



STATE of MINNESOTA

Executive Department

Governor Tim Walz

NOTICE OF APPOINTMENT

James Nardone

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:

Member

Gambling Control Board

Effective: July 3, 2024

Expires: June 30, 2028

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it all rights, powers, duties, and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.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 28, 2024.

Handwritten signature of Tim Walz in black ink.

Tim Walz, GOVERNOR

Handwritten signature of Steve Simon in black ink.

Steve Simon, SECRETARY OF STATE



Filed June 28, 2024
Office of the Minnesota
Secretary of State
Steve Simon

RECEIVED

JUN 28 2024

Reappointment

President of the Senate

**Application for the position Member (Governor Appointment) Application Date: 5/30/2024
12:04:11 PM**

Note: If your application needs to be amended, including updates to any uploaded documents, contact open.appointments@state.mn.us. Please provide your name, board, position you've applied to, and any other documentation you'd like included in your application along with a brief summary of your request.

Part I: Position Sought

Agency Name: Gambling Control Board
Position: Member (Governor Appointment)

Part II: Applicant Information

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

Part III: Appending Documentation

Cover Letter and Resume

Type	File Type
Cover Letter	application/pdf

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

Type	File Name
No additional documents found.	

Part V: Signature

Signature: James Nardone
Date: 5/30/2024 12:04:11 PM

RECEIVED

JUN 28 2024

President of the Senate

TO: Office of the MN Secretary of State.
Open appointments application for Mn Gambling Control Board

From: James "Jim" Nardone

Date: May 28 2024

I am seeking re-appointment to the MN GAMBLING CONTROL BOARD having previously served prior terms.

I have attended meetings faithfully to serve the standards of the citizens of Minnesota and the statewide charitable gambling industry as prepared, courteous, and professional as would be expected of board members.

Prior biographical data and qualifications might still be on file. However I would be glad to furnish further details as required.

Whatever transpires I am proud and honored to have been associated with the GCB.

Thank you.

James Nardone
2606 Audrey Lane
Grand Rapids MN 55744
(218) 326 4908

jimnardone1@yahoo.com

RECEIVED

JUN 28 2024

President of the Senate

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.)

Agency Name: Gambling_Control Board

Position: Member
Membership position sought or enter "member"

Name of board, council, commission or task force

Part II: Applicant Information

Required Information (MN Stat § 15.0597 Subd. 5.)

Name: James Nardone

Phone: (218) 326 - 4908

First Last

Email: jimnardone1@yahoo.com

Mailing Address: 2606 Audrey Lane

County: Itasca

Grand Rapids Minnesota 55744

City State ZIP Code

MN House of Rep Dist: 6A 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:

RECEIVED

Race:

(Check as many as apply)

____ African American or Black
____ American Indian or Alaska Native
____ Asian or Pacific Islander

____ White or Caucasian

____ Other Race _____

JUN 28 2024

Part IV: Signature and Submittal Instructions

President of the Senate

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

May 28 2024
(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

Applicants will not receive an acknowledgement of submitted applications; the

FOR OFFICE USE:

Sub by AA: _____

AA: _____

Trans Date: _____