

EDDIE BAZA CALVO **Governor** RAY TENORIO

Lieutenant Governor

# Office of the Governor of Guam.

MAR 1 6 2016

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:

Odessa M. Martinez

POSITION:

Real Estate Broker Member, Real Estate

Commission

TERM LENGTH:

Four (4) years

TERM SERVED:

January 16, 2016 to January 15, 2020

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

Senseramente,

EDDIÉ BAZA CALVO

Office of the Speaker Judith T. Won Pat. Fd.D.

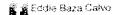
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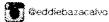
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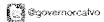
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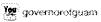
P.O. Box 2950 · Hagatna, Guam 96932

Tel: (671) 472-8931 • Fax: (671) 477-4826 • governor.guam.gov • calendar.guam.gov









2016 MTP 16 FM 1:08



EDDIE BAZA CALVO Governor RAY TENORIO Lieutenant Governor

Office of the Governor of Guam.

MAR 1 5 2016

Ms. Odessa M. Martinez



Dear Ms. Martinez:

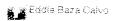
Thank you for your commitment to serve the people of Guam. The Calvo-Tenorio administration continues to face unprecedented challenges, both near and long-term. The task ahead of us will require the collective efforts of the best minds who will have the courage to make tough decisions for the good of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

> Real Estate Broker Member, Real Estate Commission Length of term: Four (4) Years Term served: January 16, 2016 to January 15, 2020

This appointment is subject to the advice and consent of I Liheslaturan Guåhan. Please contact the Office of the Governor at 472-8931 should you have any questions.

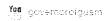
Senseramente,

P.O. Box 1950 • Hagaina, Guam 96932 Tel: (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 I	NFORMATIO	N						
Last Name	MARTINI	ΞΖ		First (	ODESSA	м.і. <b>М</b>	Date	2/26/2016
Address						N		
City								
Phone								
Position to whi is Made	ch Appointment	REA	AL ES	STA	TE COMM	IISSION		•
Are you a citize States?	en of the United		YES 🔳	NO []	If no, are you auti the U.S.?	horized to work in	YES	NO [

EDUCATION	N									
High School	GCC				City/State	MANGILAO, GU				
From	rom 1988 To 1989 Did yo gradua		Did you graduate?	YES 🔳	NO 🗌	Degree	GEN ED			
College	COLEMAN COLLEGE				City/State	CHULA VISTA, CA				
From	1989 To 1991 Did you graduate?		Did you graduate?	YES 🔳	NO 🗌	Degree	OFFICE AUTOMATION			

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EDUCATIO	Ñ						ni Aminima ni Jining gangani na aariya			tamahar ta sama ang mentang me	**************************************	
Graduate School					City	/State			rosta ta 14.	Alle Day Mi		
From		То		Did you graduate?	Υ	ES []	№ □	Degree				
Other Degree			Kerener	talanta anamangana anama ya 1921, 1921, 1921, 1921, 1921, 1921, 1921, 1921, 1921, 1921, 1921, 1921, 1921, 1921	City	/State		.f	J			
From		То		Did you graduate?	Υ	ES 🗌	NO 🗌	NO Degree				
EMPLOYMEN	VT I	HISTORY										
(1) Present Employer		PACIFIC	RIM MAN	NAGEMENT,	INC	Position	PRE	ESIDE	ENT/	CEO	are e e e e e e	
Address		851 S MARINE	CORPS DR, ST	E 1B, TAMUNING, GU	96913	Dates Held	2010	)-PRE	SEN	· · · · · · · · · · · · · · · · · · ·		
(2) Previous Employer	J	THE R	EAL ES	STATE PR	OF	Position	GENEF	GENERAL MANAGER/ASSOC BROKE				
Address		121 ROB	AT ST, M	IAITE, GU 96	910	Dates Held	2009	2009-2010				
(3) Previous Employer		ALLPF	RO RE	AL ESTA	ΤE	Position	MAI	MANAGING BROKER				
Address		SEAT	ΓLE, W	'A 98133		Dates Held	2003	2003-2009				
(4) Previous Employer		TECT	ON C	ORP		Position	BUSIN	BUSINESS PROPERTY MANAGEI				
Address		TUKW	ILLA, V	VA 98178	}	Dates Held	1999	1999-2003				
(5) Previous Employer		COMP	JTERL	AND, GUA	M	Position	ACC	ACCOUNT MANAGEI				
Address		MAITE	, GU			Dates Held	1994	1997				
PRIOR GOVE	ERN	IMENT O	F GUAM :	SERVICE								
Agency		GUA	M DOI	nonecus		Phone	<b>3</b>					
Address		A										
Address Job Title <b>ΡΑ</b> ΩΓ	)[_[	NG ASSI	STANT (	COACH From	: 20′	1 <i>A</i>	To.	2014				

