

STATE of MINNESOTA



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TIM PAWLENTY
GOVERNOR

APR 23 2007

President of the Senate

NOTICE OF APPOINTMENT

KATHRYN BALSTAD BREWER

380 Jackson Street # 450
St. Paul, Minnesota 55101
County of Ramsey
Congressional District Four

Because of the special trust and confidence I have in your integrity, judgment and ability, I have appointed and commissioned you to have and to hold the said office of:

Member

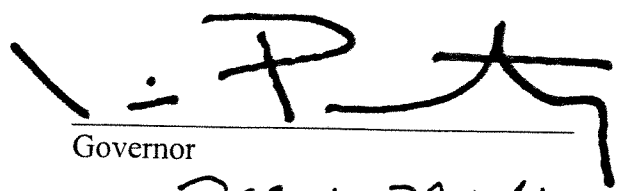
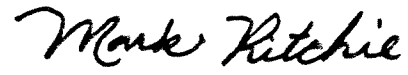
MINNESOTA HIGHER EDUCATION FACILITIES AUTHORITY

Effective: April 30, 2007
Term Expires: January 3, 2011

This appointment carries with it all rights, powers, duties, and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Minnesota to be affixed at the Capitol in the City of Saint Paul, April 23, 2007.




Governor


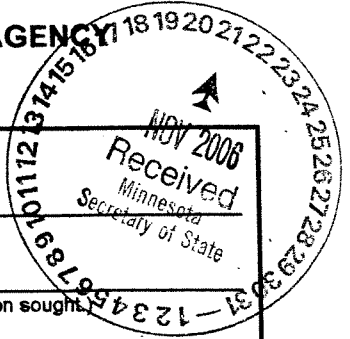
Secretary of State

N

12 11/27/06 JBD
Ack 11/28/06

STATE OF MINNESOTA
OPEN APPOINTMENTS APPLICATION FOR SERVICE ON STATE AGENCY

All information on this form is available to the public upon request.



Agency Name: * MN Higher Education Facilities Authority
 (Name of board, council, commission or task force to which you are applying.)

Position Sought: Member
 (Membership position sought or enter "member" if no specific requirements exist for position sought.)

Applicant Name: * Kathryn Balstad Brewer
 (First Name) (Last Name)

Applicant Address: * Suite 450 380 Jackson St St Paul, MN 55101
 (Street) (City) (State) (Zip)

Work Phone: * (651) 636-8566 Home Phone: (651) 636-8566

E-MAIL: * Kndbrewer@gmail.com

County: Ramsey MN House of Rep District: 50B U.S. House of Rep District: MN 4th

* Indicates information that will appear on the Office of the Secretary of State web site: www.sos.state.mn.us

Have you ever been convicted of a felony: Yes No

Did the Appointing Authority suggest you submit your application? YES NO

Please attach a current resume or a biographical statement containing work history, education, community activities, etc., and any other information the Applicant or Nominating Person feels would be helpful to the Appointing Authority.

OPTIONAL STATISTICAL INFORMATION

The following information is optional and voluntary. Information is collected for, and compiled in, the annual report on the open appointments process pursuant to *Minnesota Statutes* §15.0597.

Sex: Female Male

Political Party: Democratic-Farmer-Labor Green Independence Republican Other _____ No party preference

Disability: Yes No

National Origin: _____
 (Country of Origin or Principle Tribe)

Race*: African American / Black American Indian / Alaska Native Asian Hispanic Native Hawaiian / Pacific Islander White Other Race _____

(* Select as many as apply)

I swear that, to the best of my knowledge, the above information is correct and that I satisfy all legally prescribed qualifications for the position sought.

Kathryn Balstad Brewer 11-18-06
 (Signature of Applicant)* (Date)

* If another person or group is nominating the applicant, the applicant's signature indicates consent to nomination.

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APR 25 2007

MAIL, FAX, OR SUBMIT APPLICATION IN PERSON, TO: Office of the Secretary of State, Open Appointments
 180 State Office Building
 100 Rev. Dr. Martin Luther King, Jr., Blvd
 St. Paul, MN 55155-1299

FAX: (651) 296-9073
 Phone: (651) 297-5845
 Email: open.appointments@state.mn.us

President of the Senate

Applicants will not receive an acknowledgement of submitted applications; the appointing authority will notify you if an interview is desired. By request, this application will be made available in alternative format (for example, braille, large print, audio tape, or computer disk.)

FOR OFFICE USE: Sub by AA: _____ AA: Governor Trans Date: 11-22-06

OA App revision 3/03

Reapt. 7-2011