

EDDIE BAZA CALVO  
Governor



RAY TENORIO  
Lieutenant Governor

*Office of the Governor of Guam*

FEB 07 2013

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

Office of the Speaker  
**Judith T. Won Pat, Ed. D.**  
Date 2/13/13  
Time 10:00 AM  
Received by [Signature]  
32-13-116

2013 FEB 13 AM 10:12

RE: Board Appointment

Dear Speaker Won Pat:

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: **Pedro Perez Ada III**  
POSITION: **Member, Guam International Airport Authority Board of Directors**  
TERM LENGTH: **Three (3) years**

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

*Senseramente,*

  
**EDDIE BAZA CALVO**

Enclosure

0116

EDDIE BAZA CALVO  
Governor



RAY TENORIO  
Lieutenant Governor

*Office of the Governor of Guam*

FEB 07 2013

Mr. Pedro Perez Ada III  
P.O. Box 2889  
Hagatna, Guam 96932

RE: Board Appointment

Dear Mr. Ada:

Thank you for your commitment to serve the people of Guam. The Calvo Tenorio administration is facing unprecedented challenges, both near and long-term. The task ahead of us will require the collective efforts of the best minds who will have the courage to make tough decisions for the good of all our people. I hereby appoint you to serve in the Calvo Tenorio administration as:

**Member, Guam International Airport Authority Board of Directors**

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

*Senseramente,*

A stylized, handwritten signature in black ink, consisting of several overlapping, sweeping lines.

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: 52
- 3. Residential Address (NOT mailing address):  
[REDACTED]
- 4. Email Address: SONNY ADA @ GUAM.NET
- 5. Have you ever been convicted of a crime? Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

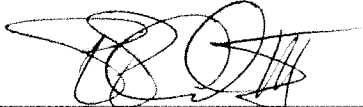
- 6. Have you ever been declared mentally incompetent by any court? Yes  No
- 7. Have you ever been found **not** guilty or **not** punishable in any criminal proceedings by reason of insanity? Yes  No

If yes, please explain:

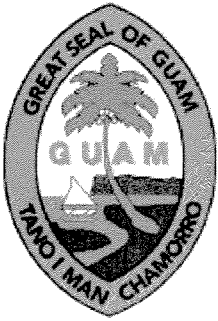
\_\_\_\_\_  
\_\_\_\_\_

- 8. Have you ever been confined to a mental institution? Yes  No
- If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

  
SIGNATURE

2/6/13  
DATE



# Appointment application

**TODAY'S DATE:** \_\_\_\_\_

**POSITION APPLYING FOR:**

- Director
- Deputy Director
- Boards/Commission
- Other \_\_\_\_\_

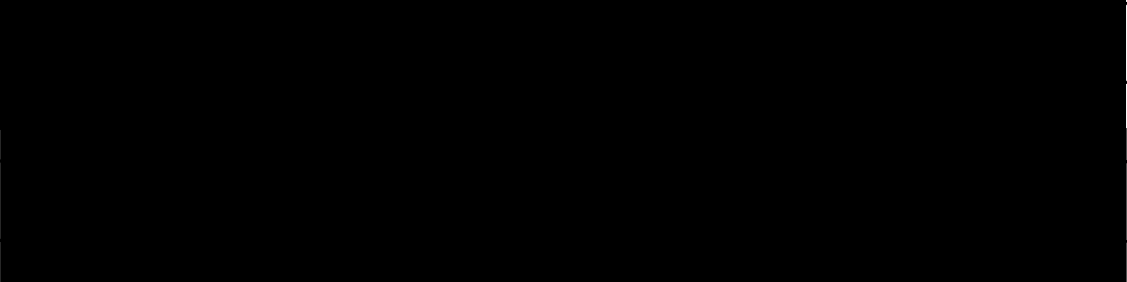
**AGENCY/DEPARTMENT/BOARDS/COMMISSION DESIRED:** List top 3 choices.

