

EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

2013 FEB 11 PM 2:59

Office of the Governor of Guam

FEB 08 2013

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

32-13-110
Office of the Speaker
Judith T. Won Pat, Ed. D.
Date 2/11/13
Time 2:57 PM
Received by [Signature]

RE: Commission Appointment

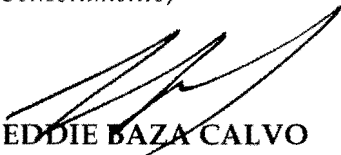
Dear Madame Speaker:

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. Oscar A. Calvo**
POSITION: **Member, Chamorro Land Trust Commission**
TERM LENGTH: **Three (3) 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
I Maga'lakhen Guåhan para pa'go
Governor of Guam

Enclosure

0110

EDDIE BAZA CALVO
Governor



RAY TENORIO
Lieutenant Governor

Office of the Governor of Guam

JAN 25 2013

Mr. Oscar A. Calvo
P.O. Box 2428
Hagåtña, Guam 96932

RE: Commission Appointment

Dear Mr. Calvo:

On May 28, 2008, you were appointed to serve on the Chamorro Land Trust 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 (21 G.C.A. Section 75102(a)), I hereby appoint you to again serve as:

Member, Chamorro Land Trust Commission

This appointment is subject to confirmation by *I Liheslaturan Guåhan* and is effective upon your confirmation. Please contact the Governor's Office at 472-8931~6 should you have any further questions regarding this appointment.

Senseramente,

A handwritten signature in black ink, appearing to read "Eddie Baza Calvo".

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: 63

3. Residential Address (NOT mailing address):
[REDACTED]

4. Email Address: _____

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

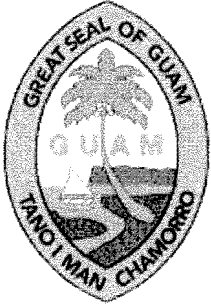
If yes, please explain:

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

If yes, please explain:

[Handwritten Signature]
SIGNATURE

2-1-13
DATE



Appointment application

TODAY'S DATE:

POSITION
APPLYING FOR:

- Director
 Deputy Director
 Boards/Commission
 Other _____

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

1. *CHAMORRO LAND TRUST COMMISSION*

2.

3.

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

GENERAL INFORMATION

NAME:

OSCAR A. CALVO

MAILING ADDRESS:

CITY:

HOME PHONE:

WORK PHONE:

CELL/PAGER:

SOCIAL SECURITY NUMBER:

LICENSES:

TYPE

EXPIRATION DATE

03/29/2013

BACKGROUND INFORMATION

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

Government of Guam Appointment

Dates of Service

N/A

List all prior other government service excluding Government of Guam:

Other Government Appointment

Dates of Service

N/A

REFERENCES

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

	NAME	ADDRESS	PHONE
1.	Joseph F. Ada	FORMER GOVERNOR OF GUAM	
2.	FRANK B/AS, SR.	FORMER LT. GOVERNOR OF GUAM	
3.			

EDUCATION

Education (Circle highest grade completed & degree)

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

Location: GUAM School Attended: _____ School Attended: _____
Location: _____ Location: _____
Concentration: _____ Concentration: _____
Degree: _____ Degree: _____
Attended From: _____ to _____ Attended From: _____ to _____

Other Degrees or Certificates:

TRAINING

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

INSTITUTE/SEMINARS/ON-THE-JOB

DATE

Please refer to attached resume.

AWARDS

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

Recognition of Courageous Actions, 26th Guam Legislature

PROFESSIONAL INVOLVEMENT

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

N/A

COMMUNITY/CIVIC INVOLVEMENT

List organizations, activities participated in, offices held:

San Vicente School, PTSSA

PUBLICATIONS & PRESENTATIONS

List published articles, papers delivered at professional meetings:

N/A

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.

United States Army, Honorable Discharge, Sgt. (E5)
 Army Commendation Medal work Leat Cluster
 Vietnam Campaign & Service Medals, National Defense Medal.

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.

