

STATE OF MINNESOTA



MARK DAYTON
GOVERNOR

RECEIVED

MAR 8 2011

President of the Senate

NOTICE OF APPOINTMENT

Adam Duininck

3628 24th Avenue South
Minneapolis, MN 55406
County of Hennepin
Congressional District 5

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 8 Representative

METROPOLITAN COUNCIL

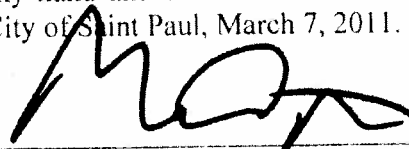
Effective: March 7, 2011


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it all rights, powers, duties and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.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

**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.)

Position Sought: Board Member
(Membership position sought or enter "member" if no specific requirements exist for position sought.)

President of the Senate

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: * Adam Duinick
(First Name) (Last Name)

Preferred Mailing Address: * 3628 24th Ave S. Minneapolis MN 55406
(Street) (City) (State) (Zip)

E-MAIL: * aduinick@local49.org

Work Phone: * (612) 877 - 3736

Home Phone: (612) 724 - 9052

County: Hennepin

Have you ever been convicted of a felony: Yes No X

MN House of Rep District: 62A U.S. House of Rep District: CD 5

Did the Appointing Authority suggest you submit your application? Yes No X

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 §15.0597

Sex: <u> </u> Female <u>X</u> Male	Age: <u> </u> 30 <u> </u>	Disability: <u> </u> Yes <u>X</u> No	Political Party: <u>X</u> Democratic-Farmer-Labor <u> </u> Independence <u> </u> Republican <u> </u> No Party Preference <u> </u> Other <u> </u>	Hispanic, Latino, or Spanish origin? Yes <u> </u> No <u>X</u>
Race: <u> </u> White (As listed on United State Census 2010) (Pick as many as apply)	<u> </u> American Indian or Alaska Native <u> </u> Asian Indian <u> </u> Black, African Am., or Negro <u> </u> Chinese	<u> </u> Guamanian or Chamorro <u> </u> Filipino <u> </u> Korean <u> </u> Japanese <u> </u> Native Hawaiian	<u> </u> Samoan <u> </u> Vietnamese <u> </u> Other Asian <u> </u> Other Pacific Islander <u> </u> Other Race <u> </u>	

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.) _____ (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) 296-9073
Phone: (651) 556-0643
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.

FOR Governor
Sub AA: 01/19/2011
Tran: _____

