

STATE OF MINNESOTA

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President of the Senate



MARK DAYTON
GOVERNOR

NOTICE OF APPOINTMENT

Frank Jewell

2701 Northridge Drive
Duluth, MN 55811
County of St. Louis
Congressional District 8

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:

RURAL COUNTY REPRESENTATIVE

CLEAN WATER COUNCIL


Effective: November 15, 2011

Term Expires: January 5, 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it all rights, powers, duties and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.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, November 15, 2011.





Governor



Secretary of State

STATE OF MINNESOTA OPEN APPOINTMENTS APPLICATION FOR SERVICE ON STATE AGENCIES, BOARDS, COUNCILS, 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: * Clean Water Council
(Please write the Name of board, council, commission or task force to which you are applying.)

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: * Frank Jewell
(First Name) (Last Name)

E-MAIL: * Jewell@stlouiscountymn.gov

Country: St Louis
MN House of Rep District: 6B U.S. House of Rep District: 8th

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: <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Age: <u>61</u>	Disability: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Political Party: <input checked="" type="checkbox"/> Democratic-Farmer-Labor <input type="checkbox"/> Independence <input type="checkbox"/> Republican <input type="checkbox"/> No Party Preference <input type="checkbox"/> Other
Race: (As listed on United State 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 <input type="checkbox"/> Other Race	Hispanic, Latino, or Spanish origin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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
Paul, MN 55-1299

FAX: (651) 296-9073
Phone: (651) 556-0643
Email: open.appointments@state.mn.us

Governor
09/14/2011