-laws (first deg	,
For County Use Only:			
If any Disclosure of Relationship is r	noted above, please complete the folio	owing:	
	ployee(s) noted above involved in the		
Yes No Is the County em	ployee(s) noted above involved in any	way with the business in performanc	e of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	tive		

Dignity Health - St. Rose Dominican Board of Directors

Maggie Arias-Petrel, Chair

Mark Wiley, Vice Chair

Cynthia Cammack

Patricia Dulka

Patrick Hays

Saville Kellner

Sean McBurney

Shaundell Newsome

John Oh, MD

Timothy Sauter, MD

Dr. Irena Vitkovitsky

Dr. Kate Zhong

Business Entity Ty	pe (Please selec	or one								
	Partnership	Cor	Limited Liability	Е	Corporation	Trust	Non-Profit Organization		Other	
Business Designati	ion Group (Pleas	se sele	ect all that apply	()						
MBE	WBE		SBE		☐ PBE		□VET		DVET	DESB
Minority Business Enterprise	Women-Owned Business Enterprise	1	Small Business Enterprise		Physically Ch Business Ent		Veteran Owned Business	Dis	sabled Veteran vned Business	Emerging Sm Business
Number of Clar	rk County N	evad	a Residents	E	mployed:			2		
Company		Cald	land Martin Control							
Corporate/Business (Include d.b.a., if ap		Gold	len Rainbow of I	Nev	ada, Inc		,			
Street Address:	piicable)	714	E. Sahara Ave. :	e	404					
anout Address,				_	e 101		ebsite: www.goldenra		org	
City, State and Zip C	ode:	Las	Vegas, NV 8910	16		PO	C Name: Gary Costa			
Telephone No:		702-3	384-2899	-			nail: gcosta@go	ldenrai	nbow.org	
levada Local Street	4.11		2005	-		Fax	No: 702-384-3914			
If different from abo						We	bsite:			
City, State and Zip C							15			
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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			OLI AKTIWENT
N. C.			
	nsanguinity" applies to the ca		
		in and final defit	
Brothers/Sisters – Hall	-Brothers/Half-Sisters – Grand		
	-Brothers/Half-Sisters – Grand		
or County Use Only:		dchildren – Grandparents – In	
or County Use Only: any Disclosure of Relationship is not	ed above, please complete the followi	dchildren – Grandparents – In	-laws (second degree)
for County Use Only: any Disclosure of Relationship is note Yes No Is the County employ	ed above, please complete the followi	dchildren – Grandparents – In ing: ntracting/selection process for this or	articular agenda item?
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Board of Directors

Rico Ramirez – President

Brittany Dupree – Vice President

John Vanderploeg – Treasurer

Shannon Hebert-Way – Secretary

Business Entir	ty Tyj	e (Please select	one)									
Sole Proprietorship		Partnership	7	Limited Liability	TOWN A	Corporation	Trus	st	Non-Profit Organization		Other	
Business Desi	gnati	on Group (Pleas	e sele	ect all that apply)							
✓ MBE		□WBE		SBE		PBE		_	VET		OVET	ESB
Minority Busine Enterprise	ss	Women-Owned Business Enterprise		Small Business Enterprise		Physically Cha Business Ente			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of Clark County Nevada Residents Employed: 28						28						
Corporate/Bus	inos	Entity Name	Johi	n Phoenix APRN	I, P	LLC						
(Include d.b.a.		7.		tridge Family Cli								
Street Address		p	182	0 E. Sahara Ave	. Sı	uite 201	Î	We	bsite: huntridgefamil	yclinic.	.org	
City, State and	l Zip (Code:	Las	Vegas, NV 8910)4				C Name: John Phoer	nix	ntridgefcf.org	
Telephone No:			702	-979-1111					No: 702-979-6227			
Nevada Local		t Address:							bsite:			
(If different fro			s/a									
City, State and	d Zi p	Code:						Loc	al Fax No:			
								Loc	al POC Name:			
Local Telepho	ne No): 						Em	ail:			
				I liability companie	s, pa				evised Statutes, includi s, and professional corp	ooration (N		i licly Traded
				led corporations.						_	No Vistion Clark Cour	ty Dotontian
				on District full-time					Clark County, Departme official(s)?	nt of A	viation, Clark Coun	ty Detention
Yes				lease note that Cor s, or other contracts					ected official(s) may not tive bid.)	perforn	n any work on prof	essional service
sister, grar	ndchild		ated t	o a Clark County, I					ic partner, child, parent nty Detention Center or			
Yes		✓ No (If	yes, p	lease complete the	Dis	sclosure of Relati	ionship fo	rm o	n Page 2. If no, please	print N	/A on Page 2.)	
				information provide ales, leases or excl					accurate. I also unders losure form.	tand th	at the Board will no	ot take action on
John Phoenix	×	Digitally signed Date: 2022.07.1	by John 3 14:11:	Phoenix 46 -07'00'		John Phoenix Print Name						
Managing Mem	ber					7/13/22						
Title						Date						

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

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
п/а			
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For County Use Only:			
If any Disclosure of Relationship is r	noted above, please complete the follo	owing:	
	ployee(s) noted above involved in the		•
Yes No Is the County employees/Comments:	ployee(s) noted above involved in any	way with the business in performance	e of the contract?
Signature			
Print Name Authorized Department Representa	tive		

