

EDDIE BAZA CALVO
Governor



[Handwritten Signature]
RAY TENORIO
Lieutenant Governor
2013 JAN 23 AM 9: 22

Office of the Governor of Guam

Honorable Judith T. Won Pat, Ed.D.
Speaker
I Mina'trentai Unu Na Liheslaturan Guåhan
155 Hesler Street
Hagåtña, Guam 96910

JAN 19 2013

Dear Madame Speaker:

By virtue of the authority vested in me pursuant to the Organic Act of Guam and the local laws applicable to the following position, I am pleased to transmit the following appointment and supporting documents for:

APPOINTEE: **Mr. Joseph M. McDonald**
POSITION: **Member, Public Utilities Commission**
TERM LENGTH: **Six (6) years**

The appointment is subject to the advice and consent of *I Liheslaturan Guåhan*. Please schedule a hearing at your earliest convenience.

Senseramente,

EDDIE BAZA CALVO

Enclosure

0034

Office of the Speaker
Judith T. Won Pat, Ed. D.
Date 1/23/13
Time 9:10 AM
Received by *[Signature]*
32-13-34



EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

Office of the Governor of Guam

Mr. Joseph M. McDonald
P.O. Box 22169
GMF, Guam 96921

JAN 18 2013

Dear Mr. McDonald:

On August 22, 2006, you were previously appointed to serve on the Public Utilities Commission. This term has since expired. Now, therefore, by virtue of the authority vested in me pursuant to the Organic Act of Guam and the laws of Guam applicable to this position, I hereby reappoint you to serve as a Member of the **Public Utilities Commission** for a new term of six (6) years from the date of your confirmation by *I Liheslaturan Guåhan*.

This appointment is effective today and is subject to the advice and consent of *I Liheslaturan Guåhan*. Please contact the Office of the Governor at 472-8931~6 should you have any further questions regarding this appointment.

Senseramente,

EDDIE BAZA CALVO



**OFFICE OF THE GOVERNOR
GUAM**

The following is information required for submission to the Speaker of *I Liheslaturan Guåhan* in accordance with 4 G.C.A. § 2103.5 of the Guam Code Annotated.

1. Citizenship: US

2. DOB: [REDACTED] Age: 43

3. Residential Address (NOT mailing address):

[REDACTED]

4. Email Address: jmcDonald@tpiguam.com

5. Have you ever been convicted of a crime? Yes No

If yes, please explain:

6. Have you ever been declared mentally incompetent by any court? Yes No

7. Have you ever been found **not** guilty or **not** punishable in any criminal proceedings by reason of insanity? Yes No

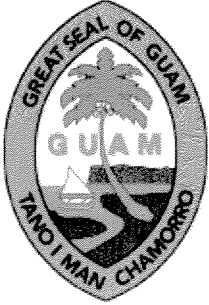
If yes, please explain:

8. Have you ever been confined to a mental institution? Yes No

If yes, please explain:


SIGNATURE

12/28/12
DATE



Appointment application

TODAY'S DATE:	
POSITION APPLYING FOR:	<input type="checkbox"/> Director <input type="checkbox"/> Deputy Director <input checked="" type="checkbox"/> Boards/Commission <input type="checkbox"/> Other _____

AGENCY/DEPARTMENT/BOARDS/COMMISSION DESIRED: List top 3 choices.

1. Public Utilities Commission of Guam

2. _____

3. _____

Would you consider any other positions than listed above? YES NO

GENERAL INFORMATION

NAME: Joseph M. McDonald

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL/PAGER:** _____

SOCIAL SECURITY NUMBER: _____

LICENSES:	TYPE	EXPIRATION DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

BACKGROUND INFORMATION

List your prior Government of Guam Appointments and dates of service:

Government of Guam Appointment	Dates of Service
Public Utilities Commission of Guam	04-14-99 to Present
_____	_____
_____	_____
_____	_____

Cont'd.

List all prior other government service excluding Government of Guam:

Other Government Appointment

Dates of Service

_____	_____
_____	_____
_____	_____
_____	_____

REFERENCES

List three (3) character and family references (name, address, & telephone number):

NAME	ADDRESS	PHONE
1. <u>Rick Rodriguez</u>	_____	_____
2. <u>Peter Montinola</u>	_____	_____
3. <u>Guz Sablan</u>	_____	_____

EDUCATION

Education (Circle highest grade completed & degree)

High School: 9 10 11 12 College: 1 2 3 4 AA BA BS Post-Grad: MBA JA MA MS PhD

Location: Father Duenas School Attended: St. Mary's School Attended: _____
Location: Moraga, CA Location: _____
Concentration: Econimics Concentration: _____
Degree: BS Degree: _____
Attended From: Sep-89 to Dec-91 Attended From: _____ to _____

Other Degrees or Certificates:

TRAINING

Cont'd.

