

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
Business Designation Group (Please select all that apply)						
<input checked="" type="checkbox"/> MBE	<input checked="" type="checkbox"/> WBE	<input checked="" type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of Clark County Nevada Residents Employed:				21		
Corporate/Business Entity Name:		Apple Grove Treatment Center, LLC				
(Include d.b.a., if applicable)		Apple Grove Foster Care Agency				
Street Address:		3155 E Patrick Lane Ste 1		Website: www.applegrovefostercare.com		
City, State and Zip Code:		Las Vegas, NV 89120		POC Name: Icia Reid-Sandulak		
				Email: Icia@applegrovefostercare.com		
Telephone No:		702-992-0576		Fax No: 702-992-0391		
Nevada Local Street Address:		NA		Website:		
(If different from above)						
City, State and Zip Code:				Local Fax No:		
Local Telephone No:				Local POC Name:		
				Email:		

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

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

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

- Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?
☐ Yes ☒ No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)
- 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 Executive Director Title	Icia Sandulak Print Name 5/27/2022 Date
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DISCLOSURE OF RELATIONSHIP

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

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

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

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

"To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

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

For County Use Only:

If any Disclosure of Relationship is noted above, please complete the following:

☐ Yes ☐ No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?

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

Notes/Comments:

Signature

Print Name
Authorized Department Representative

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
Business Designation Group (Please select all that apply)						
<input checked="" type="checkbox"/> MBE	<input checked="" type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of Clark County Nevada Residents Employed:				36		
Corporate/Business Entity Name:		Bamboo Sunrise, LLC				
(Include d.b.a., if applicable)						
Street Address:		98 East Lake Mead Parkway Suite 201		Website: www.bamboosunrise.net		
City, State and Zip Code:		Henderson, Nevada 89015		POC Name: Michael Flynn, Director		
				Email: michael@bamboosunrise.net		
Telephone No:		702-433-3038		Fax No:		
Nevada Local Street Address:				Website:		
(If different from above)						
City, State and Zip Code:				Local Fax No:		
Local Telephone No:				Local POC Name:		
				Email:		

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

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

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)
Shirley Holdeman	Chief Executive Officer (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.

Shirley Lim Holdeman Digitally signed by Shirley Lim Holdeman
Date: 2022.06.01 16:00:02 -07'00'
 Signature
 Chief Executive Officer
 Title

Shirley Holdeman
 Print Name
 June 1st, 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.

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"To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

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

For County Use Only:

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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

Business Entity Type (Please select one)						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> ^S Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
Business Designation Group (Please select all that apply)						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of Clark County Nevada Residents Employed: 158						
Corporate/Business Entity Name: EAGLE QUEST						
(Include d.b.a., if applicable)						
Street Address: 3680 N RANCHO DR			Website: EAGLEQUESTSERVICES.ORG			
City, State and Zip Code: LAS VEGAS, NV, 89130			POC Name: DAVID DOYLE			
			Email: DDOYLE@EAGLEQUEST.US.COM			
Telephone No:			Fax No: 702-396-4193			
Nevada Local Street Address:			Website:			
(If different from above)						
City, State and Zip Code:			Local Fax No:			
Local Telephone No:			Local POC Name:			
			Email:			

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

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
CEO
 Title

IVAN RAY TIPPETTS
 Print Name
5/27/2022
 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			

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

Notes/Comments:

Signature

Print Name
Authorized Department Representative

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input checked="" type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
Business Designation Group (Please select all that apply)						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of Clark County Nevada Residents Employed:				37 active full time employees and 1 PRN		
Corporate/Business Entity Name:		Specialized Alternatives for Families and Youth of Nevada, Inc.				
(Include d.b.a., if applicable)						
Street Address:		4285 N. Rancho Drive, Suite 130		Website: www.safy.org/nevada		
City, State and Zip Code:		Las Vegas, NV 89130		POC Name: Valerie Hicks		
				Email: hicksv@safy.org; safygrants@safy.org		
Telephone No:		702-385-5331		Fax No: 702-385-5678		
Nevada Local Street Address:		SAME		Website:		
(If different from above)						
City, State and Zip Code:				Local Fax No:		
Local Telephone No:				Local POC Name:		
				Email:		

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

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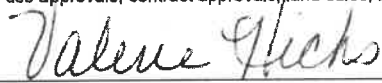
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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Daniel Pappas, Board Chairperson	Nate Leonhard, Treasurer	N/A
Elisabeth B. Evensen, PhD, Board Vice Chair	Cathy Desenberg, Executive Assistant	N/A
William Matt, President		N/A

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.)