Employer: <u>Guam Telephone Authority</u>	From: <u>NOV. 74</u> To: <u>Sept. 95</u>
Address: <u>P.O. Box 9008</u>	<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time
City: <u>Tamuning</u> State <u>GUAM</u> Zip <u>96931</u>	Average hours worked per week: <u>40</u>
Name of Supervisor: <u>Carl P. Leon Guerrero</u>	Starting Salary: _____ per
Your Title: <u>Planner II</u>	Ending Salary: _____ per
Duties & Responsibilities:	<input type="radio"/> Resigned <input type="radio"/> Discharged <input type="radio"/> Other
<u>Planned, engineered, oversaw and closed-out work orders, associated with key systems, PABXs, paystations and its' inside wiring -</u>	
May we contact your previous employer: <input checked="" type="radio"/> YES <input type="radio"/> NO	Reason(s) for Leaving:
What did you NOT like about your job? <u>N/A</u>	
Employer: <u>N/A</u>	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: <i>N/A</i>			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: <i>N/A</i>			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?	

Employer: <i>N/A</i>	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? <input type="radio"/> YES <input type="radio"/> NO
	If YES, did you report to a Board of Directors? <input type="radio"/> YES <input type="radio"/> NO
	If your answer is NO, please select the management position/title you held:
	<input type="radio"/> Lead <input type="radio"/> Administrator <input type="radio"/> Deputy Director
	<input type="radio"/> Supervisor <input type="radio"/> Superintendent <input type="radio"/> Assistant General Manager
	<input type="radio"/> Manager <input checked="" type="radio"/> Director (under a GM/CEO, President) <input type="radio"/> Vice President
B	Number of years of service in the highest ranking management position you have held. (Please check one of the following)
	<input type="radio"/> under 1 year <input checked="" type="radio"/> 9+ – 15 years
	<input type="radio"/> 1+ – 3 years <input type="radio"/> 15+ – 20 years
	<input type="radio"/> 3+ – 5 years <input type="radio"/> 20+ and up
	<input type="radio"/> 5+ – 9 years
C	Sector of Organization you served with the most years. <input checked="" type="radio"/> GOVERNMENT: <input type="radio"/> Local <input type="radio"/> Federal
	<input type="radio"/> PRIVATE
	<input type="radio"/> OTHER: _____

SUPERVISORY

Cont'd.

A	Total number of employees in the organization/department you have managed:		
	<input type="radio"/> 50 and under	<input type="radio"/> 101 – 250	<input type="radio"/> 501 and up
	<input checked="" 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"/> 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 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 checked="" type="radio"/> Facilitated <input 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 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
--	---

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	MSO 98	WordPerfect	None
Excel	None	MSO 98	Presentation	None
PowerPoint	None	MSO 98	Quattro Pro	None
			Lotus	None

GENERAL

Summarize and explain any experience and/or skills which you feel would be beneficial to employers: Explain:
Ability to build consensus among co-workers for the common good.

Of the jobs you have held, which did you like best? Why?
GTA Installation & repair. I enjoyed being able to initiate plan and implement projects that provided direct service to customers and being able to see their satisfaction.

What do you feel are your outstanding strengths?
My resourcefulness (or access to resources) at accomplishing any task assigned.

What do you feel are your primary weaknesses?
None that I'm aware of.

What gives you the most satisfaction in your work?
Completing a project considered to be impossible to do and sharing its completion with peers.

What is your concept of success?
Customer satisfaction.

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: 2-1-13

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.



STATEMENT OF FINANCIAL INTERESTS

TO: Governor Eddie Baza Calvo
Ricardo J. Bordallo Governor's Complex
Adelup, Guam 96910

FROM: OSCAR A. CALVO

Social Security #: [REDACTED]

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

Name and address of business interest:

Type and amount of interest

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Oscar A. Calvo
Signature (sign in ink)

5/1/13
Date



STATEMENT OF TAX LIABILITIES

TO: Governor Eddie Baza Calvo
Ricardo J. Bordallo Governor's Complex
Adelup, Guam 96910

FROM: OSCAR A. CALVO

Social Security #: [REDACTED]

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

Name and address of business interest:	Type and amount of interest
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

[Handwritten Signature]
Signature (sign in ink)

2 / 1 / 13
Date

Cont'd.

