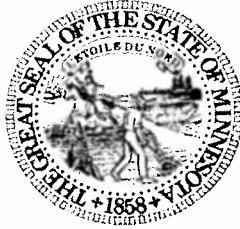


STATE OF MINNESOTA



**MARK DAYTON**  
**GOVERNOR**

NOTICE OF APPOINTMENT

**Nancy Gibson**

**RECEIVED**

2712 Glenhurst Avenue  
St. Louis Park, MN 55416  
County of Hennepin  
Congressional District 5

MAR 1 2012

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 office of:

**GOVERNOR'S DESIGNEE**

**LEGISLATIVE-CITIZEN COMMISSION ON MINNESOTA  
RESOURCES**

Effective: March 6, 2012

Term Expires: January 4, 2016

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it all rights, powers, duties and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.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 1, 2012.



*Mark Dayton*  
\_\_\_\_\_  
Governor

*Mark Ritchie*  
\_\_\_\_\_  
Secretary of State

Reappointment

**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.*

**Part I - Tell us about the Position to which you are applying**

*Required Information (MN Stat § 15.0597 Subd. 5.)*

Agency Name: LCCMR Position Sought: commission member  
(Name of board, council, commission or task force.) (Membership position sought or enter "member".)

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

**Part II - Tell us about Yourself**

*Required Information (MN Stat § 15.0597 Subd. 5.)*

Applicant Name: Nancy Gibson Preferred Phone: 952 927-5512  
(First Name) (Last Name)  
 Preferred Mailing Address: 2712 Glenhurst Ave. E-MAIL: nangibson@comcast.net  
(Preferred Mailing Address)  
St. Louis Park MN 55416 County: Hennepin  
(City) (State) (Zip) MN House of Rep Dist: 44B US House of Rep Dist: 5  
 Find your districts by using the Poll Finder at: <http://pollfinder.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 X No \_\_\_\_\_

*Please attach a cover letter, current resume, or other information that you feel would be helpful to the Appointing Authority.*

**Part III: OPTIONAL STATISTICAL INFORMATION**

*The following information is optional and voluntary (MN Stat §15.0597 Subd. 5.).  
 Information is collected for, and compiled in, the annual report on the open appointments process pursuant to MN Stat §15.0597 Subd. 7.*

Sex: Female X Age: 62 Disability: Yes \_\_\_\_\_ No X Political Party: X Democratic-Farmer-Labor  
 Male \_\_\_\_\_ Independence \_\_\_\_\_  
 Republican \_\_\_\_\_  
 No Party Preference \_\_\_\_\_  
 Other \_\_\_\_\_

Hispanic, Latino, or Spanish origin? Yes \_\_\_\_\_ No X

Race: \_\_\_\_\_ African American or Black  
 \_\_\_\_\_ American Indian or Alaska Native  
 \_\_\_\_\_ Asian or Pacific Islander  
X White or Caucasian  
 \_\_\_\_\_ Other Race \_\_\_\_\_

**RECEIVED**

MAR 1 2012

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

President of the Senate

[Signature]  
 (Signature of Applicant)

2/22/2012  
 (Date)

**MAIL OR SUBMIT IN PERSON:**  
 Office of Secretary of State  
 Open Appointments  
 180 State Office Building  
 100 Rev Dr Martin Luther  
 King Jr Blvd  
 St. Paul, MN 55155-1299

Phone: (651) 297-5845  
 Email: [open\\_appointments@state.mn.us](mailto:open_appointments@state.mn.us)  
 Online application:  
<http://www.sos.state.mn.us/index.aspx?page=5>

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

**FOR OFFICE USE:**  
 Sub by AA: \_\_\_\_\_  
 AA: \_\_\_\_\_  
 Trans Date: \_\_\_\_\_

Rev.09-2011