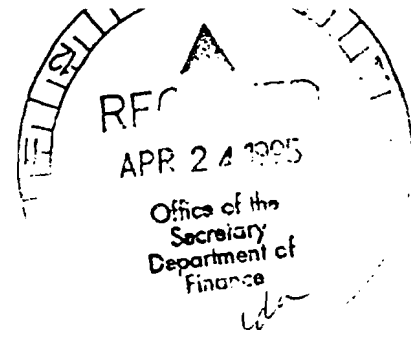




INDEPENDENT CONTRACTOR



CONTRACT NO. PCC-95002-01

This agreement for services by an independent contractor is entered into between the **Pre-Convention Committee**, herein referred to as the "**Committee**", and **Jose P. Cruz**, address P. O. Box 154, Tinian, MP 96952, herein referred to as the "**Contractor**".

This Agreement is effective on April 17, 1995 and shall continue until June 5, 1995.

The Committee agrees to pay the Contractor:

TOTAL FEES & PAYMENT: The Committee and Contractor agree for a fee of Five Thousand Seven Hundred Thirty-Three Dollars and Fifteen Cents (\$5,733.15), payable in three installments not to exceed :

1. \$1,875.00 upon signing of this Contract.
2. \$1,875.00 on May 15, 1995
3. \$1,983.15 on June 5, 1995

The Committee requires completion of the following scope of work which the Contractor understands and represents that it has the necessary expertise, training, knowledge, materials, manpower, and time to perform for the fee stated.

SCOPE OF WORK: The Contractor is retained to provide administrative services and support and for other purposes to the Pre-Convention Committee. The Contractor may be assigned other duties and responsibilities as determined by the Chairman.

CONTRACT DELIVERABLES: The Contractor will deliver to the Contracting Officer, or to persons designated by the Contracting Officer, such reports as may be required by the Contracting Officer, or by the persons designated by the Contracting Officer. The Contractor will also provide contact as required by the Contracting Officer or by the persons designated by the Contracting Officer.

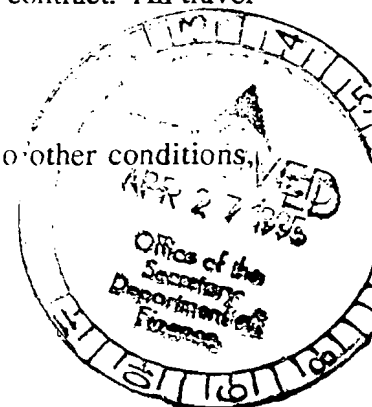
SCHEDULE: The Contractor will exert its best efforts to maintain whatever schedule is required by the Contracting Officer or by the persons designated by the Contracting Officer.

PROVIDED BY CONTRACTOR: Administrative services and support. The Contractor will perform other duties and responsibilities as assigned and determined by the Contracting Officer or by the persons designated by the Contracting Officer.

PROVIDED BY COMMITTEE: The Committee will reimburse the Contractor for reasonable and necessary expenses as authorized by the Contracting Officer. The Contractor shall be reimbursed for travel expenses reasonably necessary to the performance of this contract. All travel shall only be undertaken with the approval of the Contracting Officer.

Committee staff coordination as assigned by the Contracting Officer.

NOTE: All terms and conditions of the contract are herein set out and no other conditions, promises or representations have been made.



Picked up by Dave A

The Contractor agrees to complete the project according to the description above to the satisfaction of the Contracting Officer, **HERMAN T. GUERRERO, CHAIRMAN OF PRE-CONVENTION COMMITTEE**, as certified before payment by the Contracting Officer.

PROCUREMENT INFORMATION

For Government Use Only:

1. Check method of source selection:

- Small Purchase
- Sole Source
- Emergency
- Professional Services

2. List Government contract numbers of all related contracts with same advisor: None

SIGNATURES

(To be signed in order listed)

1. **OFFICIAL WITH EXPENDITURE AUTHORITY:**

DECLARATION

I declare that I have complied with the procurement regulations in the procurement of this Agreement, that this Agreement is for a public purpose, and that the Agreement does not waste or abuse public funds. I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on _____ at Saipan, Commonwealth of the Northern Mariana Islands.

