

STATE of MINNESOTA

EXECUTIVE



DEPARTMENT

TIM PAWLENTY
GOVERNOR

NOTICE OF APPOINTMENT

GARY BENSON

RECEIVED

APR 23 2007

2064 Pleasantview Drive
New Brighton, Minnesota 55112
County of Ramsey
Congressional District Four

President of the Senate

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 with Construction Expertise

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it all rights, powers, duties, and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.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

Mark Ritchie

Secretary of State

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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 (Reap) w/ construction Expense
 (Membership position sought or enter "member" if no specific requirements exist for position sought.)

Applicant Name: * GARY D. BENSON
 (First Name) (Last Name)

Applicant Address: * 2064 PLEASANTVIEW DRIVE, NEWBRIGHTON, MN 55112
 (Street) (City) (State) (Zip)

Work Phone: * 763 786-7711 Home Phone: (651) 636-2591

E-MAIL: * gary.benson@k-a-e.com

County: RAMSEY MN House of Rep District: _____ U.S. House of Rep District: _____

* 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 X

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

I AM SEEKING RE-APPOINTMENT TO MHEFA.

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: X Male Female Political Party: Democratic-Farmer-Labor Green Independence Republican X No party preference

Disability: X No Yes

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

Race*: African American / Black American Indian / Alaska Native Asian Hispanic Native Hawaiian / Pacific Islander X 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.

Gary D. Benson (Signature of Applicant) 11/27/06 (Date)

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

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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 President of the Senate
 Phone: (651) 297-5845
 Email: open.appointments@state.mn.us

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: Gover NOR Trans Date: 11-29-06

OA App revision 3/03

Reapt. 2007-2011