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 Signature	Valerie Hicks Print Name
Executive Director Title	6/2/2022 Date

DISCLOSURE OF RELATIONSHIP

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(Mark N/A, if not applicable.)

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N/A	N/A	N/A	N/A

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Notes/Comments:

Signature

Print Name
Authorized Department Representative

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input checked="" type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
Business Designation Group (Please select all that apply)						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> OVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of Clark County Nevada Residents Employed:				49		
Corporate/Business Entity Name:		St. Jude's Ranch for Children-Nevada Region Inc.				
(Include d.b.a., if applicable)		St. Jude's Ranch for Children				
Street Address:		200 Wilson Circle		Website: www.stjudesranch.org		
City, State and Zip Code:		Boulder City, NV 89005		POC Name: Jed Blake, QA Director		
				Email: jblake@stjudesranch.org		
Telephone No:		702-294-7109		Fax No: 702-294-7171		
Nevada Local Street Address:				Website:		
(If different from above)						
City, State and Zip Code:				Local Fax No:		
Local Telephone No:				Local POC Name:		
				Email:		

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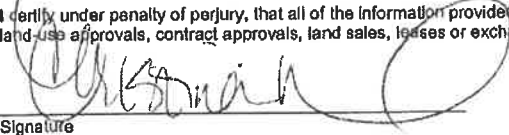
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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)

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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	Christina Vela Print Name
Chief Executive Officer	June 21, 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
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



BOARD OF TRUSTEES

Lance T. Knight (Chairman)
Nevada Managing Partner
Ashton Thomas Private Wealth
lknight@at-pw.com

Vincent C.J. Eckelkamp
Retired, Corporate Manager
Eckelkamp Retirement Planning
vincent.eckelkamp01@yahoo.com

Mike Fath
Former Major Gift Officer
Self-Employed
fath.michael@gmail.com

Jim Mace
Co-Managing Shareholder
Greenberg Traurig, LLP.
macej@gtlaw.com

Ashley Burney
Founder & President
Heart to Heart, LLC.
ashleysburney@gmail.com

Robin Greenspun
Producer/Director
Culture Dog Films
robin@culturedog.com

Cara Steele (Secretary/Treasurer)
VP of Corporate Finance
Caesar's Entertainment
cahuey@caesars.com

Robert Kolesar
Vice President of Commercial Sales
First American Title NCS
rkolesar@firstam.com

Christie O'Melia
CRA Officer
Toyota Financial Savings Bank
Christie.omelia@toyota.com

Last revision: June 2022

200 Wilson Circle,
Boulder City, NV 89005
T: 702-294-7100
F: 702-294-7171
www.stjudesranch.org



DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input checked="" type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
Business Designation Group (Please select all that apply)						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of Clark County Nevada Residents Employed: 200						
Corporate/Business Entity Name: HELP of Southern Nevada						
(Include d.b.a., if applicable)						
Street Address:		1660 E. Flamingo Rd.		Website: www.helpsonv.org		
City, State and Zip Code:		Las Vegas, NV 89119		POC Name: Fullala Riley		
Telephone No:		702-369-4357 ext 1238		Email: friley@helpsonv.org		
Nevada Local Street Address:		Same as above		Fax No:		
(If different from above)				Website: Same as above		
City, State and Zip Code:		Same as above		Local Fax No: 702-369-4089		
Local Telephone No:		Same as above		Local POC Name: Same as above		
				Email: Same as above		

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
See attached Board of Trustees list		

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

President/CEO

Title

Fullala Riley

Print Name

May 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)