Submit

EMPLOYMENT PROFILE

2008 – Present	Chairman, Chamorro Land Trust commission
2002	Board Member, Guam Telephone Authority
1974-1995	Guam Telephone Authority Planner II (Retired)
1972-1974	Public Utility Agency of Guam Telephone Switchman I

EDUCATIONAL & TRAINING PROFILE

1988	Texas A&M University Engineering Extension Service Certificates of Completion: Station Carrier Data Circuit Installation & Maintenance Introduction to Data Communications
1981	Northern Telecom, Inc. Certificate of Attendance: Meridian Digital Centrex Station/Console User Island Telecommunications & Engineering Notices of Completion: NEAX 12-A EPABX Operation & Maintenance Electra 28 Electronic Key System
1980-81	Department of Administration Certificates of Completion: Advanced Supervisory Workshop Public Service Workshop
1980	Guam Telephone Authority Certificates of Training: Supervisory Training Safety for Supervisors

1979 Guam Community College
Certificate of Completion:
 Basic Electricity (DC Theory)

1976-79 Guam Telephone Authority
Certificate of Training:
 Equal Employment Opportunity Orientation
Certificate of Completion:
 Station Installation

1972 Public Utility Agency of Guam
Certificates of Completion:
 Basic Telephony
 Basic Electronics

1969-70 Department of the Army
Certificate of Training:
 Tech Supply Course
Diplomas:
 Aircraft Repair Parts Specialist Course
 Stock Control & Accounting Specialist Course

1969 John F. Kennedy High School
Tumon, Guam
Diploma: High School

AWARDS

1991-93 Guam Telephone Authority
Certificate of Outstanding Performance
Meritorious Service Salary Award

1991 Guam Housing & Urban Renewal Authority
Commendation of Public Service

1990 Guam Telephone Authority – Board of Directors
Resolution of Commendation

 Bank of Guam – Vice President
Letter of Appreciation

1987-88 Guam Telephone Authority
Letter of Commendation (Chief Engineer)
Letter of Appreciation (General Manager)

- 1987 Northern Marianas College
Letter of Commendation
- 1984 Department of Parks & Recreation - Director
Letter of Commendation
- 1983 Department of Public Health & Social Services - Director
Letter of Commendation
- International Title & Escrow Company – President
Letter of Commendation
- 1979 Fifteenth Guam Legislature – Chairman, Public Utilities
Certificate of Commendation
- 1978 Mobil International Petroleum Corporation – General Manager
Letter of Commendation
- 1977 Guam Telephone Authority – Board of Directors
Letter of Appreciation
- Petroco, Inc. – Manager
Letter of Appreciation
- 1976 Guam Cable TV System – Office Manager
Letter of Appreciation
- 1975 Muscular Dystrophy Association - President
Citation of Merit and Letter of Appreciation
- 1973 Guam Energy Office – Assistant Administrator
Letter of Appreciation
- 1970 United States Army
Certificate of Achievement – Commander, 189th Aviation Co.
The Army Commendation Medal – Brigadier General, USA