1. *AIRPORT BOF/D*
2. \_\_\_\_\_
3. \_\_\_\_\_

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

## GENERAL INFORMATION

**NAME:** *PEDRO PEREZ ADA AKA SONNY ADA*



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

## BACKGROUND INFORMATION

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

Government of Guam Appointment	Dates of Service
<i>UNIVERSITY OF GUAM</i>	<i>12/04-9/12</i>
<i>GUAM VISITORS BUREAU</i>	<i>1987-1995</i>
_____	_____
_____	_____

List all prior other government service excluding Government of Guam:

Other Government Appointment

Dates of Service

<u>N/A</u>	

### REFERENCES

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

NAME	ADDRESS	PHONE
1. <u>FRANKLIN ARRIOLA</u>		
2. <u>DAN TYDINGCO</u>		
3. <u>BRIAN SAN NICHOLAS</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  JD  MA  MS  PhD

Location: FDAS School Attended: ST THOMAS COLLEGE School Attended: \_\_\_\_\_  
Location: MINNESOTA Location: \_\_\_\_\_  
Concentration: BUSINESS Concentration: \_\_\_\_\_  
Degree: BA Degree: \_\_\_\_\_  
Attended From: 1979 to 1983 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
_____	_____
_____	_____
_____	_____
_____	_____

### 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:

*GUAM Chamber of Commerce 1989-2008 DIRECTOR/CHAIRMAN*

*PACIFIC ASIA TRAVEL ASSOC. 1990-1994 DIRECTOR/CHAIRMAN*

*ARCHDIOCESE FINANCE COUNCIL 2002-PRESENT PRESIDENT*

*AMERICAN RED CROSS 1996-1997 DIRECTOR*

### PUBLICATIONS & PRESENTATIONS

List published articles, papers delivered at professional meetings:

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### 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.

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### 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: <u>ADA'S TRUST &amp; INVESTMENT, INC.</u>	From: <u>1985</u>	To: <u>PRESENT</u>
Address: <u>PO BOX 2889</u>		<input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
City: <u>HABATAMA</u>	State: <u>GU</u>	Zip: <u>96932</u>	Average hours worked per week:
Name of Supervisor: <u>PETE ADA</u>		Starting Salary: _____ per	
Your Title: <u>PRESIDENT</u>		Ending Salary: _____ per	
Duties & Responsibilities: <u>OVERALL OPERATIONS</u>		<input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Other	
<u>MANAGE Building, leasing, &amp; financing activities of the business.</u>			
May we contact your previous employer: <input type="checkbox"/> YES <input type="checkbox"/> NO		Reason(s) for Leaving:	
What did you NOT like about your job?			

2	Employer: <u>N/A</u>	From: _____	To: _____
Address:		<input type="checkbox"/> Full-Time <input type="checkbox"/> 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? _____	
<b>3</b> 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? _____	
<b>4</b> 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
_____ _____ _____ _____ _____ _____	
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?	

<b>5</b> 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?	

Explain any periods of unemployment longer than thirty days: \_\_\_\_\_

\_\_\_\_\_

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**MANAGEMENT EXPERIENCE**

A	<p>Have you ever managed a Business, Department or an entire organization? <input checked="" type="radio"/> YES <input type="radio"/> NO</p> <p>If YES, did you report to a Board of Directors? <input checked="" type="radio"/> YES <input type="radio"/> NO</p> <p>If your answer is NO, please select the management position/title you held:</p> <p> <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 type="radio"/> Director (<i>under a GM/CEO, President</i>)      <input type="radio"/> Vice President         </p>
B	<p>Number of years of service in the highest ranking management position you have held. (Please check one of the following)</p> <p> <input type="radio"/> under 1 year      <input type="radio"/> 9+ – 15 years  <input type="radio"/> 1+ – 3 years      <input type="radio"/> 15+ – 20 years  <input type="radio"/> 3 + – 5 years      <input checked="" type="radio"/> 20+ and up  <input type="radio"/> 5+ – 9 years         </p>
C	<p>Sector of Organization you served with the most years. <input type="radio"/> GOVERNMENT:    <input type="radio"/> Local    <input type="radio"/> Federal</p> <p><input checked="" type="radio"/> PRIVATE</p> <p><input type="radio"/> OTHER: _____</p>