Include professional institutes, seminars, and on-the-job training attended with date:

INSTITUTE/SEMINARS/ON-THE-JOB

DATE

INSTITUTE/SEMINARS/ON-THE-JOB	DATE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

AWARDS

List all educational, professional, civic awards, & recognition for public service:

PROFESSIONAL INVOLVEMENT

List involvement on a local/national/international level, list organizations, activities participated in, offices held:

COMMUNITY/CIVIC INVOLVEMENT

List organizations, activities participated in, offices held:

PUBLICATIONS & PRESENTATIONS

List published articles, papers delivered at professional meetings:

MILITARY SERVICE

List type of discharge, branch, rank at discharge, current status, record of any court marshals or non-judicial punishment under the Uniform Code of Military Justice, & special distinctions & honors. Please attach copy of DD214.

EMPLOYMENT HISTORY

EMPLOYMENT EXPERIENCE: Please begin with your present or last positions you have held for the past ten years. Account for all periods of employment including military service, volunteer work, self employment and periods of unemployment in separate blocks. Use separate blocks if your duties and responsibilities changed while working for the same employer. For volunteer work, write the word "Volunteer" in the salary section for that block. To receive full credit for your experience, describe in detail the tasks you were assigned. If you supervised others, explain your duties as a supervisor and indicate the number and kinds of employees you supervised. If more space is needed, please use supplemental form attached. Your answers may be verified with former employers.

1	Employer: MID Pacific Disributors	From: Feb-92 To: Dec-12
Address: 370 Mendioka Street		<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time
City: Dededo State Guam Zip 96929		Average hours worked per week:
Name of Supervisor: John T. Calvo		Starting Salary: _____ per
Your Title: Marketing Director		Ending Salary: _____ per
Duties & Responsibilities:		<input type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other
Responsibilities include marketing and promotions, supplier correspondence, and inventory mananagement.		
Product line includes Gatorade, Snapple, RC, Sunkist, Calistoga and Sapporo.		
<hr/> <hr/> <hr/>		
May we contact your previous employer: <input type="radio"/> YES <input type="radio"/> NO		Reason(s) for Leaving:
What did you NOT like about your job?		
2	Employer:	From: _____ To: _____
Address:		<input type="radio"/> Full-Time <input type="radio"/> Part-Time

Cont'd.

City: _____ State _____ Zip _____	Average hours worked per week: _____
Name of Supervisor: _____	Starting Salary: _____ per
Your Title: _____	Ending Salary: _____ per
Duties & Responsibilities: _____ _____ _____ _____ _____ _____	<input type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other
May we contact your previous employer: <input type="radio"/> YES <input type="radio"/> NO	Reason(s) for Leaving: _____
What did you NOT like about your job? _____	
3 Employer: _____	From: _____ To: _____
Address: _____	<input type="radio"/> Full-Time <input type="radio"/> Part-Time
City: _____ State _____ Zip _____	Average hours worked per week: _____
Name of Supervisor: _____	Starting Salary: _____ per
Your Title: _____	Ending Salary: _____ per
Duties & Responsibilities: _____ _____ _____ _____ _____ _____	<input type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other
May we contact your previous employer: <input type="radio"/> YES <input type="radio"/> NO	Reason(s) for Leaving: _____
What did you NOT like about your job? _____	
4 Employer: _____	From: _____ To: _____
Address: _____	<input type="radio"/> Full-Time <input type="radio"/> Part-Time
City: _____ State _____ Zip _____	Average hours worked per week: _____

Cont'd.

Name of Supervisor:	Starting Salary: _____ per
Your Title:	Ending Salary: _____ per
Duties & Responsibilities:	<input type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
May we contact your previous employer: <input type="radio"/> YES <input type="radio"/> NO	Reason(s) for Leaving:
What did you NOT like about your job?	

5 Employer:	From: _____ To: _____
Address:	<input type="radio"/> Full-Time <input type="radio"/> Part-Time
City: _____ State _____ Zip _____	Average hours worked per week: _____
Name of Supervisor:	Starting Salary: _____ per
Your Title:	Ending Salary: _____ per
Duties & Responsibilities:	<input type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
May we contact your previous employer: <input type="radio"/> YES <input type="radio"/> NO	Reason(s) for Leaving:
What did you NOT like about your job?	