Herman T. Guerrero
HERMAN T. GUERRERO

CHAIRMAN, PRE-CONVENTION COMMITTEE

2. **CONTRACTING OFFICER:**

DATE: April 17, 1998

Herman T. Guerrero
HERMAN T. GUERRERO
(Contracting Officer)

3. **CONTRACTOR:**

DATE: April 17, 1998

Jose P. Cruz
CONTRACTOR

4. ATTORNEY GENERAL:

I hereby certify that this Agreement has been numbered, reviewed and approved as to form and legal capacity.

DATE: 4/21/95

Henry Wigglesworth
RICHARD WEIL
FOR ATTORNEY GENERAL

5. DEPARTMENT OF FINANCE:

I hereby certify that there are sufficient funds available in Account No. 1594-6219 for the execution of this Agreement.

DATE: 4/24/95

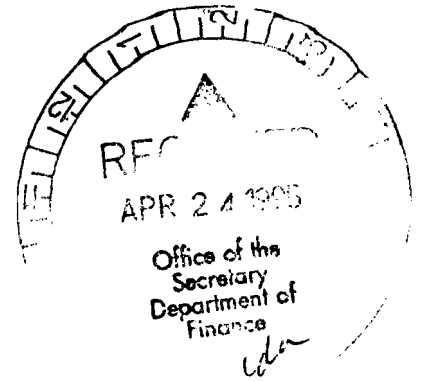
Maria D. Cabrera
MARIA D. CABRERA
SECRETARY OF FINANCE

Documentation. The Contractor agrees to provide the Committee if it requests with reasonable documentation for all hourly charges and all out-of-pocket expenses for which reimbursement is sought.

INDEPENDENT CONTRACTOR

CONTRACT NO.

PCC-95002-01



This agreement for services by an independent contractor is entered into between the **Pre-Convention Committee**, herein referred to as the "**Committee**", and **Jose P. Cruz**, address P. O. Box 154, Tinian, MP 96952, herein referred to as the "**Contractor**".

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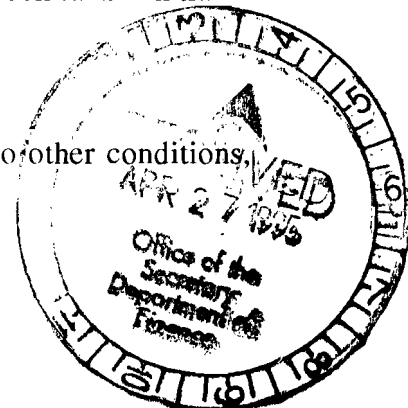
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PROVIDED BY COMMITTEE: The Committee will reimburse the Contractor for reasonable and necessary expenses as authorized by the Contracting Officer. The Contractor shall be reimbursed for travel expenses reasonably necessary to the performance of this contract. All travel shall only be undertaken with the approval of the Contracting Officer.

Committee staff coordination as assigned by the Contracting Officer.

NOTE: All terms and conditions of the contract are herein set out and no other conditions, promises or representations have been made.



INDEPENDENT CONTRACTOR

CONTRACT NO. PCC-95002-01

This agreement for services by an independent contractor is entered into between the **Pre-Convention Committee**, herein referred to as the "**Committee**", and **Jose P. Cruz**, address P. O. Box 154, Tinian, MP 96952, herein referred to as the "**Contractor**".

This Agreement is effective on April 17, 1995 and shall continue until June 5, 1995.

The Committee agrees to pay the Contractor:

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1. \$1,375.00 upon signing of this Contract.
2. \$1,875.00 on May 15, 1995
3. \$1,983.15 on June 5, 1995

The Committee requires completion of the following scope of work which the Contractor understands and represents that it has the necessary expertise, training, knowledge, materials, manpower, and time to perform for the fee stated.

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Committee staff coordination as assigned by the Contracting Officer.

NOTE: All terms and conditions of the contract are herein set out and no other conditions, promises or representations have been made.

