

EDDIE BAZA CALVO
Governor



RAY TENORIO
Lieutenant Governor

2013 FEB 13 PM 2:43 8

Office of the Governor of Guam

FEB 13 2013

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

32-13-119

Office of the Speaker
Judith T. Won Pat, Ed. D.

Date 2/13/13
Time 1:35 P.M.
Received by J.S. TEDRA-ATAO

RE: Commission 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: Sandra F. Santos
POSITION: Member, Guam Housing Corporation
TERM LENGTH: Six (6) 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

0118



EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

Office of the Governor of Guam

Ms. Sandra Santos
P.O.Box 27594
GMF, Guam 96921

JAN 25 2013

Dear Ms. Santos:

On April 26, 2011, you were previously appointed to serve on the Guam Housing Corporation. The 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 Guam Housing Corporation for a new term of six (6) years.

This appointment is effective today and is subject to the advice and consent of *I Liheslaturan Guåhan*. Please contact the Governor's Office at 472-8931-6 for further processing of your acceptance.

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: 47

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

4. Email Address: Sandy_Fejaran@yahoo.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]
SIGNATURE

12/27/2012
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. *Guam Housing Corporation*

2.

3.

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

GENERAL INFORMATION

NAME:

Santos, Sandra F.

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

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>Sarah Thomas-Nedez</u>	<u>Lotte Heights Guam</u>	
2.	<u>Cathy Ann Coogne</u>	<u>Chalan Pago Guam</u>	
3.	<u>Annie U. Bordallo</u>	<u>Tamuning Guam</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: <u>Guam</u>	School Attended: <u>WOG</u>	School Attended: <u>WOG</u>
Location: <u>Mangilao Gu.</u>	Location: <u>Mangilao Gu.</u>	
Concentration: <u>Social Work</u>	Concentration: <u>MA Counseling</u>	
Degree: <u>BSW</u>	Degree: _____	
Attended From: <u>1996</u> to <u>2005</u>	Attended From: _____ to <u>2009</u>	

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:

GUTC.

PUBLICATIONS & PRESENTATIONS

Cont'd.

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.

N/A.

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: <i>PIS See Resume.</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?	

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?	

Explain any periods of unemployment longer than thirty days: _____

MANAGEMENT EXPERIENCE

A	Have you ever managed a Business, Department or an entire organization? <input checked="" type="radio"/> YES <input type="radio"/> NO
	If YES, did you report to a Board of Directors? <input checked="" 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 checked="" type="radio"/> Supervisor <input type="radio"/> Superintendent <input type="radio"/> Assistant General Manager	
<input checked="" type="radio"/> Manager <input 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 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 type="radio"/> GOVERNMENT: <input checked="" type="radio"/> Local <input type="radio"/> Federal
<input checked="" type="radio"/> PRIVATE	
<input type="radio"/> 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 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 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 checked="" type="checkbox"/> Assistant <input type="checkbox"/> Chief Negotiator <input type="checkbox"/> Advisor/Consultant		
	Have you been involved in policy making process? <input type="radio"/> YES <input checked="" 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 checked="" 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		
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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>F</u>	WordPerfect	None <u>E</u>
Excel	None	<u>F</u>	Presentation	None <u>E</u>
PowerPoint	None	<u>F</u>	Quattro Pro	None
			Lotus	None

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.

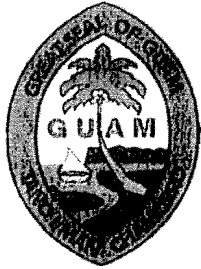
Signature of Applicant:



Date:

12/27/2012

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: *Barbara F. Santos*

Social Security #: -

- 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

 Barbara F. Santos
Signature (sign in ink)

 12, 27, 2012
Date



STATEMENT OF TAX LIABILITIES

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

FROM: Sandra F. Santos

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

Sandra F. Santos
Signature (sign in ink)

12, 27, 2012
Date

Cont'd.