Sole Proprietorship	Partnership	Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other		
Business Designa	tion Group (Plea	se select all that apply)					
MBE	WBE	SBE	☐ PBE		□ VET	□DVET	☐ ESB	
Minority Business Enterprise	Women-Owner Business Enterprise	d Small Business Enterprise	Physically Ch Business Ent		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Sma Business	
Number of CI	ark County N	levada Residents	Employed:	7				
Corporate/Busine	ss Entity Name:	Impact Exchange						
Include d.b.a., if a	- CT	n/a	W 1			F 0-115 1 194		
Street Address:		6540 Bradley Rd		w	ebsite:https://harmre	ductioncenterly.com/		
City, State and Zip	Code:	Las Vegas, NV 8913	31	P	OC Name:	nange6114@gmail.con		
Telephone No:		702.840.6693			ax No: n/a			
	at 0 dd	61						
Nevada Local Stre (If different from a				W	ebsite: n/a			
City, State and Zi	p Code:			Lo	ocal Fax No: n/a			
Local Telephone i	vo:	702 840-6693				ckey R. Reich, Executive Director		
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List any disclosures below: (Mark N/A, if not applicable.) N/A

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			
		THE RESERVE OF STREET	
		PARTS PARTS	
follows: • Spouse – Registered	d Domestic Partners – Childrer alf-Brothers/Half-Sisters – Gra	n – Parents – In-laws (first de	The residence of the lates.
For County Use Only:			
If any Disclosure of Relationship is r	noted above, please complete the folio	wing:	
	ployee(s) noted above involved in the		
	ployee(s) noted above involved in any	way with the business in performance	ce of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	tive		

Business Entity Ty	ne (Please solos			· • · · · · ·	- 12011	IIF/FRINCIPAL	-9		
Floats		Limited Liability				Til Nee Beets			
Proprietorship L	Partnership	Company		Corporation	Trust	Non-Profit Organization		Other	
Business Designat	ion Group (Pleas	e select all that app	oly)						
MBE	□WBE	SBE		PBE		□ VET		DVET	□ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Busine Enterprise	ss	Physically Ch Business Ente		Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of Cla	rk County N	evada Residen	ts E	mployed:			0000		
Corporate/Busines	s Entity Name:	North Country Hea	althca	are, Inc			-		
(Include d.b.a., if a	pplicable)								
Street Address:		1510 Stockton Hill	Roa	ıd	1	Website: northcountryl	nealthca	are,org	
City, State and Zip	Code:	Kingman, AZ 864	101		1	POC Name: Elizabeth Email: emarkona	Markon	a	
Telephone No:		928-522-9438				Fax No: 928-522-9439	_		
Nevada Local Stree	et Address:	A1/4		·		Website:			
(If different from al		N/A			1	rrandita.			
City, State and Zip	Code;					Local Fax No:			
						Local POC Name:			
Local Telephone N	o: 					Email:			
Entities include all be	i interest. I na discio Usiness association	sure requirement, as s organized under or	applie aoven	ed to land-use app ned by Title 7 of	olications, e the Nevada	and Directors in lieu of extends to the applicant a a Revised Statutes, Inclu ships, and professional co	nd the la	ndowner(s). not limited to priva ns.	ate corporations,
Please see attac					ride			% Owne lot required for Pu orations/Non-profi	blicly Traded
			-						
		y-traded corporation		_				No	
 Are any individu Center or Clark 	ial members, partne County Water Recl	ers, owners or principa amation District full-tin	ils, inv ne em	olved in the busin ployee(s), or app	ness entity, ointed/elec	a Clark County, Departn	ent of A	viation, Clark Cour	nty Detention
Yes	No (If	yes, please note that (ntracts, or other contra	Count	ly employee(s), or vhich are not subj	appointed	/elected official(s) may no petitive bid.)	ot perform	n any work on pro	fessional service
sister, grandeni	al members, partne d, grandparent, rei ee(s), or appointed	ated to a Clark Count	ls hav y, Dej	ve a spouse, regi partment of Aviati	stered dom ion, Clark (nestic partner, child, pare County Detention Center	nt, in-law or Clark	r or brother/sister, County Water Rec	half-brother/half- damation District
Yes	No (If	yes, please complete	the Di	isclosure of Relat	ionship for	m on Page 2. If no, pleas	e.print N	/A on Page 2.)	
I certify under penalty land-use approvals, c	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	Ky			Gregory Kuzm	na				
Chief Financial Office	nar.			Print Name					
Title	VC1			2/16/2022 Date					
				1					

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

Print Name Authorized Department Representative

/A

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
	ship by blood. "Affinity" is a reconsanguinity" applies to the		degree of blood relatives as
Spouse Registere	d Domestic Partners – Childre	n – Parents – in-laws (first de	gree)
Brothers/Sisters – H	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents –	In-laws (second degree)
For County Use Only:			
•	noted above, please complete the folk	owing:	
	ployee(s) noted above involved in the		
Yes No Is the County em	ployee(s) noted above involved in any	way with the business in performance	e of the contract?
THE PARTY OF THE P			
Signature			

North Country HealthCare Management Team September 15, 2021

