

Nominee Questionnaire

Follow the instructions fully or we cannot process your form. Be sure to sign and date the certification statement and authorization release form on page(s) 12 and 14. If you have any questions, please call the office of Senator Milton E. Potter at (340) 693-3519.

NOMINEE'S FULL NAME: Angel E. Dawson, Jr.

SECTION I: BIOGRAPHICAL DATA

1. LAST NAME:	FIRST NAME:	MIDDLE NAME:	Jr, Sr, II, etc.
Dawson	Angel	Egedio	Jr.
2. Date of Birth: [REDACTED]			
3. Place of Birth: St. Thomas, U.S. Virgin Islands			
4. Social Security Number: [REDACTED]			
5. Other Names Used:			
6. Sex (Mark one box) Female <input type="radio"/> Male <input checked="" type="radio"/>			
7. Citizenship:		B. Your Mother's Maiden Name	
A. Mark the box at the right that reflects your current citizenship status and follow its instructions.	<input checked="" type="radio"/>	I am a U.S. citizen or national by birth in the U.S. territory/possession. (Answer items b and d)	Alana Lewis
	<input type="radio"/>	I am a U.S. Citizen, but I was NOT born in the U.S. (Answer items b, c and d)	
	<input type="radio"/>	I am not a U.S. citizen. (Answer items b and e)	
C. UNITED STATES CITIZENSHIP If you are a U.S. citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.			
Naturalization certificate (Where were you naturalized?)			
Court	City	State	Certification Number
		Month/Day/Year Issued	
Citizenship Certificate (Where was the certificate issued?)			
City		State	Certification Number
		Month/Day/Year Issued	
State Department Form 240 - Report of Birth Abroad of a Citizen of the United States			
Give the date the form was prepared and give and explanation if needed	Month/Day/Year	Explanation	
U.S. Passport			
This may be either a current or previous U.S. Passport		Passport Number	Month/Day/Year Issued
D. DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right			Country
E. ALIEN			
Place You Entered the United States	City	State	Date You Entered U.S.
			Month Day Year
		Alien Registration Number	Country(ies) of Citizenship

Last Four (4) Digits of SSN #: [REDACTED]


NOMINEE'S FULL NAME: Angel E. Dawson, Jr.

8. WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 5 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible for example; do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 3 years, list a person, who knew you at the that address, and who preferably still lives in that area (do not list people for residences completely outside this 3-year period, and do not list your spouse, former spouses, or other relatives).

Month/Year 1977	To	Month/Year <input checked="" type="checkbox"/> Present	Street Address 3A-2 Bonne Esperance	Apt. #	City (Country) St. Thomas	State VI	Zip Code 00802
Name of Person Who Knows You Edward Thomas			Street Address 3A-11 Bonne Esperance	Apt. #	City (Country) St. Thomas	State VI	Zip Code 00802
Month/Year 06/86	To	Month/Year 09/87	Street Address King's Court	Apt. #	City (Country) San Juan	State P.R.	Zip Code
Name of Person Who Knows You			Street Address	Apt. #	City (Country)	State	Zip Code
Month/Year 01/85	To	Month/Year 05/85	Street Address Pencader Hall	Apt. #	City (Country) New Castle	State DE	Zip Code
Name of Person Who Knows You <i>Type text here</i>			Street Address	Apt. #	City (Country)	State	Zip Code
Month/Year	To	Month/Year <input type="checkbox"/> Present	Street Address	Apt. #	City (Country)	State	Zip Code
Name of Person Who Knows You			Street Address	Apt. #	City (Country)	State	Zip Code
Month/Year	To	Month/Year <input type="checkbox"/> Present	Street Address	Apt. #	City (Country)	State	Zip Code
Name of Person Who Knows You			Street Address	Apt. #	City (Country)	State	Zip Code

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9. EDUCATION

List all the schools you have attended, beyond Junior High School, **beginning with the most recent (#1) and working back five years.** List all College or University degrees and the dates they were received. If all your education occurred more than 5 years ago, list your most recent education beyond high school, no matter when that education occurred.