Cont'd.

Explain any periods of unemployment longer than thirty days: _____

MANAGEMENT EXPERIENCE

A Have you ever managed a Business, Department or an entire organization? YES NO
If YES, did you report to a Board of Directors? YES NO

If your answer is NO, please select the management position/title you held:

Lead Administrator Deputy Director
 Supervisor Superintendent Assistant General Manager
 Manager Director (*under a GM/CEO, President*) Vice President

B Number of years of service in the highest ranking management position you have held. (Please check one of the following)

under 1 year 9+ – 15 years
 1+ – 3 years 15+ – 20 years
 3+ – 5 years 20+ and up
 5+ – 9 years

C Sector of Organization you served with the most years. GOVERNMENT: Local Federal
 PRIVATE
 OTHER: _____

SUPERVISORY

A	Total number of employees in the organization/department you have managed:		
	<input checked="" type="radio"/> 50 and under	<input type="radio"/> 101 – 250	<input type="radio"/> 501 and up
	<input type="radio"/> 51 – 100	<input type="radio"/> 251 – 500	
	Average number of staff who reported directly to you:		
	<input checked="" type="radio"/> Under 25	<input type="radio"/> 201 – 300	<input type="radio"/> 501 and up
	<input type="radio"/> 26 – 50	<input type="radio"/> 301 – 400	
	<input type="radio"/> 51 – 200	<input type="radio"/> 401 – 500	
	Are you knowledgeable of the local and federal labor laws? <input checked="" type="radio"/> YES <input type="radio"/> NO		

PERFORMANCE RATING

A	Was the organization/department you managed “profitable” or did your organization perform as formally planned?		
	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
	Variance from projected income:		
	<input type="radio"/> Below plan	<input checked="" type="radio"/> Met plan	<input type="radio"/> Above plan
	Variance from projected expenses:		
	<input type="radio"/> Below plan	<input checked="" type="radio"/> Met plan	<input type="radio"/> Above plan

OTHER ABILITIES

A	Have you ever participated in a strategic planning process? <input checked="" type="radio"/> YES <input type="radio"/> NO		
	If YES, please select one of the following to describe your participation.		
	<input type="radio"/> Facilitated	<input checked="" type="radio"/> Directed	
	<input type="radio"/> Implemented		
	Do you have any experience with:		
	Restructuring an organization	<input checked="" type="radio"/> YES	<input type="radio"/> NO
	Process Improvement	<input checked="" type="radio"/> YES	<input type="radio"/> NO
	Re-engineering	<input checked="" type="radio"/> YES	<input type="radio"/> NO
	Total Quality Management	<input checked="" type="radio"/> YES	<input type="radio"/> NO
	Have you ever participated in formal negotiations with another organization? <input checked="" type="radio"/> YES <input type="radio"/> NO		
	If YES, check the boxes describing your role:		
	<input type="checkbox"/> Observer	<input type="checkbox"/> Assistant	
	<input checked="" type="checkbox"/> Chief Negotiator	<input type="checkbox"/> Advisor/Consultant	
	Have you been involved in policy making process? <input checked="" type="radio"/> YES <input type="radio"/> NO		
	If YES, please check the boxes which best describes your role:		
	<input type="checkbox"/> Management	<input type="checkbox"/> Board and/or Commission	
	<input type="checkbox"/> Legislation (includes lobbying process)		

TECHNOLOGY

A	Have you been involved in promoting the use of Technology in your organization? <input checked="" type="radio"/> YES <input type="radio"/> NO		
	Please select all items which describes your involvement:		
	<input type="checkbox"/> Sponsor	<input type="checkbox"/> Development	
	<input type="checkbox"/> Planning	<input type="checkbox"/> Design	
	<input type="checkbox"/> Coordination	<input type="checkbox"/> Implementation	

GRANTS

	Have you been involved in applying, administering, awarding Grants? <input type="radio"/> YES <input checked="" type="radio"/> NO		
--	---	--	--

Cont'd.