The Contractor agrees to complete the project according to the description above to the satisfaction of the Contracting Officer, HERMAN T. GUERRERO, CHAIRMAN OF PRE-CONVENTION COMMITTEE, as certified before payment by the Contracting Officer.

PROCUREMENT INFORMATION

For Government Use Only:

1. Check method of source selection:

- Small Purchase
- Sole Source
- Emergency
- Professional Services

2. List Government contract numbers of all related contracts with same advisor: None

SIGNATURES

(To be signed in order listed)

1. OFFICIAL WITH EXPENDITURE AUTHORITY:

DECLARATION

I declare that I have complied with the procurement regulations in the procurement of this Agreement, that this Agreement is for a public purpose, and that the Agreement does not waste or abuse public funds. I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on _____ at Saipan, Commonwealth of the Northern Mariana Islands.

Herman T. Guerrero
HERMAN T. GUERRERO

CHAIRMAN, PRE-CONVENTION COMMITTEE

2. CONTRACTING OFFICER:

DATE: April 17, 1995

Herman T. Guerrero
HERMAN T. GUERRERO
(Contracting Officer)

3. CONTRACTOR:

DATE: April 17/95

Jose P. Cruz
CONTRACTOR

4. ATTORNEY GENERAL:

I hereby certify that this Agreement has been numbered, reviewed and approved as to form and legal capacity.

DATE: 4/21/95

Henry Wigglesworth
RICHARD WEIL
FVK ATTORNEY GENERAL

5. DEPARTMENT OF FINANCE:

I hereby certify that there are sufficient funds available in Account No. 1594 for the execution of this Agreement.

DATE: _____

MARIA D. CABRERA
SECRETARY OF FINANCE

Documentation. The Contractor agrees to provide the Committee if it requests with reasonable documentation for all hourly charges and all out-of-pocket expenses for which reimbursement is sought.

The Contractor agrees to complete the project according to the description above to the satisfaction of the Contracting Officer, **HERMAN T. GUERRERO, CHAIRMAN OF PRE-CONVENTION COMMITTEE**, as certified before payment by the Contracting Officer.

PROCUREMENT INFORMATION

For Government Use Only:

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- Emergency
- Professional Services

2. List Government contract numbers of all related contracts with same advisor: None

SIGNATURES

(To be signed in order listed)

1. **OFFICIAL WITH EXPENDITURE AUTHORITY:**

DECLARATION

I declare that I have complied with the procurement regulations in the procurement of this Agreement, that this Agreement is for a public purpose, and that the Agreement does not waste or abuse public funds. I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on _____ at Saipan, Commonwealth of the Northern Mariana Islands.

Herman T. Guerrero

HERMAN T. GUERRERO
CHAIRMAN, PRE-CONVENTION COMMITTEE

2. **CONTRACTING OFFICER:**

DATE: April 17, 1995

Herman T. Guerrero

HERMAN T. GUERRERO
(Contracting Officer)

3. **CONTRACTOR:**

DATE: April 17, 1995

Jose P. Cruz
CONTRACTOR

4. ATTORNEY GENERAL:

I hereby certify that this Agreement has been numbered, reviewed and approved as to form and legal capacity.

DATE: 4/21/95

Henry Wigglesworth
RICHARD WEIL
FIR ATTORNEY GENERAL

5. DEPARTMENT OF FINANCE:

I hereby certify that there are sufficient funds available in Account No. 1594-6219 for the execution of this Agreement.

DATE: 4/28/95

Maria D. Cabrera
MARIA D. CABRERA
SECRETARY OF FINANCE

Documentation. The Contractor agrees to provide the Committee if it requests with reasonable documentation for all hourly charges and all out-of-pocket expenses for which reimbursement is sought.



