

**STATE OF MINNESOTA**  
Executive Department



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JUN 23 2021

**Governor Tim Walz**

President of the Senate

**NOTICE OF APPOINTMENT**

**James Nardone**

Because of the special trust and confidence I have in your integrity, judgment, and ability, I have appointed you to the office of:

**Member**

**Gambling Control Board**

Effective: June 23, 2021

Expires: June 30, 2024

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it all rights, powers, duties, and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.

Signed and sealed June 18, 2021.



Handwritten signature of Tim Walz in black ink.

**Tim Walz**  
Governor

Handwritten signature of Steve Simon in black ink.

**Steve Simon**  
Secretary of State

Reappointment

Filed June 18, 2021  
Office of the Minnesota  
Secretary of State  
Steve Simon

# Application for the position Member

## Part I: Position Sought

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**Agency Name:** Gambling Control Board  
**Position:** Member

## Part II: Applicant Information

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**Name:** James Nardone  
**Phone:** (218) 326-4908  
**County:** Itasca  
**Mn House District:** 05B  
**US House District:** 8  
**Recommended by the Appointing Authority:** False

## Part III: Appending Documentation

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### Cover Letter and Resume

Type	File Type
Cover Letter	application/pdf
Resume	application/pdf

### Additional Documents (.doc, .docx, .pdf, .txt)

Type	File Name
Publication	nardone-james-application-gambling.pdf

**Veteran:** No Answer

## Part V: Signature

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**Signature:** James Nardone  
**Date:** 4/14/2021 8:15:13 AM

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**OPEN APPOINTMENTS APPLICATION FOR SERVICE ON MINNESOTA  
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 (Braille, large print, audio tape, etc.)

**Part I: Position Sought**  
Required Information (MN Stat § 15.0597 Subd. 5.)

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Agency Name: Gambling Control Board Position: Member  
Name of board, council, commission or task force Membership position sought or enter "member"

President of the Senate

**Part II: Applicant Information**  
Required Information (MN Stat § 15.0597 Subd. 5.)

Name: James Nardone Phone: ( 218 ) 326 - 4908  
First Last

Mailing Address: 2606 Audrey Lane Email: jimmardone1@yahoo.com  
Grand Rapids Minnesota 55744 County: Itasca  
City State ZIP Code

MN House of Rep Dist: 5B US House of Rep Dist: 8  
 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 \_\_\_\_\_

**Attach a cover letter, 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.

Gender: Female \_\_\_\_\_ Male x  
 Veteran Status: Yes; x No: \_\_\_\_\_  
 Disability: Yes \_\_\_\_\_ No x  
 Political Party: x Democratic-Farmer-Labor  
 \_\_\_\_\_ Independence  
 \_\_\_\_\_ Republican  
 \_\_\_\_\_ No Party Preference  
 \_\_\_\_\_ Other \_\_\_\_\_  
 Hispanic, Latino or Spanish origin: \_\_\_\_\_ Yes  
 \_\_\_\_\_ x No  
 Age: \_\_\_\_\_

Race: \_\_\_\_\_ African American or Black  
 \_\_\_\_\_ American Indian or Alaska Native  
 \_\_\_\_\_ Asian or Pacific Islander  
 \_\_\_\_\_ White or Caucasian  
 \_\_\_\_\_ Other Race \_\_\_\_\_

(Check as many as apply)

**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.)

James Nardone Applicant Signature 4-9-21 (Date)

Mail or Submit In Person: Office of Secretary of State  
 Open Appointments  
 180 State Office Building  
 Phone: (651) 297-5845  
 Email: [open.appointments@state.mn.us](mailto:open.appointments@state.mn.us)

Applicants will not receive an acknowledgement of submitted applications; the  
**FOR OFFICE USE:**  
 Sub by AA: \_\_\_\_\_  
 AA: \_\_\_\_\_  
 Trans Date: \_\_\_\_\_

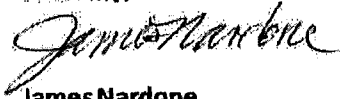
Office of the Governor

Appointments Office

April 8, 2021

I am seeking appointment to the open seat on the Gambling Control Board . During my previous time on the board I attended regularly and provided a Northern Minnesota perspective. I enjoyed my service at that time and would like to continue.

Sincerely,



James Nardone

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President of the Senate

**From: James Nardone**  
2606 Audrey Lane  
Grand Rapids, Mn. 55744

**Date: March 9, 2020**

**Statement of Interest**

I am seeking re-appointment to the Gambling Control Board after having faithfully attended regular and special board meetings. I am the only board member from Greater Minnesota, I have a special interest in organizations located in smaller and more remote parts of Minnesota.

**Biographical Information**

U.S. Air Force Veteran

Graduate of the University of Minnesota Duluth

Retired Itasca County Social Worker

Member of Grand Rapids Eagles Club

**Community Volunteer**

Former board member and Chair of First Call for Help Information and Referral Service

Former member of Itasca Partnership for Quality Health

Former Regional Health and Advisory Council

Iron Range Labor Assembly retiree

**Statewide Board Member**

MN State Arts Board 1986—1995

MN Board of Nursing 1998—2006

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