Please check the boxes which best describes your involvement:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Aide | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Researchers | <input type="checkbox"/> Reviewer |
| <input type="checkbox"/> Writer | <input type="checkbox"/> Funder |

SKILLS

Indicate appropriate letter for your skill level:

C=Course only **F**-Fair **G**-Good **E**= Excellent

Windows Software:	Skill Level (C-F-G-E)	Version	Skill Level (C-F-G-E)	Version
MS Word	None	<u> E </u>	WordPerfect	None
Excel	None	<u> E </u>	Presentation	None
PowerPoint	<u> None </u>	<u> E </u>	Quattro Pro	None
			Lotus	<u> None </u>

GENERAL

Summarize and explain any experience and/or skills which you feel would be beneficial to employers: Explain:

Of the jobs you have held, which did you like best? Why?

What do you feel are your outstanding strengths?

What do you feel are your primary weaknesses?

What gives you the most satisfaction in your work?

What is your concept of success?

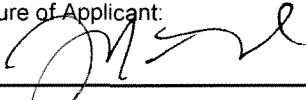
Cont'd.

Please write any additional information that you would like us to know about you (e.g. hobbies)

PLEASE READ CAREFULLY BEFORE SIGNING:

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any misrepresentation or omission is sufficient to disqualify me for employment or may result in a discharge if employed. I authorize my former employers, schools, government agencies and other entities to give any information (including fact or opinion) they may have regarding me, whether or not it is on their record. I hereby release them and the company from all liabilities as a result of furnishing and receiving this information. I understand that any offer of employment is subject to satisfactory references. I understand and agree that I may be required to submit to pre-employment drug test and post-offer medical examination as part of my application for employment with the offer of employment conditioned on the result of such test and examination. I also understand and agree that at any time during my employment, I may be required to submit to a drug test and/or a medical examination. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the organization I am applying to. If employed, I agree to abide by my employer's policies and recognize that this application is not intended in any way to create an employment contract.

Signature of Applicant:



Date:

10-30-12

Your application will be placed in our active application files for twelve months. If you are not employed within six months but still wish to be considered for a specific opening, please contact the Governor's Office to inform us of the specific opening for which you wish to be considered.

Cont'd.



STATEMENT OF FINANCIAL INTERESTS

TO: Camacho/Cruz Transition Office
P.O. Box 2950
Hagåtña, Guam 96932

FROM: Joseph McDonald


Social Security #: _____

- I have no financial interest in any business.
- I do have interest(s) in the following business(es).

Name/Address of Business Interest

Type/Amount of Interest

Name/Address of Business Interest	Type/Amount of Interest
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____


Signature (sign in ink)

10 / 30 / 12

Cont'd.



STATEMENT OF TAX LIABILITIES

TO: Camacho/Cruz Transition Office
P.O. Box 2950
Hagåtña, Guam 96932

FROM: Joseph McDonald

Social Security #: _____

- I have no delinquent or past due tax liabilities.
- I do have delinquent or past due liabilities as follows.

Name/Address of Business Interest

Type/Amount of Interest

Name/Address of Business Interest	Type/Amount of Interest
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Joseph McDonald
Signature (sign in ink)

10 / 30 / 12

Cont'd.

Submit



OFFICE OF THE GOVERNOR
GUAM

AFFIDAVIT

I, **JOSEPH M. MCDONALD**, being first duly sworn, deposes and sayeths:

1. That I have read and reviewed the information contained in the attached Nomination Letter from the Governor of Guam.

2. That the matters contained in the Nomination Letter and all attachments thereto are true and correct.

3. That this affidavit is made for the purpose of complying with the requirements of 4 GCA §2103.5.

I declare under penalty of perjury that the foregoing is, to the best of my knowledge, true and correct.



JOSEPH M. MCDONALD

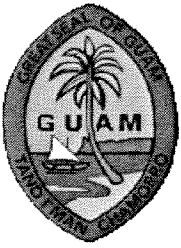
SUBSCRIBED AND SWORN TO before me this 28 day of December,
2012.



Notary Public



CYNTHIA INDALECIO BROWN
NOTARY PUBLIC
In and for Guam, U.S.A.
My Commission Expires: Sept. 08, 2016
LAW OFFICE OF ANTHONY R. CAMACHO, ESQ.
Suite 808, 8th Floor GCIC Building
414 W. Soledad Avenue, Hagatna, Guam 96910



**Government of Guam
 GUAM POLICE DEPARTMENT
 RECORDS & IDENTIFICATION SECTION
 P.O. Box 23909
 Guam Main Facility, Guam 96921**



December 27, 2012

SUBJECT: CRIMINAL HISTORY RECORD

NAME:	Joseph M. MCDONALD		
DATE OF BIRTH:	██████████	FINGERPRINT #:	NONE
██████	The individual has no record of criminal conviction(s) in GPD files that are subject to Guam law and rules and regulations of the Department.		