**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
OFFICE OF THE GOVERNOR
OFFICE OF THE PERSONNEL MANAGEMENT
P.O. Box 5150 CHR, SAIPAN, MP 96950**

APPLICATION FOR EMPLOYMENT

FAX : 234-1013
PHONE: 234-6925/8036

OPM-P-03

GENERAL INSTRUCTIONS: READ THE CERTIFICATE AT THE END OF THIS APPLICATION BEFORE FILLING IT IN, TYPE OR PRINT ALL ANSWERS CLEARLY WITH A DARK BALLPOINT PEN. ANSWER ALL QUESTIONS FULLY AND ACCURATELY, FILL IN, SIGN, AND RETURN TO, GOVERNMENT OF THE NORTHERN MARIANA ISLANDS PERSONNEL OFFICE.					DO NOT WRITE IN THIS SPACE	
1. KIND OF JOB APPLIED FOR (or Title of Examination)			2. ANNOUNCEMENT NUMBER			
3. OTHER JOBS IN WHICH YOU ARE INTERESTED			ANNOUNCEMENT NUMBER			
4. NAME (FIRST, Middle, Last) <i>JOSE P. CRUZ</i>			5. SOCIAL SECURITY NUMBER <i>✓ 86-10-8160</i>			
6. MAILING ADDRESS (P.O. Box Number or Number and Street) <i>P.O. BOX 154, FRENCH</i>			7. PHONE NUMBERS Home <i>433-3416</i> Work <i>N/A</i>			
8. ISLAND (or City and State) <i>TINIAN, MP</i>		ZIP CODE <i>96952</i>				
9. BIRTHDATE (Month, Day, Year) <i>FEB. 03, 1960</i>		10. BIRTHPLACE <i>SAIPAN, CNMI</i>		11. CITIZENSHIP United States <input checked="" type="checkbox"/> Other Specify <input type="checkbox"/>		
12. SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		13. MARITAL STATUS (Married, Single, Widowed, Divorced, Separated) <i>MARRIED</i>				
14. INDICATE BY ISLAND OR CITY AND STATE PLACE OF		PERMANENT RESIDENCE <i>TINIAN</i>		PRESENT RESIDENCE <i>TINIAN</i>		
16. LIST THE LANGUAGES YOU KNOW		15. PERSON ABLE TO CONTACT YOU (Name, Address, Phone Number) <i>MR. HENRY G. HUYSCHMIDT TINIAN, MP 96952 433-2977</i>				
		17. LIST ALL OTHER NAMES YOU ARE OR HAVE BEEN KNOWN BY <i>JOE</i>				
16. LIST THE LANGUAGES YOU KNOW		Indicate your knowledge by placing "X" in the proper columns.				
		Read	Speak	Understand	Write	
<i>ENGLISH</i>		X	X	X	X	
<i>CHAMORRO</i>		X	X	X	X	
<i>FILIPINO</i>		X	X	X		
18. WITHIN THE LAST FIVE YEARS HAVE YOU:		a) BEEN FIRED FOR ANY REASONS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		b) QUIT A JOB TO AVOID BEING FIRED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
		c) BEEN CONVICTED OF AN OFFENSE OR FORFEITED BAIL Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
If your answer is "yes" to 18, give details in item 26.						
19. LOWEST PAY YOU WILL ACCEPT \$ _____ per		20. WILL YOU TRAVEL? (Check one) None <input type="checkbox"/> Some <input checked="" type="checkbox"/> Often <input type="checkbox"/>		21. WHEN WILL YOU BE AVAILABLE? <i>ANY-TIME</i>		
22. LAST PREVIOUS EMPLOYMENT WITH TRUST TERRITORY GOVERNMENT OR GOVERNMENT OF THE NORTHERN MARIANA ISLANDS <i>SEE ATTACHED RESUME</i>						
(A) Are you retired from and receiving retirement benefits from the Commonwealth government?		a) Yes <input type="checkbox"/>		b) Yes, but qualify for exemption payment to 1 CMC §8392(a) <input type="checkbox"/>		
		c) No <input checked="" type="checkbox"/> <i>RESUME</i>				
(B) Job Title		Organization		Grade or Pay Level		
				From (Month, Year)		
				To (Month, Year)		

23. EDUCATION AND TRAINING

(Official school transcript and diploma or certificate must be attached to this application upon submission for all education and training claimed under A and C through F).