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PRIOR GOVERN	IMENT OF GUAM SERVIC	E		
Agency			Phone	
Address	1		_}	
Job Title		From:		То
PRIOR GOVERN	IMENT SERVICE (EXCLUE	NG GOVE	RNMENT (	DE GUAM)
Agency			Phone	,
Address			<u> </u>	
Job Title		From:		То
Agency			Phone	
Address			£	
Job Title		From:		То
TRAINING		A No. of the Association of the Control of the Cont		
Institute/Seminars/O	n-the-Job Training:			Date
Extensive	Real Estate education of	lasses incl	ude:	1999-2016
RE Law, RE Managemen	t, RE Brokerage, Appraisal Evaluations, F	air Housing, Finan	cing, Insurance,	
Property Management,	Office Management, Marketing, Home	Inspections, Age	ncy Disclosure,	
Commercial RE Managem	ent, Human Resources, Maintenance, Fac	ility Management,	Risk Awareness,	
Site Management, Leasi	ng, Sales, Environmental Hazards, Bus	iness Manageme	nt, Trust Acctg.	
AWARDS		_		
List all educational, p	professional, civic awards, and rec	cognition for pu	ublic service:	
Okudo High Sch	nool - Certification of Appr	reciation (M	lanageme	nt and Marketing presentations)
Liquar	Elementary School - Cer	tificate of A	ppreciation	n ( Science Fair Judge)
		· · · · · · · · · · · · · · · · · · ·		
3				

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PROFES	SSIONAL INVOLVEMENT				
List involve	ement on a local/national/international level, list org	ganization, activities	s participat	ed in,	offices held:
Designation	s held: Accredited Residential Manager, Certified Mana	iger of Community A	ssociations,	Assoc	iation Management Specialist
	Member Institute of Real Estate Ma	anagement (AF	RM, CPN	1 Car	ndidate)
	Member Community As	sociation Institu	ute (AMS	3)	
	Guam Real Estate Broker, Guar	n Licensed Ins	urance S	Sub-A	gent
	Washington State Managing Broker, Gu	ıam Real Estat	e Comm	issio	n 2015-2016
сомми	NITY / CIVIC INVOLVEMENT			Folkla	
	zations, activities, participated in, offices held				
	GUAM NATIONAL PADDL	ING TEAM 20	14 AND	201	5
PUBLICA	ATIONS AND PRESENTATIONS				
	plished articles, papers delivered at professional m	neetings, etc.:		h dad bi ku	edate, Nedal Capacide di
(	Casa Guam Magazine - Protecting Yo	our Investmen	t Publisl	ned /	Article 2015
	ome Buyer Seminar presented by The I				entre en
					in a second of the second of t
	/6=\\/6=/				
iviiLi i AK i Branch	SERVICE (PLEASE ATTACH FORM DD-214)		4007		4000
Rank at Disc	US ARMY	From	1997	То	1998
	ENLISTED 2	Type of	Discharge	<b>:</b>	HONORABLE (MEDICAL)

OTHER INFORMATION		
(1) Have you ever been found guilty of a felony in any court, whether within or without the United States?	YES 🗌	NO 🗷
If so, please specify in detail:		
Address of the court:		
Date of Conviction:		· · · · · · · · · · · · · · · · · · ·
Specific infraction committed:		<del></del>
(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 🙍
If so, please specify in why the appointing authority believes you that you are not suffering f	rom anv mental	illness or
affliction:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,



#### **Statement of Financial Interests**

(Required by 4 G.C.A. § 13104.1)

TO: Governor Eddie Baza Calvo

Ricardo J. Bordallo Governor's Complex

Adelup, Guam 96910

FROM: ODESSA MARTINEZ

 $\Box$  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
PACIFIC RIM MANAGEMENT, INC	OWNER 100%
	OWNER 100%

Signature

Date

2/29/16

#### **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 2-/28/16

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# 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. ROSETE**Clerk of Court

Name: ODES	SSA M	MAR	TINEZ
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SS#: Date of Birth:

#### CERTIFICATE OF SEARCH

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

Crim	inai Ca	ses:	Civil	Cases:	
A.	X	No Case Found	Α.		No Case Found
B.	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 1	Dagard: Daga 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, 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: 02/26/2016

The absence of an original Court Seal invalidates this document

DANIELLE T. ROSETE

Clerk of Court

BY: JESSE M. LEFEVER

Deputy Clerk

Prepared By: JLRC



# Government of Guam GUAM POLICE DEPARTMENT RECORDS & IDENTIFICATION SECTION

GUAM

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

February 23, 2016

SUBJECT: CRIMINAL HISTORY RECORD

NAME:	Odessa M	I. MARTINEZ		
DATE OF	BIRTH:		FINGERPRINT#:	
			of criminal conviction(s) in GPD and regulations of the Departmen	

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.

