

STATE OF MINNESOTA



**MARK DAYTON**  
**GOVERNOR**

**RECEIVED**

MAR 8 2011

President of the Senate

NOTICE OF APPOINTMENT  
**Roxanne Smith**

10118 Fernwood Lane  
Champlin, MN 55316  
County of Hennepin  
Congressional District 3

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:

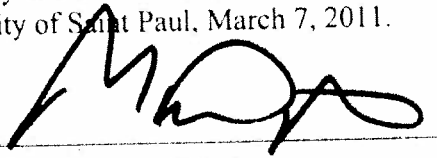
**District 1 Representative**  
**METROPOLITAN COUNCIL**

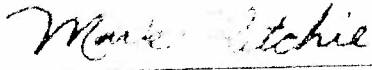
Effective: March 7, 2011  
Term Expires: January 1, 2015

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it all rights, powers, duties and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.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

RECEIVED

8 2010

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

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

DEC 2010  
Received  
Secretary of State

President of the Senate

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: Roxane Smith  
(First Name) (Last Name)

Preferred Mailing Address: 10118 Fernwood Ln Champlin MN  
(Street) (City) (State) (Zip) 55316

E-MAIL: rsstjoes@yahoo.com

Work Phone: (763) 455-6905  
Home Phone: (763) 323-1338

County: Wend  
Have you ever been convicted of a felony: Yes  No

MIN House of Rep District: U.S. House of Rep District  
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>50</u>	Disability: <input checked="" type="checkbox"/> Yes <input 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	Hispanic, Latino, or Spanish origin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Race: <input checked="" type="checkbox"/> White (As listed on United State Census 2010) (Pick as many as apply)	<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	

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) Roxane Smith (Date) 12-23-2010  
(Signature of Applicant) (\* 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  
780 State Office Building  
100 Rev. Dr. Martin Luther King, Jr. Blvd  
St. Paul, MN 55155-1299  
FAX: (651) 296-9073  
Phone: (651) 556-0843  
Email: open.appointments@state.mn.us  
Applicants will not receive an acknowledgement of submitted applications; the appointing authority will notify you if an interview is desired.  
FOR OFFICE USE: Governor  
12/29/2010