SEE ATTACHED RESUME

(A) Elementary/High School Highest grade completed _____ If graduated give date _____		(B) Name and Location of Last School Attended _____					
(C) Name and Location of College or University attended _____		Dates attended		Credits Completed		Type of degree	Year of degree
		From	To	Semester Hours	Quarter Hours		
(D) Chief undergraduate college subjects		Credits Completed		(E) Chief graduate college subjects		Credits Completed	
		Semester Hours	Quarter Hours			Semester Hours	Quarter Hours
(F) Name and location of other schools attended (trade, vocational, business, military, correspondence)		Credits Completed		Subject studied		If Certificate received, give date	
		From	To				
(G) Special qualifications, skills, honors (licenses; operate office machine, date processing equipment, vehicles, construction equipment; etc.)						Words per minute	
						Typing	Shorthand
						<i>N/A</i>	<i>N/A</i>

24. EXPERIENCE: Fill in each block completely. Start with your present or most recent employer and work back. Describe all of your work listing your most important duties first. If you supervised others, describe your supervisory responsibilities. If work was part-time show average number of hours worked per week. Account for all time over the past ten years, including periods of unemployment.

SEE ATTACHED RESUME

1	Dates of Employment (Month, Year) From _____ To _____	Position Title _____	Do not write in this space
Salary Starting \$ _____ per Final \$ _____ per		Place of Employment _____	Grade or Pay Level _____
Name and Address of employer _____		Name and Title of Immediate Supervisor _____	Hours Per Week _____
Reason for Leaving _____			Number and Kind of Employees Supervised _____
Description of Work _____ _____ _____ _____ _____			

IF ADDITIONAL SPACE IS NEEDED FOR EDUCATION OR EXPERIENCE, USE A PLAIN PIECE OF PAPER APPROXIMATELY THE SIZE OF THIS PAGE AND ATTACH HERE. PRINT YOUR NAME ON EACH SHEET.

2	Dates of Employment (Month, Year)		Position Title	Do not write in this space
	From	To		
Salary		Place of Employment	Grade or Pay Level	
Starting	\$ per			
Final	\$ per	Name and Address of employer		Name and Title of Immediate Supervisor
Reason for Leaving			Hours Per Week	
Description of Work			Number and Kind of Employees Supervised	

3	Dates of Employment (Month, Year)		Position Title	Do not write in this space
	From	To		
Salary		Place of Employment	Grade or Pay Level	
Starting	\$ per			
Final	\$ per	Name and Address of employer		Name and Title of Immediate Supervisor
Reason for Leaving			Hours Per Week	
Description of Work			Number and Kind of Employees Supervised	

4	Dates of Employment (Month, Year)		Position Title	Do not write in this space
	From	To		
Salary		Place of Employment	Grade or Pay Level	
Starting	\$ per			
Final	\$ per	Name and Address of employer		Name and Title of Immediate Supervisor
Reason for Leaving			Hours Per Week	
Description of Work			Number and Kind of Employees Supervised	

5	Dates of Employment (Month, Year)		Position Title	Do not write in this space
	From	To		

Salary	Place of Employment	Grade or Pay Level
Starting \$ per		
Final \$ per		

Name and Address of employer	Name and Title of Immediate Supervisor	Hours Per Week
------------------------------	--	----------------

Reason for Leaving	Number and Kind of Employees Supervised
--------------------	---

Description of Work

25. LIST THREE PERSONS NOT RELATED TO YOU WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE JOBE FOR WHICH YOU ARE APPLYING. Do not list supervisors you listed under Item 24. *SEE ATTACHED RESUME*

Full Name	Present address	Business or occupation

26. MAY YOUR PRESENT EMPLOYER BE CONTACTED? Yes No

27. SPACE FOR DETAILED ANSWERS (Indicate Item number to which answer applies.)

Item Number	

ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION.

