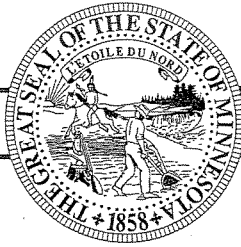


STATE of MINNESOTA

EXECUTIVE



DEPARTMENT

TIM PAWLENTY
GOVERNOR

NOTICE OF APPOINTMENT

ROBERT SCHROEDER

RECEIVED

1707 Summit Avenue
Minneapolis, Minnesota 55403
County of Hennepin
Congressional District Five

11/25/08
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:

Public Member

LESSARD OUTDOOR HERITAGE COUNCIL

Effective: December 1, 2008
Term Expires: January 7, 2013

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it all rights, powers, duties, and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.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, November 25, 2008.



Handwritten signature of Tim Pawlenty in black ink.

Governor

Handwritten signature of Mark Ritchie in black ink.

Secretary of State

Replacing: New Appointment

11-20-08

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: * LESSARD OUTDOOR HERITAGE COUNCIL
(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: * ROBERT A. SCHROEDER
(First Name) (Last Name)

Applicant Address: * 1707 SUMMIT AVE. MINNEAPOLIS MN 55403
(Street) (City) (State) (Zip)

Work Phone: * 612 670 6258 Home Phone: 612 670 6258

E-MAIL: * BOBSCHRO@GMAIL.COM

County: HENNEPIN MN House of Rep District: 60A U.S. House of Rep District: 5th

* 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 ___ NO X

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

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

National Origin: _____ (* Select as many as apply)
(Country of Origin or Principle Tribe)

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.

Robert A. Schroeder (Signature of Applicant)* Nov. 18, 2008 (Date)

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

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

RECEIVED

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: _____ Trans Date: _____

08-2013