The absence of an original GUAM POLICE

seal invalidates this police clearance.

By Direction: tlc

Joseph I/ Cruz Chief of Police

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

### CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Lest, First, Middle) AQUININGOC, ODESSA MARTINEZ		2. DEPAR	TMENT, COMPONENT A	ND BR	ANCH		SOCIALISE	CURITY NO
4.8 GRADE RATE OR BANK   4.6 PAY I	SRADE		5. DATE OF BIRTH ()	YYYMI	MDD)	6. RESERV	E OBLIG. TEF	IM. DATE
						Year 0000	Month 0.0	Day Or
7.4 PLACE OF ENTRY INTO ACTIVE DUTY			7.6 HOME OF RECOR	DATT	IME OF	ENTRY (City	and state, or	complete
ACAMA DETCUMS ON			-					
AGANA HEIGHTS, GU 8.a LAST DUTY ASSIGNMENT AND MAJOR CO	A A A A A A A A A A A A	<del></del>	O b CTATION MANIEDS	CEDIO				·····
W1MQ C CO 2-10TH INFANTRY TR TO			8.6 STATION WHERE			c=		
9. COMMAND TO WHICH TRANSFERRED	<del></del>		FORT LEONARD W	OOD,	MO	65473-89 10. SGLI C		None
NA						1	t: \$ 200,00	None
11. PRIMARY SPECIALTY (List number, title and	years and	months in	12. RECORD OF SERV	/ICE		Year(s)	Month(s)	Day(s)
specially. List additional specialty numbers a periods of one or more years.	and titles in	nvolving	a. Date entered AD Ti		od	1997	09	25
NONE//NOTHING FOLLOWS			b. Separation Date Th			1998	06	05
			c. Net Active Service	This Pe	riod	0000	08	11
			d. Total Prior Active S	ervice		0000	00	00
			e. Total Prior Inactive	Service	···	0000	00	00
			f. Foreign Service			0000	00	00
			g. Sea Service			0000	00	00
13. DECORATIONS, MEDALS, BADGES, CITATION			h. Effective Date of Pa	ay Grado	9	1997	09	25
				· · · · · · · · · · · · · · · · · · ·				
15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM			I SCHOOL GRADUATE OR VALENT	Yes	No	16. DAYS A	ACCRUED LEA	AVE PAID
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND	ALL APPROP	RIATE DENTAL S	SERVICES AND TREATMENT WI	THIN 90 D	AYS PRI	OR TO SEPARATI	, NC	Yes X No
PURPOSES AND DETERMINING ELIGIB PAY \$2076.60//MEMBER HAS NOT	COMPLET	PED FIRS	FULL TERM OF !	AL BE SERVI	NEFI CE//	TS//DISAI	HILITY SE	VERANCI
19. MAILING ADDRESS AFTER SEPARATION (I	lnejud <del>a</del> Zip	Cadel	19.5 NEAREST REI JESSE Q AQUIN BOX 3336	ATIVE IINGO	(Name	and addrass	+ include Zip	Cade)
AGANA, GU 96932			AGAN, GU 969					
	/ET: AFFAIRS	X Yes	No. 22. OFFICIAL AUTH and signature)	IORIZEC	TOS	IGN (Typed n	ame, grade, t	)tfø
21 SIGNATURE OF MEMBER BEING SEPARATED		ر ما	SHELLA J. OSE	ORNE	∠ ( gs	<i>الحركي ()</i> LEAD C	LERK, TR	LANS CT
	ADDITION	AL INFORMA	TION (For use by author	بالبائية والمكالت والمائية وا	risisis riida ka	descriptions and the second second second		
23. TYPE OF SEPARATION			24. CHARACTER OF S	ERVICE	(In <del>t)</del> u	de upgrades)		
DISCHARGE 25. SEPARATION AUTHORITY			HONORABLE	#				
		*****	26 SEPARATION COD	<b>t</b>		27, REENTR 3	Y CODE	
28. NAHHATIVE REASON FOR SEPARATION								
DISABILITY, SEVERANCE PAY								
29 DATES OF TIME LOST DURING THIS PERIOD IONE						30. MEMBER	REQUESTS	COPY 4