Submit

Sandra F. Santos

Email: sandy_fejaran@yahoo.com

Work Experience

Guam Army National Guard
430 Army Drive, Bldg 300, RM 113
Barrigada, Guam 96913-4421

State Case Manager-Social Worker 11/2007 to Present

Case management entails a broad range of services and responsibility to support the Army National Guard and its Service Members. As the State Case Manager-Social Worker, for the Guam Army National Guard (GUARNG), I oversee Soldier's individual medical readiness ie; I analyze, assess, prepare, and refer Soldier's for treatment and access to care. Based on Army regulations, I recommend and refer Soldier's for processing in the Physical Performance Evaluation System for Board review for retention. I provide assessments and consult with a Multidisciplinary team which consist of the State Surgeon, Physicians, Behavioral Health Specialist, Health Services Specialist, Director of Psychological Services and Commander's on behalf of the Soldier's Medical Readiness process. I also manage three Administrative Assistants', as well as provide and oversee reports generated for the GUARNG's overall medical readiness and deployment status for The Adjutant General and Commander's review. I work closely with U.S. Naval Hospital's Physicians and Mental Health Providers as well as other treatment facilities both Private and Public Government Sectors to ensure treatment plans are provided and supported on behalf of the Soldier's for Pre, Peri and Post Deployment health services. I also network with the VA Representative as well as the Tripler Army Medical Center (TAMC) Physical Evaluation Board Liason (PEBLO) on the Soldier's behalf.

Superior Court of Guam
Juvenile Drug Court
120 West O'Brien Drive
Hagatna, Guam 96910

Individual and Group Therapist 03/2006 to Present

I Provide Individual, Family and Group counseling therapy, to include assessment and referral for additional services as necessary for Youths with drug and alcohol abuse in the Juvenile Drug Court (JDC) System, as well as facilitate parent support groups to help families understand the effects of drugs and alcohol and support the minor while in the JDC system.

Superior Court of Guam
Client Services Family Counseling
120 West O'Brien Drive
Hagatna, Guam 96910

MA Counseling Graduate Intern 02/2008 to 12/2008

As a Graduate Student Intern, I provided individual and group counseling to Family Violence Offenders in the court system. Part of the individual counseling includes the following; Individual Assessment; Develop a Treatment plan with the individual, and process the nature of the offense. Work with the individual, and or Group in understanding the consequences of the offense and the effects it has on the family and the community; and I work closely with the court system regarding the individuals progress, as they are mandated to attend counseling. I also Assess and refer for other services as necessary.

**University of Guam
National Family Care Giver Support Program (NFCSP)
UOG Station
Mangilao, Guam 96913**

**Social Worker II
06/2007 to 11/2007**

I Provide support services to individuals and families caring for a person with a disability. I provide Assessment and treatment plans for individuals in the program. I also meet with treatment team for staffing on individual case loads. Provide monthly and weekly reports to management. Participate in the NFCSP Group Support services once a month.

**Guam Department of Education
E.D. Program (Special Education Division)
P.O. Box DE
Hagatna, guam 96932**

**Social Worker II
02/2006 to 06/2007**

I Provide counseling services for students with emotional and behavior disabilities. I Network with community, and institutions/organizations in the areas of advocacy, counseling and case management. Consult with child, psychiatrist, teachers, school administrators and parents to ensure the child's individual education plan's (IEP) goals and objectives are met.

**Frank Blas and Associates
Barrigada, Guam**

**Insurance Specialist
09/04 to 01/31/06**

I am a Licensed Sales, and Marketing representative for Property Casualty and Life insurance products and services to personal and commercial accounts. Analyze and Consult Homeowners of various types of Hazard Insurance programs available, and to ensure adequate insurance coverage is provided for both property owner and lien holders. Work closely with Claims adjusters in processing of customer claims. Maintain account relations with new and existing clients, along with providing employer/ employee benefit packages for both P&C , and life products.

**Department of Youth Affairs
P.O. Box 23672
GMF, Guam 96921**

**Bachelor of Social Work Intern
Aug. 2004 to June 2005**

As a social work intern, duties and responsibilities included; facilitation of Group and Individual client counseling which entails Subjective, Objective, Assessment and Plan (SOAP). Provide case summary and review with case management and client staffing within the organization to implement plan for youths incarcerated and those who are eligible for the Jumpstart program. Practice principles of social & ethical responsibilities as required by the Social Work Code of Ethics.

**Department of Public Health & Social Services Bureau of Social Services (BOSSA),
Child Protective Services (CPS)
P.O. Box 2816
Hagatna, Guam 96932**

**Bachelor of Social Work (BSW) Student Intern
01/2004 to 06/ 2004**

As a BSW intern, assigned to the investigation unit of CPS, I investigate, interview, and review child neglect and abuse cases. Provide case reports and assessments for court and case review. I Network with other agencies to place children in a safe environment and to carry out the goals and objectives of CPS to reunite families.

**Bank Of Guam
P.O. Box BW
Agana, Guam 96910**

**Mortgage Credit Officer (Management)
06/2003 to 08/2003**

I Manage and Pre qualify Mortgage Applicants for various types of Home Loan programs. Accept, analyze, review and recommend mortgage applicants for processing mortgage loan request, to include loan closing process.