Month/Year 09/82	Month/Year 05/86	Name of School College of the V.I.	Degree/Diploma Other Bachelor of Arts	Month/Year Awarded 05/86
Street and City (Country) of School Lindberg Bay, St. Thomas			State VI	Zip Code 00802
Month/Year 09/82	Month/Year 06/82	Name of School Charlotte Amalie H.S.	Degree/Diploma Other High School	Month/Year Awarded 06/82
Street and City (Country) of School Estate Thomas, St. Thomas			State VI	Zip Code 00802
Month/Year	Month/Year	Name of School	Degree/Diploma Other	Month/Year Awarded
Street and City (Country) of School			State	Zip Code
Month/Year	Month/Year	Name of School	Degree/Diploma Other	Month/Year Awarded
Street and City (Country) of School			State	Zip Code

10. CHARACTER REFERENCES:

Please list three (3) people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last five years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.


Name	Home/Work Address	Contact Tel. No.	Number of Years Known
Hillary Hodge	53-24 Frydendahl St. Thomas, VI	340-344-9268	20+
Howard Bowring	1-6 St. Joseph & Rosendahl St. Thomas, VI	340-690-5204	15+
John Hypolite	16-47 Frenchman's Bay St. Thomas, VI	340-514-6728	25+

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11. EMPLOYMENT RECORD:

List your employment activities, beginning with the present (#1) and working back 5 years. You should list all full-time, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 5-year period must be accounted for without breaks, but you need not list employments before your 16th birthday. (Attach additional sheet(s), if necessary; reference this section & question number).

Month/Year	Month/ Year	Employer Verification Name/Military Duty Location	Your Position Title/Military Rank		
07/23	08/23	V.I. G.E.R.S.	Administrator/CEO		
Employer's/Verifiers Street Address		City (Country)	State	Zip Code	Tel. No.
3438 Kronprindsens Gade		St. Thomas	VI	00802	340-776-7703
Street Address of Job Location (if different)					
Supervisor's Name & Street Address (if different)					
Dwane Callwood					
Month/Year	Month/ Year	Employer Verification Name/Military Duty Location	Your Position Title/Military Rank		
11/14	07/23	FirstBank Puerto Rico	Senior Vice President		
Employer's/Verifiers Street Address		City (Country)	State	Zip Code	Tel. No.
11A Curacao Gade		St. Thomas	VI	00802	340-775-7777
Street Address of Job Location (if different)					
Supervisor's Name & Street Address (if different)					
Cassan Pancham					
Month/Year	Month/ Year	Employer Verification Name/Military Duty Location	Your Position Title/Military Rank		
04/09	11/14	Government of the USVI	Finance Commissioner		
Employer's/Verifiers Street Address		City (Country)	State	Zip Code	Tel. No.
76 Kronprindsens Gade		St. Thomas	VI	00802	340-774-4750
Street Address of Job Location (if different)					
Supervisor's Name & Street Address (if different)					
Louis Penn					

Last Four (4) Digits of SSN #: 

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12. GOVERNMENT (& MILITARY) EXPERIENCE:

- A. List all federal, state, territorial or local government service, giving dates and type of service such as employee, boards, commissions, executive, legislative or judicial branches, consultant, voluntary service, part-time or honorary. *(Attach additional sheet(s), if necessary; reference this section & question number).*
- B. List and attach a copy of all service contracts you have held independently or been a party to with the Government of the Virgins Islands.

Please see attached resume.

13. SELECTIVE SERVICE RECORD:

Type text here

Are you a male born after December 31, 1959? Yes No

Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below. *(Attach additional sheet(s), if necessary; reference this section & question number).*

Yes - Registration Number Unknown

14. BUSINESS AND FINANCIAL INTEREST:

List all businesses (for profit or nonprofit), real estate and trusts in which you have at least a 10% interest or control of assets or serve as an officer or member of a board with voting rights. *(Attach additional sheet(s), if necessary; reference this section & question number).*

None

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15. QUALIFICATIONS:

Type text here

What in your opinion qualifies you to serve the People of the Virgin Islands in the position, which the Governor has nominated you? *(Attach additional sheet(s), if necessary; reference this section & question number).*

Senior Vice President of a large commercial institution, combined with my past service to the People of the Virgin Islands as Commissioner of Finance, Executive Director of the Public Finance Authority and Advisory Member of the Pension Reform Task Force.

