

EDDIE BAZA CALVO Governor RAY TENORIO

Judich E. Won Pat, Ed.D

Manual By:

Lieutenant Governor

Office of the Governor of Guari

JAN 3 0 2015

Honorable Judith T. Won Pat, Ed.D. Speaker I Mina trentai Tres Na Liheslaturan Guåhan 155 Hesler Street Hagåtña, Guam 96910

RE: Board 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: Reyna A. Calvo

POSITION: Member, Council on the Arts and Humanities

Agency (CAHA)

TERM LENGTH: Four (4) years

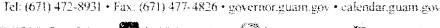
TERM SERVED: January 1, 2013 to December 31, 2017

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

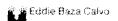
Senseramente,

EDDIEBAZA CALVO

0148



P.O. Box 2950 • Hagatha, Guam 96932











EDDIE BAZA CALVO Governor RAY TENORIO Lieutenant Governor

JAN 3 0 2015

Ms. Reyna A. Calvo



Dear Ms. Calvo:

Thank you for your commitment to serve the people of Guam. The Calvo-Tenorio administration continues to face 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, for the remainder of the unexpired term indicated below as follows:

Member, Council on the Arts and Humanities Agency (CAHA) Term length: Four (4) years Term served: January 1, 2013 to December 31, 2017

This appointment is subject to the advice and consent of *I Liheslaturan Guåhan*. Please contact the Office of the Governor at 472-8931 for further processing.

Senseramente,

EDDIE BAZA CALVO

P.O. Box 2950 • Hagatna, Guam 96932 fel: (671) 472-8931 • Fax: (671) 477-4826 • governor.guam.gov • calendar.guam.gov











Boards & Commissions Nomination Information

The following information is required for submission to the Speaker of *I Liheslaturan Guahan* in accordance with Title 4, Guam Code Annotated Section 2103.5 and Section 13104.1:

| NOMINEE | INFORMATION | | | | |
|----------------------------|--------------------|----------------------|---------------------------------------|---------------------------|--------|
| Last Name | Calvo | First | Reyna | M.I. \bigwedge Date | |
| Address | S | | · · · · · · · · · · · · · · · · · · · | Apartment/Unit# | |
| City | | State | GUAM | ZIP 96910 | |
| Phone | | E-mail A | ddress | | |
| Position to wh | ich Appointment CA | HA Board A | rember | | |
| Are you a citiz States? | en of the United | YES 📝 NO 🗌 | If no, are you the U.S.? | authorized to work in YES | 10 |
| EDUCATIO | IN . | | | | |
| High School | Academy of Our | Lady | City/State | Hagatha, Guam | |
| From | . To | Did you graduate? | YES 🗹 | NO Degree High School Dap | loma |
| College | Ryokan College | | City/State | Los Angeles, CALIFORNIA | |
| From | . To | Did you graduate? | YES 🗹 | NO Degree Bahelors | Dogree |
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| EDUCATIO | N | | | | |
|----------------------------------|---|-------------------|---|--|--|
| Graduate School | University of Sonta Monica | City/State | Santa Monico, CA | | |
| From | 2007 To 2007 Did you graduate? | YES 📈 | NO Degree Masters Dagree Spiritual Psychology | | |
| Other Degree | Certificia Medical Support Clinical Hyprothicapist | City/State | HYPHOTHERAPY Acordony Albuquerque, New Mexico | | |
| From | To 20/3 Did you graduate? | YES Q | NO Degree 500 HR Certificate | | |
| EMPLOYME | ENT HISTORY | | | | |
| (1) Present Employer | L.I.F.E. CENTER Private Pratice | Position | Founder of C.I.F. G. IMFT, CHt. Counseling, LifeConc. | | |
| Address | 115 Cholon Son to Papa Hopotia, | Dates GU Held | 3/2014 - current | | |
| (2) Previous Employer | Client Services Family Country of Rusm 1 Judiciary of Rusm 1 120 W. OBrien Dr. Hoptins Gu | 7 Position | INFT when Course loss | | |
| Address | 120 W. OBrien Dr. Hogstins Gu | Dates Gn. Held | 0/2012 - 11/2013 | | |
| (3) Previous Employer | DPHSS: Project Karina. | Position | Allachment Specialist. | | |
| Address | Terlaji Blelg. 194 Hernan Corkez Av. Hagatina | Dates Held | 8/2011 - 3/2012 | | |
| (4) Previous Employer | | Position | | | |
| Address | | Dates Held | | | |
| (5) Previous Employer | | Position | | | |
| Address | | Dates Held | | | |
| PRIOR GOVERNMENT OF GUAM SERVICE | | | | | |
| Agency | | Phone | 9 | | |
| Address | | | | | |
| Job Title | From: | | То | | |

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All other versions absolete

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| PRIOR GOVERNMENT OF GUAM SERVICE | | | | | | |
|--|------------------------------------|-------------------|--|--|--|--|
| Agency Dept. of Public Health Project Kariñu | Phone (6) | 71) 478-5400 | | | | |
| Address 194 Hernan Cortez Ave. | Hagatina, Guam | | | | | |
| Address 194 Hernan Cortez Ave. Job Title Attachment Spacelist | From: 8/20// | To 3/2012 | | | | |
| PRIOR GOVERNMENT SERVICE (EXCLUD | | | | | | |
| Agency | Phone | | | | | |
| Address | | | | | | |
| Job Title | From: | То | | | | |
| Agency | Phone | | | | | |
| Address | | | | | | |
| Job Title | From: | То | | | | |
| TRAINING Institute/Seminars/On-the-Job Training: Reconnection Workshop Facilitator = Red Control Leadership Training / Human Bythology Cartified Clinical Hypnotherapist Bytho Drama - The Achon Institute | , Son Diego, CA Houguerque, NH. | Date January 2015 | | | | |

