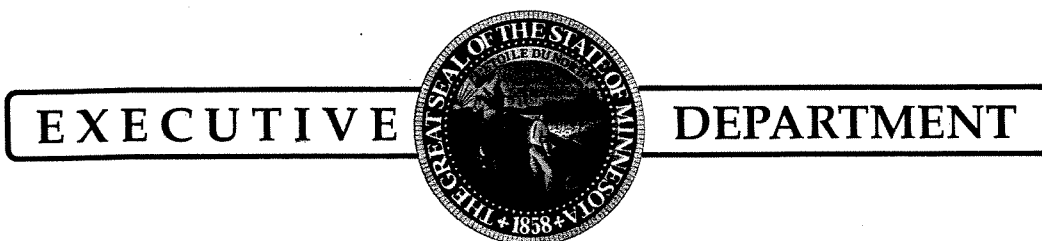


# STATE of MINNESOTA



TIM PAWLENTY  
GOVERNOR

## NOTICE OF APPOINTMENT

**JANET WITHOFF**

**RECEIVED**

870 Willow View Drive  
Orono, Minnesota 55356  
County of Hennepin  
Congressional District Three

APR 23 2007

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*

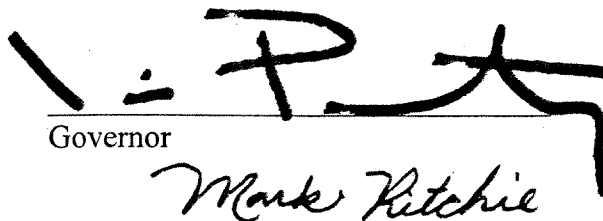
### MINNESOTA HIGHER EDUCATION FACILITIES AUTHORITY

Effective: April 30, 2007  
Term Expires: January 4, 2010

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it all rights, powers, duties, and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.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

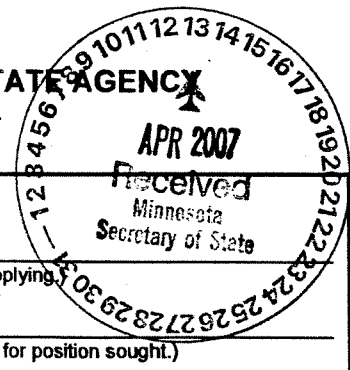
Secretary of State

Replacing: Christopher Nelson

Printed on recycled paper containing 15% post consumer material

**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 Public Member  
(Membership position sought or enter "member" if no specific requirements exist for position sought.)

**Applicant Name:** \* Janet Withoff  
(First Name) (Last Name)

**Applicant Address:** \* 870 Willow View Dr. Orono MN 55356  
(Street) (City) (State) (Zip)

**Work Phone:** \* (952) 475 - 3685 **Home Phone:** (952) 475 - 3685

**E-MAIL:** \* jwithoff@aol.com

**County:** Hennepin **MN House of Rep District:** 33B **U.S. House of Rep District:** 03

\* Indicates information that will appear on the Office of the Secretary of State web site: [www.sos.state.mn.us](http://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

**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.

**RECEIVED**

Janet Kresser Withoff 04-11-07  
(Signature of Applicant)\* (Date)

APR 20 2007

\* 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](mailto: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: 4-18-07

OA App revision 3/03

Christopher Nelson  
2006 - 2010 Term