

Name: MANUEL P. DUEÑAS II	Council: WESTERN PACIFIC COUNCIL	Committee:
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Name of Individual MANUEL P. DUEÑAS II		(If not yourself, your relationship to individual.)
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Entity: GUAM FISHERMEN'S COOPERATIVE ASSOC P.O. Box 24023 GMF, GUAM 96921	MEMBER, 1 PART OF WHOLE Date Began: JAN. 1995	MARKETING PROCESSING MEMBER SERVICES Product Produced:
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Other Entity/Relationship:	Date Began:	Product Produced:
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Name of Individual		(If not yourself, your relationship to individual.)
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Entity:	Date Began:	Product Produced:
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Other Entity/Relationship:	Date Began:	Product Produced:
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Name of Individual		(If not yourself, your relationship to individual.)
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Entity:	Date Began:	Product Produced:
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Other Entity/Relationship:	Date Began:	Product Produced:
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Information Requested of Other Persons. In the event any of the required information, including holdings placed in trust, is not known to you but is known to another person, you should request that other person to submit the information on your behalf and should report such request in the section below.

Name and Address	Date of Request	Nature of Subject Matter

CHECK BOX, IF YOU HAVE NO APPLICABLE INFORMATION TO DISCLOSE

Position/Type of Filing:

- Council Nominee
- Council Member
- SSC Member

- Original filing
- Annual filing
- Supplementary filing

Certification

I certify that the statements I have made are true complete and correct to the best of my knowledge and belief. I understand that if during the period of my appointment, I undertake new employment, I must promptly file an amended statement, and I must also report any new financial interests acquired during this period. I also certify that I am currently familiar with the statutes, regulations, and policies governing my responsibilities and conduct as applied to the duties I am assigned.

Printed Name: MANUEL P. DUENAS II

Council/Committee: WESTERN PACIFIC COUNCIL

Signed: Manuel P. Duenas II

Dated: 1/24/2011

Requests for Assistance or Additional Information

Refer to the financial disclosure regulations at 50 C.F.R. 600.235 for additional information. If you have any questions regarding the Statement of Financial Interests or related issues, please contact the Office of the Assistant General Counsel for Administration, U.S. Department of Commerce, 14th and Constitution Avenue, N.W., Room 5882, Washington, D.C. 20230, or telephone (202) 482-5384.

Paperwork Reduction Act

Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The public reporting burden for this collection of information, on this NOAA Form 88-195, is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden to the National Marine Fisheries Service, Office of the Chief Information Officer (F/CIO), 1315 East-West Highway, SSMC #3, 3rd Floor, Silver Spring, Maryland 20910.

Public Access to Information

The Statement completed by voting members of the Regional Fishery Management Councils will be retained by the Council, made available on the Council Internet Site, and made available for public review at reasonable hours at the Council Office, and at each public hearing or public meeting.