*****NOTHING FOLLOWS*****

THIS INFORMATION MAY BE LIMITED TO A LOCAL CRIMINAL OFFENSE ONLY AND IS NOT INTENDED FOR USE FOR ANY LOCAL, STATE, OR FEDERAL LAW ENFORCEMENT AGENCY. THIS CLEARANCE DOES NOT REFLECT ARREST(S) PENDING ADJUDICATION.

[Handwritten signature]

By Direction: mair

[Handwritten signature of Fred E. Bordallo, Jr.]

**FRED E. BORDALLO, JR.
 Chief of Police**

The absence of an original GUAM POLICE seal invalidates this police clearance.
 REVISED: 07/12/11



SUPERIOR COURT OF GUAM

Guam Judicial Center • 120 West O'Brien Drive • Hagåtña, Guam 96910

Telephone (671) 475-3370
Fax (671) 477-1500

RICHARD B. MARTINEZ
Clerk of Courts

Name: JOSEPH M MCDONALD

SS#: ID# GUAM DL#: [REDACTED] Date of Birth: [REDACTED]

CERTIFICATE OF SEARCH

The undersigned Clerk hereby certifies the following results of a diligent search of the records of this Court:

Criminal Cases:

- A. No Case Found.
- B. 1. Criminal Case No.
- 2. Criminal Case No.
- 3. Criminal Case No.
- 4. Criminal Case No.
- 5. Criminal Case No.

Civil Cases:

- A. No Case Found
- B. 1. Civil Case No.
- 2. Civil Case No.
- 3. Civil Case No.
- 4. Civil Case No.
- 5. Civil Case No.


Criminal Record: Page of

Civil Record: Page of

Request for further information may be addressed at the Records Division of the Superior Court of Guam, Guam Judicial Center, 120 West O'Brien Drive, Hagatna, Guam. Hours of operation are Monday – Friday, 8:00 a.m. to 5:00 p.m. Closed Saturday, Sunday and local/federal holidays. Court Clearances are Non-Refundable.

Dated: 12/28/2012

RICHARD B. MARTINEZ
Clerk of Courts

BY: 
EDNA M NEGO
Deputy Clerk

Prepared By: DMN



The absence of an original Court Seal invalidates this document



GUAM ELECTION COMMISSION

Kumision Eleksion Guåhan

P.O. Box BG • Hagåtña, Guam 96932

Tel: (671) 477-9791/2 • Fax: (671) 477-1895

E-Mail: vote@gec.guam.gov Website: www.gec.guam.gov



FINANCIAL DISCLOSURE ACT CHAPTER 13, TITLE 4, GUAM CODE ANNOTATED (GCA)

Name:

Joseph M McDonald

Mailing Address:

[REDACTED]

Name of Board or Commission:

Public Utilities Commission

Term of Office:

STATEMENT OF DISCLOSURE OF CONFLICTS OF INTEREST FOR GOVERNMENT BOARD OR COMMISSION MEMBER

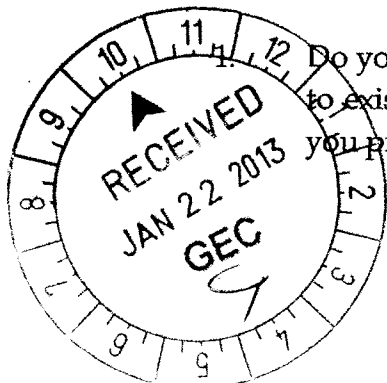
Public Law 24-91, Section 13104.1 of Title 4, Guam Code Annotated, requires that notwithstanding any other provision of Public Law, all appointees to Boards and Commissions of the Government of Guam shall be required to disclose and submit a report containing only information where conflicts of interest or possible conflicts of interest exists at the time of appointment. Or as may be expected to exist during their tenure of service on the Board or Commission to which they have been appointed. For purposes of this Section, conflicts of interest shall be defined under the provisions of Section 15205 of Title 4, Guam Code Annotated. Please refer to said statute for further particulars.

Please answer the following:

Do you have any present conflicts of interest or expect any conflicts of interest to exist during your tenure of service on the Board or Commission in which you presently serve?

Yes

No



2. If so, please provide full disclosure below.

I declare under penalty of perjury pursuant to the laws of Guam, that the above Statement of Disclosure of Conflicts of Interest is true and accurate pursuant to Section 13104.1, Title 4, Guam Code Annotated.



Signature of Board/Commission Member

12/28/12
Date