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



Fullala Riley, President/CEO

(702) 836-2113

friley@helpsonv.org

Shelly Torres, Chief Financial Officer/CFO

(702) 836-2116

storres@helpsonv.org

BOARD OF TRUSTEES 2021-2022

(Updated 9/1/2021)

1. **Jammie Avila / 2019**
Managing Partner/CEO
Cornerstone Wealth Management
1368 Paseo Verde Parkway, #100
Henderson, NV 89012
jammie@cornerstonevegas.com
2. **Brazill, Stacy / 2000**
Owner, Broker
Brazill Team Real Estate
215 E. Warm Springs Rd., Ste. 102
Las Vegas, NV 89119
stacy@thebrazillteam.com
3. **Buchanan, Chet/ 2014**
Radio/Television Personality
98.5 KLUC Radio
7255 South Tenaya Way, #100
Las Vegas, NV 89113
chet@chetbuchanan.com
4. **Clingo, Kyle / 2011**
Sr. Vice President, Operations
United Healthcare
2720 N. Tenaya Way
Las Vegas, NV 89128
Kyle.clingo@uhc.com
5. **Cooper-Tippett, Lisa / 2011**
Board Chairperson
Compliance Officer
Credit One Bank, N.A.
6801 S. Cimarron Rd
Las Vegas, NV 89113
Lisa.cooper-tippett@creditone.com
6. **DeBonis, Eric**
Board Vice-Chairperson
Senior Vice President/Operations
Southwest Gas Corporation
PO Box 98510
5241 Spring Mountain Road
Las Vegas, NV 89193-8510
Eric.debonis@swgas.com
7. **Frank, Brenda / 2018**
9360 W. Flamingo Road, #110-426
Las Vegas, NV 89147
bren4684@gmail.com
8. **Hausch, Mary / 1974**
Retired (UNLV)
1139 5th Place
Las Vegas, NV 89104
mhausch@outlook.com
9. **Kedel, Duane / 2006**
Retired (Southwest Gas Corp)
5138 Shadow Valley
Las Vegas, NV 89148
Kedel@cox.net
11. **Lankowsky, Chelsea/2020**
Head of Co-Op Marketing Analytics
Zappos.com
35 Tapadero Lane
Las Vegas, NV 89138
Brownc8@gmail.com
12. **Maruca, Kelli / 2008**
Partner / FINE the Agency
7120 Rafael Ridge Way
Las Vegas, NV 89119
kelli@finetheagency.com

13. **McClain, Kathy / 1996**
Retired (NV State Assembly & Clark Cnty.)
2457 Swan Lane
Las Vegas, NV 89121
Kam15@msn.com
14. **Merritt, Jerrie / 2011**
Immediate Past Chairperson
Senior Vice President
Community Development Manager
Bank of Nevada
2700 W. Sahara Ave.
Las Vegas, NV 89102
jmerritt@bankofnevada.com
15. **Ray, Robert / 2016**
Senior Vice President-Manager
Fidelity National Title Group
NCS Las Vegas
8363 W Sunset Rd, #100
Las Vegas, NV 89113
Robert.Ray@fnf.com
16. **Van Son, Hank / 2007**
Board Treasurer
Chief Accounting Officer
Terrible Herbst Oil Company | JETT Gaming
5195 Las Vegas Blvd South
Las Vegas, NV 89119
hvanson@terribleherbst.com
17. **Zehirev, Vesela / 2017**
Board Secretary
Corporate Philanthropy & Community
Engagement Manager
MGM Resorts International
840 Grier Drive
Las Vegas, NV 89119
vzehirev@mgmresorts.com

BOARD COMMITTEES:

EXECUTIVE COMMITTEE

Lisa Cooper-Tippett-Chairperson
Eric DeBonis-Vice Chairperson
Hank VanSon-Treasurer
Vesela Zahirez-Secretary
Jerrie Merritt-Immediate Past Chairperson

AUDIT COMMITTEE:

Lisa Cooper-Tippett
Kathy McClain

INVESTMENT COMMITTEE

Kathy McClain

NOMINATING COMMITTEE

TBD

MARKETING / EVENTS COMMITTEE

Kelli Maruca
Jerrie Merritt