**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 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 type="radio"/> YES	<input checked="" type="radio"/> NO
	Process Improvement	<input checked="" type="radio"/> YES	<input type="radio"/> NO
	Re-engineering	<input type="radio"/> YES	<input checked="" type="radio"/> NO
	Total Quality Management	<input type="radio"/> YES	<input checked="" 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 checked="" type="checkbox"/> Assistant <input checked="" type="checkbox"/> Chief Negotiator <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Planning			<input type="checkbox"/> Design
<input checked="" type="checkbox"/> Coordination			<input checked="" type="checkbox"/> Implementation

## GRANTS

	Have you been involved in applying, administering, awarding Grants? <input type="radio"/> YES <input checked="" type="radio"/> NO		
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Please check the boxes which best describes your involvement:

- Aide
- Researchers
- Writer
- Administrator
- Reviewer
- 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>G</u>	<u>B</u>	WordPerfect	None
Excel	None <u>F</u>	<u>A</u>	Presentation	None
PowerPoint	None <u>F</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:

BOARD EXPERIENCE

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

CURRENT. ~~A~~ FAMILY BUSINESS

What do you feel are your outstanding strengths?

LISTEN; DIRECT

What do you feel are your primary weaknesses?

TIME

What gives you the most satisfaction in your work?

COMPLETING TASKS; SECURING DEALS

What is your concept of success?

WIN-WIN BUSINESS ARRANGEMENTS

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

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**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:

2/6/13

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: PEDRO PEREZ ADA AKA SONNY

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

ADA'S TRUST & INVESTMENT

OWNERSHIP / DIRECTOR

NANBO GUAM, LTD

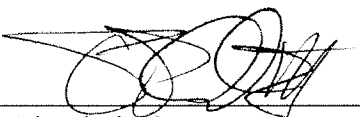
OWNERSHIP / DIRECTOR

MARIANAS FINANCE

DIRECTOR

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
Signature (sign in ink)

216113  
Date



# STATEMENT OF TAX LIABILITIES

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

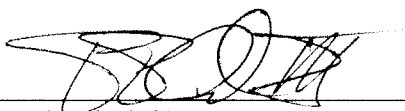
FROM: PEDRO PEREZ ADA AKA SORRY

Social Security #: 

- 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


  
Signature (sign in ink)

216113  
Date



# SUPPLEMENTAL Appointment Application

Employer:

Duties & Responsibilities:

*(This section contains multiple horizontal lines for writing duties and responsibilities.)*



Submit



**OFFICE OF THE GOVERNOR  
GUAM**

**AFFIDAVIT**

I, **PEDRO PEREZ ADA III**, 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.

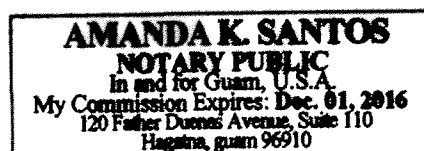
A handwritten signature in black ink, appearing to read "Pedro Perez Ada III".

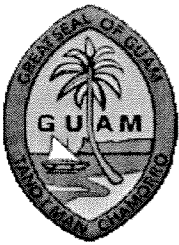
\_\_\_\_\_  
**PEDRO PEREZ ADA III (SIGNATURE)**

SUBSCRIBED AND SWORN TO before me this 11<sup>th</sup> day of February,  
2013.

A handwritten signature in black ink, appearing to read "Amanda K. Santos".

\_\_\_\_\_  
Notary Public





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



February 6, 2013

**SUBJECT: CRIMINAL HISTORY RECORD**

<b>NAME:</b>	<b>Pedro Perez ADA</b>		
<b>DATE OF BIRTH:</b>	██████████	<b>FINGERPRINT #:</b>	<b>64-289</b>
██████	<b>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.</b>		

\*\*\*\*\*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 : lisa**

*[Handwritten signature]*

*[Handwritten signature]*

The absence of an original GUAM POLICE seal invalidates this police clearance.  
 REVISED: 7/12/11

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



# 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: PETER P ADA III

SS#: [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.

Criminal Record: Page of

### 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.

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: February 06, 2013

**RICHARD B. MARTINEZ**

Clerk of Courts

BY:

*Edna M. Nego*  
Edna M. Nego  
Deputy Clerk

Prepared By: JML



The absence of an original Court Seal invalidates this document