

# STATE of MINNESOTA

EXECUTIVE



DEPARTMENT

TIM PAWLENTY  
GOVERNOR

RECEIVED

APR 19 2007

NOTICE OF APPOINTMENT

President of the Senate

**EDWARD OLIVER**

20230 Cottagewood Road  
Deephaven, Minnesota 55331  
County of Hennepin  
Congressional District Three

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*

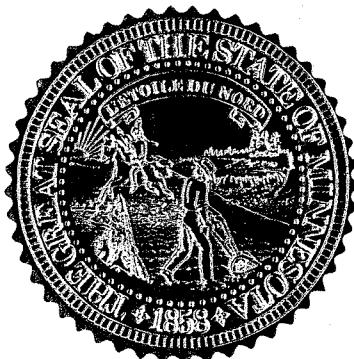
**MINNESOTA STATE ARTS BOARD**

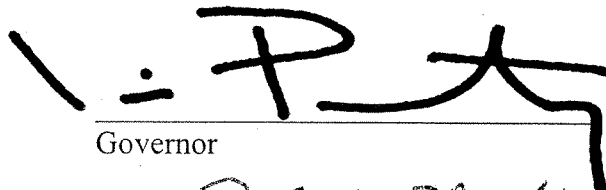
Effective: April 25, 2007

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it all rights, powers, duties, and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.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 18, 2007.





Governor

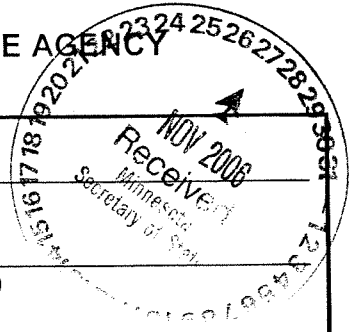


Secretary of State

Replacing: reappointment

12/27/06 JDD  
Ack 1/18

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: \* Minnesota State Arts Board  
(Name of board, council, commission or task force to which you are applying.)  
Position Sought: Director (Leap)  
(Membership position sought or enter "member" if no specific requirements exist for position sought.)  
Applicant Name: \* Edward Oliver  
(First Name) (Last Name)  
Applicant Address: \* 20230 Cottagewood Road, Deephaven, MN 55331  
(Street) (City) (State) (Zip)  
Day Phone: \* (612) 259 - 0107 Evening Phone: (952) 474 - 1399  
E-MAIL: \* oliverfinancial@earthlink.net  
County: Hennepin MN House of Rep District: 33B U.S. House of Rep District: 3rd.

\* Indicates information that will appear on the Office of the Secretary of State web site: www.sos.state.mn.us  
Did the Appointing Authority suggest you submit your application? YES \_\_\_\_\_ NO X  
Any other information the Nominating Person feels would be helpful to the Appointing Authority:

See attached resume  
\_\_\_\_\_  
\_\_\_\_\_  
(Statement may continue on reverse or attached sheets) **RECEIVED**  
President of the Senate

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.  
Edward E. Oliver (Signature of Applicant)\* 11-20-06 (Date)  
\* If another person or group is nominating the applicant, the applicant's signature indicates consent to nomination.

**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 Female X Male Political Party: X Democratic-Farmer-Labor X Green X Independence X Republican X Other \_\_\_\_\_ No party preference  
Race\*: X African American / Black \_\_\_\_\_ American Indian / Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_ Native Hawaiian / Pacific Islander X White \_\_\_\_\_ Other Race \_\_\_\_\_  
Disability: \_\_\_\_\_ Yes X No  
National Origin: USA  
(Country of Origin or Principle Tribe) (\* Select as many as apply)

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

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: 11-29-06  
OA App revision 3/03 Reapt.