**BankGuam Insurance Underwriters Ltd. Services Inc. a Subsidiary of Bank of Guam
P.O. Box BW
Agana, Guam 96910**

**Insurance Specialist
09/2000 to 06/2003**

I am Licensed to sale & market Property/Casualty, and Life Insurance products. Responsible for the growth of sales and services provided to new and existing property casualty and life clients. Analyze and Consult Homeowners of various types of Hazard Insurance programs available, and to ensure adequate insurance coverage is provided for both property owner and lien holders. Work closely with Claims adjusters in processing of customer claims.

**Gateway Mortgage Packaging Services
Tamuning, Guam**

**Mortgage Consultant/ Packager
08/1999 to 08/2000**

Independent Mortgage Broker contracted by various Mortgage Lending Institutions to consult and package conforming, non-conforming, rural development programs, construction programs and purchase programs. Responsibilities include Sales calls, loan interviews, pre-qualification, loan document packaging, review of PTR's and Residential Appraisals, credit analysis, underwriting and provide recommendation on mortgage loan approvals.

**Citibank N.A.
East Agana, Guam**

**Mortgage Specialist/Manager
07/1998 to 08/1999**

Mortgage Lending officer, General Responsibilities conduct loan interviews, Pre-qualify, compile loan documents for review, underwrite loan package for recommendation, prepare Truth –in-Lending disclosures. Mortgage closing documents are prepared with all settlements coordinated with Escrow companies, completing the mortgage process.

Bank of Guam
P.O. Box BW
Agana, Guam 96910

Asst. Cashier Business Development Officer (Management)

02/1995 to 07/1998

Manage, develop and secure new account relations, maintain existing Business accounts and ensure continued growth with business accounts and income for bank.

Bank of Guam
P.O. Box BW
Agana, Guam 96910

Operations and International/Telex Department Officer (Management)

04/1986 to 01/1995

Held various positions with bank operations; Ledger Clerk/ Teller, New Account Representative, VP Ops. Secretary, Head Teller, and eventually promoted to management positions of Utility Officer, International / Telex Officer. A Utility Officer's responsibilities include management of various departments in the absence of department supervisors to include consumer lending division. International / Telex Department Officer, verify and ensure bank relationships both Foreign and Domestic, reference to monies being electronically transferred between banks are authenticated, and processed.

Sole Proprietor "The Postal Outlet"

05/1997 to 06/2000

I owned a Commercial mail receiving agency. Owned, Operate and Managed 390 mail box rentals, and mail services not limited to sub-leasing office space with in the business. Work closely with the US Postal services in processing incoming and outgoing mail service.

Education

12/2009--University of Guam MA Counseling Graduate.

12/2005--University of Guam, Bachelor of Social Work (BSW).

1987 to 1989 Bank of Guam American Institute of Banking – obtained training and certificates in the following AIB courses: Selling Bank services, Personnel and the Law, Effective Supervisory Training.

1984 Western Pacific International Business College Secretarial Tourism Certificate.

1983 George Washington High School Graduate.

Training

01/2010—Trained in Suicide Intervention, and Provisionally Certified by LivingWorks, in the T4T ASIST program thru the Department of Mental Health and Substance Abuse Program PEACE office.

License

2011 to Present Certified Individual, Marriage & Family Therapist (IMFT) Licensed

1995 to present Life Insurance and Property/Casualty Licensed

Civic

2007 to Present Guam Housing Board of Director Member

2009 to present Guam IMFT member

2003 to 2006 National Association of Social Work Member

2003 to 2005 University of Guam Social Work Student Alliance member.



**OFFICE OF THE GOVERNOR
GUAM**

AFFIDAVIT

I, **SANDRA SANTOS**, 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.



SANDRA SANTOS

SUBSCRIBED AND SWORN TO before me this 27th day of December 2012,
2012.



Notary Public

ELEANOR DELA CRUZ TOVES
NOTARY PUBLIC
In and for Guam, U.S.A.
My Commission Expires: **Oct. 03, 2015**
P.O. Box 3457 Hagatna, Guam 96932



**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:	Sandra F. SANTOS		
DATE OF BIRTH:	[REDACTED]	FINGERPRINT #:	121 011
■	The individual has no record of 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: priscilla

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: SANDRA F. SANTOS

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

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Dated: 12/27/2012

RICHARD B. MARTINEZ
Clerk of Courts

BY: 
JEANETTE B. ROBERTO
Deputy Clerk

Prepared By: JBR



The absence of an original Court Seal invalidates this document