

STATE OF MINNESOTA



MARK DAYTON  
GOVERNOR

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JUN 30 2011

President of the Senate

NOTICE OF APPOINTMENT

**Michael McKay**

30895 Lakeview Avenue  
Red Wing, MN  
County of Goodhue  
Congressional District 2

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:

**ENVIRONMENTAL ORGANIZATION REPRESENTATIVE**

**CLEAN WATER COUNCIL**

Effective: June 30, 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it all rights, powers, duties and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.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, June 29, 2011.



Reappointment

  
Governor  
  
Secretary of State

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.  
 All information 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 AND POLLUTION CONTROL AGENCY  
 (Please write the Name of board, council, commission or task force to which you are applying.)

Position Sought: MEMBER REPRESENTING AN ENVIRONMENTAL ORG.  
 (Membership position sought or enter "member" if no specific requirements exist for position sought.)

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: \* MICHAEL MCKAY  
 (First Name) (Last Name)

Preferred Mailing Address: \* 30895 LAKEVIEW AVE Red Wing, MN 55066  
 (Street) (City) (State) (Zip)

E-MAIL: \* MCMCKAY@HSEI.COM

Work Phone: \* (651) 385-5541

Home Phone: (651) 388-2230

County: COONAPUE

MN House of Rep District: 289 U.S. House of Rep District: 2nd

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 §15.0597

Sex: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Age: <u>60</u>	Disability: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Political Party: <input type="checkbox"/> Democratic-Farmer-Labor <input type="checkbox"/> Independence <input checked="" type="checkbox"/> Republican <input type="checkbox"/> No Party Preference <input type="checkbox"/> Other	Hispanic, Latino, or Spanish origin? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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	JUL 18 2011

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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) Michael McKay (Date) July 8, 2011

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: <a href="mailto:open_appointments@state.mn.us">open_appointments@state.mn.us</a>	Applicants will not receive an acknowledgment of submitted applications; the appointing authority will notify you if an interview is desired.	FOR OFFICE USE: Sub by AA: _____ AA: _____ Trans Date: _____
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