

Office of the Governor United States Virgin Islands

QUESTIONNAIRE FOR GOVERNOR'S NOMINEE FOR DEPARTMENTS, AGENCIES, BOARDS & COMMISSIONS

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE YOU COMPLETE THIS QUESTIONNAIRE.

- 1) <u>ALL</u> questions must be fully and correctly answered and returned to the Office of Legal Counsel within seven (7) business days of your receipt of the Questionnaire.
- 2) Do not submit a resume instead of this Questionnaire.
- 3) If more than the allotted space on this form is required for a complete and full answer, please attach as many additional 8½ x 11 sheets as may be needed. At the top of each additional sheet put your name, "Office of the Governor, Office of Legal Counsel", and then reference the question number before each answer.
- 4) The Questionnaire is in PDF Format. Please complete all responses clearly in black font color. Responses are <u>NOT</u> to be handwritten.
- 5) Please do not hesitate to call the Office of Legal Counsel at Government House at (340) 774-0001 if you have any questions concerning this Questionnaire.

SECTION I: BIOGRAPHICAL DATA

1. NAME: (Last)	NAME: (Last) (First		st) (Middle)	
		Davis, Conn Jay, II		
2. SOCIAL SECURITY:X	XX-XX			
3. ADDRESS:			St Thomas	00 1/1 00002
Mailing:	<u></u>		, St. Thoma	as, V.I. 00802
Residential:	t, St. Thomas			
Business: 9149 Estate		. Thomas, V.I. 00802		
E-Mail: conn@commur				
Phone Number(s) –		(Cell) <u></u>		(Home)
4. Length of Residence	e in the Virgin Isla	nds: Life-Long Resident asi	de from College and wor	king from secondary residences
5. Date of Birth:				<u></u>
6. Place of Birth: St. Th	·	,		
7. Marital Status:	Married	× Single	Widowed	Divorced
8. Full Name of Spouse				
Mailing & Residential	Address: N/A			
Business, Name & Ado	Iress: N/A			
		9. EDUCATION		
Institution	Dates Attended	Degree Received	Date Received	Certifications
Antilles School	K-12	Highschool Diploma	June, 200	2
University of Connecticut	Aug 2002-May 2004	transfer	transfer	Transfer
Colgate University	Aug 2004-Dec 2006	Bachelor of arts	December, 200	Political Science/Finance Concentration

10. EMPLOYMENT RECORD: Please list, in chronological order, your complete employment record for the past ten (10) years, beginning with the present or most recent position. [Attach additional sheet(s), if necessary, and reference this question number]

Employer	Dates of Employment	Position	Address/Phone #	Supervisor
Community Medical Laboratory, Inc.	December 2006-Present	Owner/Pres.	9149 Estate Thomas, Ste 102, St. Thomas, V.I. 00802 340-776-7444	N/A
Americas Executions	Jan 2018- Jan2024	Investment Banker	55 Broadway, 19th Floor, New York, NY 10006 646-979-8000	Fady Tanios
Concord Blue Virgin Islands	June 2010-2016	Founder	5-J Estate Misgunst, St. Thomas, V.I. 00802 340-690-0101	N/A
Glacial Energy VI	August 2012- June 2014	Chief Implementation Officer	Yacht Haven Grande, St. Thomas,VI 00802	CEO/Owner Gary Mole
Alpine Securities USVI, LLC	October 2009-May 2010	Trader	American Yacht Harbor 2nd Floor 917-658-9495	Owner Charles Kim
Capital Instincts USVI	February 2007-October 2009	Trader	St. Thomas, V.I. 340-514-4690	Owner, Rob Sckalor

11. GOVERNMENT EXPERIENCE:

A. List all federal, state, territorial or local government services, 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, and reference this 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 Virgin Islands.

A.	Territorial Park Board Member Aug 9 2022- Present
	FBI Tactical Section, Critical Incident Response Group, September/October 2017:
	Voluntary Assistant/Laison
B.	Community Medical Laboratory, a company which I own, provides services to patients,
oco	casionally these services (ie drug tests,stool samples, covid tests) are billed to the applicable
de	partments per their payment policies. CML also serves Medicare/Medicaid patients.

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NOMINEE'S NAME:

12. BUSINESSES AND FINANCIAL INTEREST: List all businesses (for profit or not for profit), 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, and reference this question number]

Community Medical Laboratory, Inc. 100% Owner

5L Estate Misgunst, St. Thomas, V.I. 00802 Owner (Personal Residence)

13. QUALIFICATIONS: What in your opinion qualifies you to serve the People of the Virgin Islands in the position which the Governor has nominated you?

I am a Virgin Islander with a deep understanding of our community, economy and natural environment. I have a deep knowledge of finance, including project finance, as a prior competitor for an exclusive VIWMA contract to provide an Integrated Waste Solution, I spent years putting together an integrated team of service providers and technologies to address this RFP. My company out-competed all other groups however no contract was awarded, no RFP was re-issued and I have since disolved the company.

SECTION II: HONORS AND ACCOMPLISHMENTS

14. MEMBERSHIPS: List all memberships and offices held in professional, fraternal, scholarly, civic, charitable, and other organizations.

