

STATE OF MINNESOTA



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MARK DAYTON
GOVERNOR

President of the Senate

NOTICE OF APPOINTMENT

Edward Reynoso

3606 145th Avenue North East
Ham Lake, MN 55304
County of Anoka
Congressional District 6

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it all rights, powers, duties and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.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

**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

Position Sought: Council Member

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

(Membership position sought or enter "member" if no specific requirements exist for position sought.)

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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: * Edward Reynoso
 (First Name) (Last Name)

E-MAIL: ateamster@msn.com
 Work Phone: (612) 331-3456
 Home Phone: (763) 767-6826

Country: Anoka
 MN House of Rep District: 49A U.S. House of Rep District: 6th CD
 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 type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Age: <u>47</u>	Disability: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Political Party: <input checked="" type="checkbox"/> Democratic-Farmer-Labor <input type="checkbox"/> Independence <input type="checkbox"/> Republican <input type="checkbox"/> No Party Preference Other _____	Hispanic, Latino, or Spanish origin? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Race: (As listed on United States Census 2010) (Pick as many as apply)	White American Indian or Alaska Native Asian Indian Black, African Am., or Negro Chinese	Guamanian or Chamorro Filipino Korean Japanese Native Hawaiian	Samoan Vietnamese Other Asian 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) Edward Reynoso (Date) 3-3-11
 (* If another person or group is nominating the applicant, the applicant's signature indicates consent to nomination.)

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 acknowledgment of submitted applications; the appointing authority will notify you if an interview is desired.

FOR OFFICE USE:
 Sub by AA: _____
 AA: _____
 Trans Date: _____