SECTION II: HONORS, MEMBERSHIPS & ACCOMPLISHMENTS

1. MEMBERSHIPS:

List all memberships and offices held in professional, fraternal, scholarly, civic, charitable, and other organizations. *(Attach additional sheet(s), if necessary; reference this section & question number).*

Please see attached resume.

2. BOARDS, COMMISSIONS, TRUST, ETC.:

List all government or private sector boards, trusts or fiduciary responsible positions on which you have served or are now serving. *(Attach additional sheet(s), if necessary; reference this section & question number).*

Please see attached resume.

3. HONORS & AWARDS:

List all scholarships, fellowships, honorary degrees, honor society memberships, and any other special recognition for outstanding service or achievement. *(Attach additional sheet(s), if necessary; reference this section & question number).*

Received Bachelor of Arts in Business Administration - Cum Laude.

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4. PUBLISHED WRITINGS:

List all titles, publishers and dates of books, articles, reports, or other published materials you have written. *(Attach additional sheet(s), if necessary; reference this section & question number).*

None

SECTION III: CHARACTER

1. Have you ever been the subject of a grand jury, police, Department of Justice or any legally constituted government authority's investigation anywhere or at any time?

Yes No

If your answer is yes, please explain with details including date and location. *(Attach additional sheet(s), if necessary; reference this section & question number).*

2. Have you ever been arrested in any geographical location for any offense.

Yes No

If yes, please explain with details including offense, date of location and disposition. *(Attach additional sheet(s), if necessary; reference this section & question number).*

3. Have you ever been convicted of a felony or misdemeanor?

Yes No

If yes, please explain with details including offense, date, location and current status. *(Attach additional sheet(s), if necessary; reference this section & question number).*

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4. Have you ever been found guilty of any traffic violation in any geographical location?

Yes No

If yes, please explain with details including date, location and current status. *(Attach additional sheet(s), if necessary; reference this section & question number).*

5. Is there now or has there ever been a judgment entered against you?

Yes No

If yes, please explain with details on date, location and disposition or current status. *(Attach additional sheet(s), if necessary; reference this section & question number).*

6. Have you ever been a respondent in any labor dispute or discrimination proceeding?

Yes No

If the answer is yes, please explain with details on date, location and disposition or current status. *(Attach additional sheet(s), if necessary; reference this section & question number).*

7. Have you now or have you ever been a member of an organization or an associate of an individual advocating terrorism, overthrow of a government by force or the advocacy or subordination of any ethnic group or individuals?

Yes No

If the answer is yes, please give details of dates, names of organizations, names of individuals and all pertinent circumstances. *(Attach additional sheet(s), if necessary; reference this section & question number).*

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8. Do you know of any individual, organization or group, which can be expected to oppose your nomination?

Yes No

If the answer is yes, please list the individuals, organizations or groups by name and give details of your belief for their opposition. (*Attach additional sheet(s), if necessary; reference this section & question number*).

9. Do you, or have you in the last five (5) years used any illegal drugs?

Yes No


Please list the type of drug used and circumstances surrounding its use? (*Attach additional sheet(s), if necessary; reference this section & question number*).

10. Do you have any outstanding and delinquent monetary obligations to the Government of the Virgin Islands or any other public or private entity, including but not limited to, personal income taxes, business taxes, real property taxes (commercial or residential), business license renewals, trade name renewals, annual reporting fees, professional organization dues, child support, judgments, debts?

Government of the Virgin Islands, includes but is not limited to the following departments, agencies and instrumentalities: The Bureau of Internal Revenue, Tax Assessor, Department of Justice - Division of Paternity and Child Support, Board of Education, Economic Development Authority, U.S. Small Business Administration, Small Business Development Center, Police Department, Department of Licensing and Consumer Affairs, The Water and Power Authority, The Waste Management Authority, Department of Health, and Department of Human Services.

Yes No

If the answer is yes, please attach a detailed explanation of what outstanding and delinquent monetary obligations are owed, the reason for the delinquency, and the intended plan to bring the matter current.

