

STATE OF MINNESOTA



**MARK DAYTON**  
**GOVERNOR**

**RECEIVED**

MAR 9 2011

President of the Senate

NOTICE OF APPOINTMENT

**Jon Commers**

2294 Commonwealth Avenue  
Saint Paul, MN 55108  
County of Ramsey  
Congressional District 4

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 office of:

**District 14 Representative**

**METROPOLITAN COUNCIL**

Effective: March 7, 2011

Term Expires: January 1, 2015

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it all rights, powers, duties and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.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, March 7, 2011.



Governor

Secretary of State

Replacing: Kirstin Sersland Beach

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 MAR 8 11  
 President of the Center

**STATE OF MINNESOTA  
 OPEN APPOINTMENTS APPLICATION FOR SERVICE ON STATE AGENCIES, BOARDS, COUNCILS, COMMISSIONS or TASK FORCES**

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

By request, this application will be made available in alternative format (for example, braille, large print, audio tape, or computer disk.)

Part I: Tell us about the Position to which you are applying  
 \* Indicates information that will appear on the Office of the Secretary of State web site: www.sos.state.mn.us

Agency Name: Metropolitan Council  
 (Please write the Name of board, council, commission or task force to which you are applying.)

**RECEIVED**  
 MAR 27 2011  
 JIM MITCHELL  
 Secretary of State

Part II: Tell us about Yourself  
 \* Indicates information that will appear on the Office of the Secretary of State web site: www.sos.state.mn.us

Applicant Name: Jon Commers  
 (First Name) (Last Name)

Preferred Mailing Address: 2294 Commonwealth Avenue, St. Paul, MN 55108  
 (Street) (City) (State) (Zip)

E-MAIL: commers@donlek.com

Work Phone: (651) 645-4844  
 Home Phone: (651) 227-3922

County: Ramsey  
 MIN House of Rep District: 66B U.S. House of Rep District: 4

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 and a cover letter that would demonstrate your interest and qualifications to the Appointing Authority.

**Part III: 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 MN Stat §15.0897

Sex: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Age: 37	Disability: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Political Party: <input checked="" type="checkbox"/> Democrat- Farmer-Labor <input type="checkbox"/> Independence <input type="checkbox"/> Republican <input type="checkbox"/> No Party Preference Other _____	Hispanic, Latino, or Spanish origin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Race: (As listed on United States Census 2010) (Pick as many as apply)	<input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black African Am., or Negro <input type="checkbox"/> Chinese	<input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander Other Race _____	

**Part IV: Signature and Submittal Instructions**

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.  
 (Signature of Applicant) (If another person or group is nominating the applicant, the applicant's signature indicates consent to nomination.)  
 December 27, 2010 (Date)

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) 298-9073  
 Phone: (651) 556-0843  
 Email: open.appointments@state.mn.us

Applicants will not receive an acknowledgement of authorized applicants; the appointing authority will notify you if an interview is desired.

FOR OFFICE USE:  
 Submitted \_\_\_\_\_

Governor  
 01/05/2011