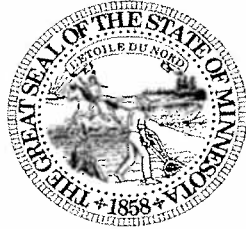


STATE OF MINNESOTA



**MARK DAYTON**  
**GOVERNOR**

NOTICE OF APPOINTMENT

**Edward Reynoso**

3606 – 145<sup>th</sup> Avenue Northeast  
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: July 17, 2013  
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it all rights, powers, duties, and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.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, July 12, 2013.



Reappointment

  
Governor

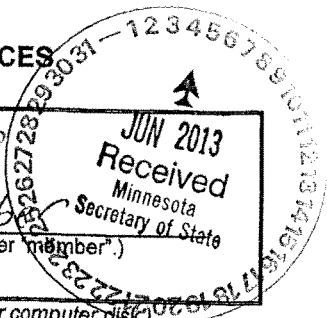
  
Secretary of State

**RECEIVED**

JUL 12 2013

President of the Senate

**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: Metropolitan Council  
 (Name of board, council, commission or task force.)

Position Sought: District 9 Council Member  
 (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: Edward Reynoso  
 (First Name) (Last Name)

Preferred Phone: (612) 710-0944

Preferred Mailing Address: 3606 145th Ave NE  
 (Preferred Mailing Address)  
Ham Lake MN 55304  
 (City) (State) (Zip)

E-MAIL: ateamster@msn.co

County: Anoka

MN House of Rep Dist: \_\_\_\_\_ US House of Rep Dist: 6  
 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 \_\_\_\_\_ Male X

Age: \_\_\_\_\_

Disability: Yes \_\_\_\_\_ No X

Political Party:  
 Democratic-Farmer-Labor  
 \_\_\_\_\_ Independence  
 \_\_\_\_\_ Republican  
 \_\_\_\_\_ No Party Preference  
 \_\_\_\_\_ Other \_\_\_\_\_

Hispanic, Latino, or Spanish origin?  
 Yes Mexican/American  
 \_\_\_\_\_ No

Race: (Pick as many as apply)  
 \_\_\_\_\_ African American or Black  
 \_\_\_\_\_ American Indian or Alaska Native  
 \_\_\_\_\_ Asian or Pacific Islander

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

Edward Reynoso  
 (Signature of Applicant)

6-4-13  
 (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

JUL 12 2013

President of the Senate