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME CALVO OSCAR ADA		2. SERVICE NUMBER RA 67 202 942		3. SOCIAL SECURITY		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY RA AR			5a. GRADE, RATE OR RANK SGT	5b. PAY GRADE E-5	6. DATE OF RANK 20 Oct	
	7. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) Agana Guam		9. [REDACTED]		
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER 55 1 49 113		10b. SELECTIVE SERVICE LOCAL BOARD NUMBER CITY, COUNTY STATE AND ZIP CODE #1 Agana Guam		10c. DATE INDUCED DAY MONTH NA		
	11a. TYPE OF TRANSFER OR DISCHARGE: Transferred to USAR			11b. STATION OR INSTALLATION AT WHICH EFFECTED Schofield Barracks Oahu Hawaii			
TRANSFER OR DISCHARGE DATA	12. REASON AND AUTHORITY Para 5-3 AR 635-200 (SPN 21L) & DA Msg 102035Z Dec 71			13. EFFECTIVE DATE 2	13. DAY MONTH Jan		
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 8th Sqdr 1st Cav Ft. Knox Kentucky			13a. CHARACTER OF SERVICE HONORABLE		13b. TYPE OF CERTIFICATE None	
	14. DISTRICT, AREA, COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED USAR Control Group (Annual Training) Hawaii			15. REENLISTMENT CODE RE-3E			
	16. TERMINAL DATE OF RESERVE/UNIT'S OBLIGATION DAY MONTH YEAR 12 Jun 75		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input checked="" type="checkbox"/> ENLISTED (Army Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER		18. TERM OF SERVICE (Years) 3 yrs	18. DATE OF ENTRY DAY MONTH 13 Jun	
18. PRIOR REGULAR ENLISTMENTS None		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC Pvt (E-1)		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Agana Guam			
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE [REDACTED]		22. STATEMENT OF SERVICE		YEARS	MONTHS		
23. SPECIALTY NUMBER, GRADE, TITLE 76F40 Stk Con & Act Sp		24. RELATED CIVILIAN OCCUPATION AND D.O.I. NUMBER NA		a. CREDITABLE FOR BASIC PAY PURPOSES		b. DATE OF ENTRY	
				(1) NET SERVICE THIS PERIOD		2	6
				(2) OTHER SERVICE		0	0
25. EDUCATION AND TRAINING COMPLETED Quartermaster School - Stock control & Accounting Specialist Quartermaster School - Aircraft Repair Parts Specialist		24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS, AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED Army Commendation Medal w/Oak Leaf Cluster Vietnam Campaign Medal Vietnam Service Medal National Defense Service Medal 2 Overseas Bars		(3) TOTAL LINE (A) + (B) + (C)		2	6
				c. TOTAL ACTIVE SERVICE		2	6
26a. NON-PAY PERIODS TIME LOST (Preceding Two Years) 18 Jan 71 Thru 19 Jan 71		26b. DAYS ACCRUED LEAVE PAID 0		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		27b. AMOUNT OF ALLOTMENT NA	
28. VA CLAIM NUMBER C NA		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$15,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE		29. MONTH ALLOT DISCONTINUED NA			
REMARKS	30. REMARKS High School - 4 yrs Blood Group " B " Current Service in Vietnam - 0 yrs 11 mos 27 days *Excess leave of 19 days from 23 Dec 70 thru 9 Jan 71 21 Dec 71 to 21 Dec 71						
	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) Box 413 Agana, Guam 96910			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Oscar A. Calvo</i>			
AUTHENTICATION	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER EDMUND L. DRAGO CPT, AGO Adjutant			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Edmund L. Drago</i>			




OFFICE OF THE GOVERNOR
GUAM

AFFIDAVIT

I, **OSCAR A. CALVO**, 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.

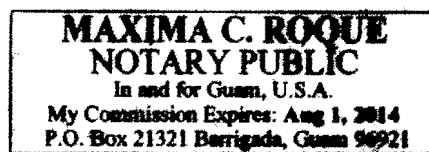
I declare under penalty of perjury that the foregoing is, to the best of my knowledge, true and correct.



OSCAR A. CALVO

SUBSCRIBED AND SWORN TO before me this 15th day of January,
2013.



Notary Public



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



January 11, 2013

SUBJECT: CRIMINAL HISTORY RECORD

NAME:	Oscar A. CALVO		
DATE OF BIRTH:	██████████	FINGERPRINT #:	39-805
██████	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.

By Direction: BARBIE

**FRED E. BORDALLO, JR.
 CHIEF OF POLICE**

The absence of an original GUAM POLICE seal invalidates this police clearance.
 REVISED. 07/12/2011



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: OSCAR A CALVO

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: 01/14/2013

RICHARD B. MARTINEZ
Clerk of Courts

BY: 
JOSEPH S. RIVERA
Deputy Clerk

Prepared By: JJAP



The absence of an original Court Seal invalidates this document