Society of International Business Fellows: Member
Harmonic Lodge 356: Member
All Hands and Hearts: Fundraising Partner

15. BOARDS, COMMISSIONS, TRUSTS, ETC.: List all government or private sector boards, trusts, or fiduciary responsible positions on which you have served or are now serving.

Territorial Park System: Board Member

Community Medical Laboratory: Chairman

Harmonic Lodge 356: Treasurer 2013

Hura Imaging: Board Member 2019-2020

16. HONORS AND AWARDS: List all scholarships, fellowships, honorary degrees, honor society memberships, and any other special recognition for outstanding service or achievement.

Sc	ociety of International Business Fellows: Member
FE	BI Tactical Section, Critical Incident Response Group, Certificate of Recognition
Hu	urricane Irma/ Huricane Maria Operations 2017
	PUBLISHED WRITINGS: List all titles, publishers and dates of books, articles, reports, or r published materials you have written.
	SECTION III: CHARACTER
18.	Have you ever been the subject of a grand jury, police, and department of justice or any legally constituted government authority, investigation anywhere or at anytime? YES _X_NO
W	If your answer is yes, please explain with details including date and location. [Attach additional sheet(s), if necessary, and reference this question number]
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19.	Have you ever been arrested in any geographical location for any offense, including traffic violations?YES _X_NO
	If yes, please explain with details including offense, date of location and disposition. [Attach additional sheet(s), if necessary, and reference this question number]

20.	Have you ever been convicted of a felony or a misdemeanor?YES _X_NO If yes, please explain with details including offense, date, location, and current status. [Attach additional sheet(s), if necessary, and reference this question number]
21.	Is there now or has there ever been a judgment entered against you? YES X NO If the answer is yes, please explain with details on date, location and disposition or current status. [Attach additional sheet(s), if necessary, and reference this question number]
22.	Have you ever been a respondent in any labor dispute or discrimination proceeding? YES _XNO
	If the answer is yes, please explain with details on date, location and disposition or current status. [Attach additional sheet(s), if necessary, and reference this question number]
23.	Have you ever been <u>named as a party</u> in any hearing, administrative, civil, and criminal, including Equal Employment Opportunity or sexual harassment?YES _XNO
	please explain in detail, giving date, venue, agency, and the names of the other parties and the sition. [Attach additional sheet(s), if necessary, and reference this question number]

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NOM	IINEE'S NAME:
24.	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 of subordination of any ethnic group or individuals?YES _XNO
	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, and reference this question number]
25.	Do you know of any individual, organization or group, which can be expected to oppose you nomination? YES X NO
	e answer is yes, please list the individuals, organizations or groups by name and give the details of belief for their opposition. [Attach additional sheet(s), if necessary, and reference this question ber]

26. 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, debt

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NOMINEE'S NAME:

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, Department of Human Services

YES	x	_NC
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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.

SECTION IV CONFLICT OF INTEREST

27. 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.

A conflict of interest as a Board Member of VIWMA in my opinion would be acting in a way which is not in the best interest of the People of the Virgin Islands and/or whereby you may have a direct or indirect ownership, partnership, or incentive (financial or otherwise) which may disallow you from serving in an unbiased capacity, which is soley in the interest of the people and Environment of the Virgin Islands.

28.	Do you ov	wn a business	or real estate	, or are you	a partner	or shareholder	or affiliated	in any
	way to sel	ll or provide go	ods or service	es to the Vi	rgin Islands	Government?		
	X 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, and reference this question number]

Community Medical Laboratory, Inc. provides medical testing to thousands of V.I. Residents and Visitors, some of which are V.I. employees, on occasion health services are paid by Businesses or Government Departments for their employees or individuals which they have a responsibility to. Examples would be drug or stool testing for employees or testing for Virgin Island athletes traveling to compete in athletic events.

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NOMINEE'S NAME:

NO	MIN	HE EL	SN	IAM	E:

29.	Does any close relative or spouse have a business or real estate interest(s) as described in question 25?YES _XNO
	answer is yes, please explain and give the name and location of these interest(s) and how you use to remove yourself from any possible conflict. (Attach additional sheet(s), if necessary.)
	SECTION V: JOB PERFORMANCE
30.	In no more than 150 words, please outline in priority order your four (4) specific short-term and four (4) 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.
	t Term: Assist in capturing as much available Federal Funding as possible for VIWMA
	tives, Address EPA Consent Decree Compliance, Determine Budgetary Constraints and
	Saving Measures, Address Payments Due to VIWMA Contractors and Vendors Term: Assess/Implement a long-term Waste Management Plan, Explore an advanced
dispo	osal fee/tax as an independent financing mechanism for the authority, EPA Compliant, eve highest technically and economically viable landfill diversion rate.
31. the Ju	Is there any additional information that you believe would assist the Committee on Rules and diciary in processing your nomination expeditiously?
I am	available to serve as a Board Member should the Committee find my
	ground and skillset of use to the People of the Virgin Islands. I am a problem solver
	an out of the box thinker with a global professional network which can be leveraged if I
am a	sked to serve

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NOMINEE'S NAME:

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 26th day of March, 2024 20 Conn Jay Davis II	
Nominee's Name [Print Clearly]	Signature of Nominee
sworm and subscribed before me this 20 day of Manch 2024	
Notary Public of the U.S. Virgin Islands	[seal]
My commission expires: Dr. (2)	2025