



EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

Office of the Governor Of Guam.

DEC 09 2016

33-16-2250

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

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

Date: 12/12/16
Time: 10:11AM
Received By: [Signature]

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: Dr. Lisa M. Flores, M.D.
POSITION: Member, Criminal Injuries Compensation Commission
TERM LENGTH: Four (4) years
TERM SERVED: April 1, 2016 to March 31, 2020

2016 DEC 12 PM 3:46

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

Senseramente,

EDDIE BAZA CALVO

2250



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Dr. Lisa M. Flores, M.D.

Dear Dr. Flores:

Thank you for your commitment to serve the people of Guam. The Calvo-Tenorio administration continues to face challenges, both near and long-term. Facing these challenges requires the collective efforts of the best minds who have the courage to make tough decisions for the good of all our people. I hereby reappoint you to serve in the Calvo-Tenorio administration as:

Member, Criminal Injuries Compensation Commission

Length of term: Four (4) years

Term served: April 1, 2016 to March 31, 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,



EDDIE BAZA CALVO



OFFICE OF THE GOVERNOR
GUAM

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	FLORES	First	LISA	M.I.	D	Date	11/29/2016
Address	[REDACTED]					Apartment/Unit #	[REDACTED]
City	[REDACTED]		State	[REDACTED]			
Phone	[REDACTED]		E-mail Address	[REDACTED]			
Position to which Appointment is Made	Criminal Injuries Compensation Commission						
Are you a citizen of the United States?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		

EDUCATION

High School	GUAM ADVENTIST ACADEMY	City/State	Windward Hills (Talofofo), GU
From	1988 To 1991	Did you graduate?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Degree High school Diploma
College	LOMA LINDA UNIVERSITY	City/State	Loma Linda, CA
From	1993 To 1995	Did you graduate?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Degree Bachelor of Science (BS)

EDUCATION

Graduate School	LOMA LINDA UNIVERSITY (MEDICAL SCHOOL)		City/State	LOMA LINDA, CA	
From	1995	To	1999	Did you graduate?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
				Degree	Medical Doctorate (MD)
Other Degree			City/State		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

EMPLOYMENT HISTORY

(1) Present Employer	GUAM STAR CLINIC		Position	PHYSICIAN	
Address	388 YPAO RD TAMUNING, GU 96913		Dates Held	2002 to current	
(2) Previous Present Employer	DEPT. OF PUBLIC HEALTH (SRCHE)		Position	PHYSICIAN	
Address	INARAJAN, GU		Dates Held	2013 + current	
(3) Previous Employer			Position		
Address			Dates Held		
(4) Previous Employer			Position		
Address			Dates Held		
(5) Previous Employer			Position		
Address			Dates Held		

PRIOR GOVERNMENT OF GUAM SERVICE

Agency	N/A		Phone		
Address					
Job Title	From:	To			

PRIOR GOVERNMENT OF GUAM SERVICE

Agency _____ Phone _____
Address _____
Job Title _____ From: _____ To: _____

PRIOR GOVERNMENT SERVICE (EXCLUDING GOVERNMENT OF GUAM)

Agency N/A Phone _____
Address _____
Job Title _____ From: _____ To: _____

Agency _____ Phone _____
Address _____
Job Title _____ From: _____ To: _____

TRAINING

Institute/Seminars/On-the-Job Training: _____ Date _____
Family Practice Residency (Loma Linda Univ. Medical Center) 1999 to 2002

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:

- (1) American Academy of Family Practice
- (2) Guam Medical Society
- (3) Guam Medical Association

COMMUNITY / CIVIC INVOLVEMENT

List organizations, activities, participated in, offices held

- (1) Talofofo SDA Church - Youth Teacher
- (2) Criminal Injuries Compensation Commission Board Member - since 2006

PUBLICATIONS AND PRESENTATIONS

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

MILITARY SERVICE (PLEASE ATTACH FORM DD-214)

Branch

From

To

Rank at Discharge

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

If so, please specify in detail:

Address of the court: _____

Date of Conviction: _____

Specific infraction committed: _____

(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 from any mental illness or affliction:



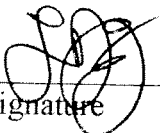
Statement of Financial Interests
(Required by 4 G.C.A. § 13104.1)

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

FROM: LISA D. FLORES

- 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


Signature

11/29/16
Date

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.

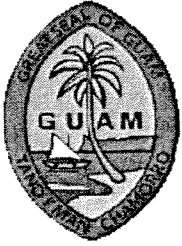
I declare under penalty of perjury under the laws of Guam (4 G.C.A. Section 4308) that the foregoing is true and correct.

Signature

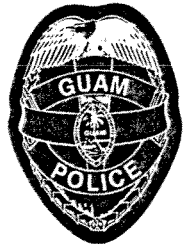


Date

12/2/16



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



October 14, 2016

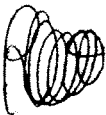
SUBJECT: CRIMINAL HISTORY RECORD

NAME:	Lisa Denise FLORES		
DATE OF BIRTH:		FINGERPRINT#:	
	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.

By Direction: pcerteza



The absence of an original GUAM POLICE seal invalidates this police clearance.
 REVISED 08/03/16

JOSEPH I. CRUZ
 Chief of Police



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: **LISA DENISE FLORES**

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:

- 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 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: 10/14/2016

DANIELLE T. ROSETE
Clerk of Court

BY:  **JESSE M. LEFEVER**
Deputy Clerk

Prepared By: CJQC



The absence of an original Court Seal invalidates this document