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SECTION IV: CONFLICT OF INTEREST

1. Please explain your understanding of "Conflict of Interest" as it applies to the position to which you have been nominated to serve the People of the Virgin Islands.? *(Attach additional sheet(s), if necessary; reference this section & question number).*

My understanding of "Conflict of Interest" as it applies to the position of Administrator and CEO of the VI Government Employees' Retirement System is as follows: Any situation in which my personal interests (financial or other) could possibly result in a decision or other action that is not in the best interest of the GERS and its membership is a conflict of interest.

2. Do you own a business or real estate, or are you a partner or shareholder or affiliated in any way to sell or provide goods or services to the Virgin Islands Government?


Yes No

If the answer is yes, please explain and give the name and location of these interest(s) and how you promise to remove yourself from any possible conflict? *(Attach additional sheet(s), if necessary; reference this section & question number).*

3. Does any close relative or spouse have a business or real estate interest(s) as described in this section question 2?

Yes No

If the answer is yes, please explain how you intend to separate yourself from the two, if placed in the position to make a decision. *(Attach additional sheet(s), if necessary; reference this section & question number).*

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SECTION V: JOB PERFORMANCE

1. Please outline in priority order your three (3) specific short-term and three (3) specific long-term goals and objectives you would employ to achieve the entity's purpose and improve its service delivery system if your nomination is confirmed for this position. (Attach additional sheet(s), if necessary; reference this section & question number).

Long Term	Short Term
- Full funding of the GERS on an actuarial basis	- Restart of GERS Loans Program
- Optimal development of GERS' real estate holdings	- Upgrade of GERS' Operating Software
- Revitalization of Havensight Mall	- Staff Training and Cross-Training

2. As you must know, the Virgin Islands Government does not have the financial resources to continue business as usual. Do you have a fiscal plan to deal with spending and a streamlined system to deliver services to the people of this territory?

Yes No

If the answer is yes, please give a brief summary of your plan. If your answer is no, please explain how you intend to operate your department and deliver the services to the people as required. (Attach additional sheet(s), if necessary; reference this section & question number).

While the Funding Note approved by the V.I. Legislature and Governor Bryan in 2022 helps to shore up the GERS in terms of benefits payments, the system still remains underfunded on an actuarial basis. Working together with the GERS' investment managers, I will seek to maximize investment earnings and returns in a prudent manner. Concurrently, I will work with the Board of Trustees to develop the GERS' extensive land holdings on both St. Croix and St. Thomas. Finally, I will continue to enforce and improve operational efficiencies to minimize costs incurred to operate the GERS.

3. What is your view and understanding of Equal Employment Opportunity (EEO) and Sexual Harassment? (Attach additional sheet(s), if necessary; reference this section & question number).

I view Equal Employment Opportunity to be a very good initiative meant to provide merit-based opportunities to everyone in our community, without regard to race, gender, religion, sexual orientation, etc. On the other hand, Sexual Harassment is a very bad form of behavior, usually inflicted by someone in a superior position on someone in a subordinate position - taking advantage of the power dynamic. I hold myself and those around me to a very high standard and will never tolerate such behavior.

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4. Have you ever been named as a party in any hearing, administrative, civil, and criminal, including Equal Employment Opportunity Complaint (EEOC), civil rights or sexual harassment?

Yes No

If yes, please explain in detail, giving date, venue, agency, and the names of the other parties and the disposition. (Attach additional sheet(s), if necessary; reference this section & question number).

5. Is there any additional information that you believe would assist the Committee on Rules and Judiciary in processing your nomination expeditiously? (Attach additional sheet(s), if necessary; reference this section & question number).

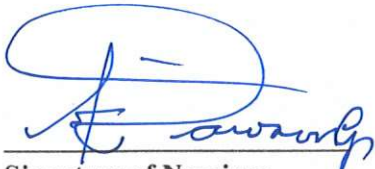
No.

CERTIFICATION

This is to certify and affirm that all the statements contained herein and in any supporting documents or schedules or other such supporting documents or schedules executed at a later date as a part or addendum to this document are true and correct to the best of my knowledge and are made in good faith.

Signed this 21 day of August 2023.

Angel E. Dawson, Jr.
Nominee's Full Name (Print Clearly)


Signature of Nominee

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