AWARDS

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

PROFESSIONAL INVOLVEMENT

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

AIMFT - Association of Individual Morninge & Family Therapist. Guara ASGPP - American Society of Group Psychotherapy & Psychochrama IBH - Fellow 313-229 member of International Board of Hypnothorapy Gwam Board of Allied Health Examiners - Licensed 14FT - 128 Previous S.A.G mamber (Screen Actors Guild)

COMMUNITY / CIVIC INVOLVEMENT

List organizations, activities, participated in, offices held

PUBLICATIONS AND PRESENTATIONS

List any published articles, papers delivered at professional meetings, etc.:

MILITARY SERVICE (PLEASE ATTACH FORM DD-214)

Branch

Rank at Discharge

From

To

Type of Discharge

| OTHER INFORMATION | | |
|---|---|--|
| (1) Have you ever been found guilty of a felony in any court, whether within or without the United States? | YES 🗀 | NO F |
| If so, please specify in detail: | | |
| Address of the court: | Nadashindayihayinti ə yerətiiii (********************************* | Michael diplophing kange. |
| Date of Conviction: | ooduseettä käääääääääääään kunnuussa suoosaa sii viikiin kääääääääääääääääääääääääääääääää | novelynes (Lands Lands L |
| Specific infraction committed: | rootseenstelle de de la linguistic soudiner voir de la lieu de la | conscionation of seasons |
| (2) Have you ever been declared mentally incompetent by any court, whether within or without the United States? | YES [] | NO 📝 |
| If so, please specify in detail the reasons and facts related to such declaration: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| (3) Have you ever been found not guilty or not punishable in any criminal proceedings by reason of insanity? | YES 🗀 | NO 🗹 |
| (4) Have you ever been confined to a mental institution for any reason? | YES | NO Z |
| If so, please specify in why the appointing authority believes you that you are not suffering fraffliction: | rom any mental | illness or |

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Statement of Financial Interests (Required by 4 G.C.A. § 13104.1)

Governor Eddie Baza Calvo

Adelup, Guam 96910

Ricardo J. Bordallo Governor's Complex

Reyna GIVO, CHY, IMFT

I have no financial interest in any business

TO:

FROM:

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| ☐ I do have interest(s) in the following business(es): | | | | |
|--|-----------------------------|--|--|--|
| Name and address of business interest: | Type and amount of interest | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| Quelle. | 1/27/2015 | | | |
| nature | Date | | | |

All other versions obsolete 6 | P a g e

AFFIDAVIT / DECLARATION UNDER PENALTY OF PERJURY

I, the undersigned, do hereby depose and say that: (1) I have read and reviewed the information contained in the attached Appointment/Nomination letter from the Governor of Guam; (2) that the matters contained in the Appointment/Nomination letter, together with all attachments thereto, are true and correct and that I am competent to testify to said matters; and (3) that this Declaration is made for the purpose of complying with the requirements of 4 G.C.A. Section 2103.5.

I declare under penalty of perjury under the laws of Guam (4 G.C.A. Section 4308) that the foregoing is true and correct.

Signature

Date 1/27/2015

In and for Guam, U.S.A. My Commission Expires: JAN. 03, 2019

182 Atgidun St. Latte Hgts, Mangilao, GU 96913





SUPERIOR COURT OF GUAM

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

Telephone (671) 475-3370/475-3449 Fax (671) 472-2856

DANIELLE T. ROSETEClerk of Court

| Name: | REYNA ANN CALVO | | | |
|-------|-----------------|-----|----------------|--|
| SS#: | | ID# | Date of Birth: | |

CERTIFICATE OF SEARCH

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

| Criminal Cases: | | | | Civil Cases: | | |
|-----------------|-----------|-------------------------|----|--------------|---------------------|--|
| A. | \bowtie | No Case Found | A. | \bowtie | No Case Found | |
| В. | 1. | Criminal Case No. | B. | 1. | Civil Case No. | |
| | 2. | Criminal Case No. | | 2. | Civil Case No. | |
| | 3. | Criminal Case No. | | 3. | Civil Case No. | |
| | 4. | Criminal Case No. | | 4. | Civil Case No. | |
| | 5, | Criminal Case No. | | 5. | Civil Case No. | |
| | Crimi | nal Record: Page 1 of 1 | | Civil | Record: Page 1 of 1 | |

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, Hagatña, 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: 01/27/2015

The absence of an original Court Seal invalidates this document

DANIELLE T. ROSETE

Clerk of Court

IV: DAISY M. MORMAN Deputy Clerk

Prepared By: JLRC



Government of Guam GUAM POLICE DEPARTMENT RECORDS & IDENTIFICATION SECTION

GUAN

P.O. Box 23909 Guam Main Facility, Guam 96921

January 27, 2015

SUBJECT: CRIMINAL HISTORY RECORD

| NAME: | Reyna An | ın CALVO | | |
|---------|------------|--|---|-------------------------|
| DATE OF | BIRTH: | | FINGERPRINT#: | NONE |
| | The indivi | dual has no record Guam law and rules | of criminal conviction(s) in GPE and regulations of the Departmen |) files that are it. |

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.

M

By Direction: angela

FRED E BORDALLO, JR. Chief of Police

The absence of an original GUAM POLICE seal invalidates this police clearance.