A false answer or statement, or attempt to deceive or defraud in this application is grounds for rating you ineligible for employment with the COMMONWEALTH GOVERNMENT OF THE NORTHERN MARIANA ISLANDS or for dismissing you from employment with the Northern Marianas after appointment. All statements made in this application are subject to investigation, including a check of court records and former employers. All information pertinent to this application will be considered in determining your present fitness for employment with the COMMONWEALTH GOVERNMENT OF THE NORTHERN MARIANA ISLANDS.

CERTIFICATION

I CERTIFY that I have read and understand the foregoing paragraph. I FURTHER CERTIFY that all of the answers and statements made in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith.

SIGNATURE OF APPLICANT (DO NOT PRINT)	DATE (Month, day, year)
	04/17/95

RESUME

NAME : JOSE P. CRUZ
D.O.B. : February 3, 1960
P.O.B. : Saipan, CNMI
S.S. No. : 586-10-8160
Marital Status : Married
Dependents : Six (6)
Color/Eyes : Black
Color/Hair : Black
Height : 5'9"
Weight : 198 lbs.
ADDRESS : P.O. Box 154, San Jose Village, Tinian, MP 96952

EDUCATIONAL BACKGROUND:

<u>Institution:</u>	<u>Year to Year:</u>
- Marianas High School (Saipan, CNMI)	<i>Graduated - 1978</i>
- Western Pacific Business College	<i>Three months</i>

TRAININGS/WORKSHOPS/SEMINARS:

Plant and Animal Quarantine (United States of Department of Agriculture)	1979	Certificate of Completion
Plant Protection and Quarantine	1980	Certificate of Completion
CNMI Custom	1980	Certificate of Completion
Plant and Animal Quarantine (United States Department of Agriculture)	1981	Certificate of Completion
Plant Protection and Quarantine	1981	Certificate of Completion
Advance Supervisor Management	1982	Certificate of Completion
Plant and Animal Quarantine (United States Department of Agriculture)	1982	Certificate of Completion
Plant Protection and Quarantine	1983	Certificate of Completion
US/CNMI Custom	1984	Certificate of Completion
Time Keeper (United States Department of Agriculture)	1984	Certificate of Completion
Plant Protection and Quarantine	1985	Certificate of Completion
Supervisor Management	1986	Certificate of Completion

BOARD OF DIRECTOR MEMBERSHIP(s):

Commonwealth Health Planning & Development Agency (Coordinating Council)	1982-1986
Parents and Teachers Association:	
Elected President of PTA	1988-1989
Re-elected President of PTA	1989-1990

CNMI Parents and Teachers Association
President Council (Treasurer) 1988-1989

CONFERENCES INVOLVEMENT(S):

World Gaming Expo	1993	Las Vegas
World Gaming Expo	1992	Las Vegas
Asian Organized Crime	1992	Seattle
World Gaming Expo	1992	Las Vegas
World Gaming Expo	1991	Las Vegas
World Gaming Expo	1990	Reno
Parental Involvement	1989	Palau
Parental Involvement	1988	Saipan
Parental Involvement	1988	Guam
Okinawa-Tinian Club Ass.	1988	Okinawa

WORK EXPERIENCES:

Consultant	Feb. 1994-Jan. 1995	Municipality of Tinian and Aguiguan/Tinian Casino Gaming Control Commission
Commissioner (Vice Chairman)	Mar. 1990-Jan. 1994	Tinian Casino Gaming Control Commission (TCGCC)
Plant Protection & Quarantine Enforcement	1985-1990	United States Department of Agriculture
Plant and Animal Quarantine Officer I	1989-1990	Dept. of Natural Resources
Plant and Animal Quarantine Inspector II	1986-1989	Dept. of Natural Resources
Plant and Animal Quarantine Inspector I	1980-1986	Dept. of Natural Resources
Plant and Animal Quarantine Inspector (Trainee)	1979-1980	Dept. of Natural Resources
Immigration Inspector (Trainee)	1978	Immigration & Naturalization

REFERENCES:

Mr. Henry U. Hofschneider, PSS Liaison Officer

Mr. Joseph M. Mendiola, Commissioner-TCGCC

Mr. Jose A. Hocog, Deputy Director-DPW