

MINNESOTA SECRETARY OF STATE NOTICE OF INTENT TO APPOINT

(One copy of this form is to be completed for each appointment)

IT IS THE INTENT OF THE AD	POINTING AUTHORITY TO APPOINT:	Q14151617181933
IT IS THE INTENT OF THE AL	Mary Gales-Wenz	1157 FILED
	Name of appointed member	NOV 2010
		(MN) SECRETARY
	4337 Onyx Drive, Eagan, MN 55122	teve Pinner
(* This information will	Preferred Mailing Address* appear on the Office of the Secretary of State web site: w	ww.sos.state.mn.sel - 18088080
AS A MEMBER OF THE: Behav	ioral Health Planning Council	
	Name of board, council, commission, or task force	
FOR A TERM BEGINNING: Feb	ruary 1, 2016 AND ENDING November 1, 2020	
TO SERVE AS: Representative of	f Mental Health Promotion Providers	
Type of member: i.e., res	ident of specific district/county, public or professional mem	ber, etc. as required by law
DEDITIONS TO E AND IN		
REPLACING: Term Extension	previous member or indicate "New Position" or "Reappoint	ment"
tune or p	nevious memory of market vivil resident of market	
I affirm that the foregoing is a full	and true statement pursuant to Minnesota Sta	ntutes 15.0597, subdivision 6.
	(10. Chusteal	
Appointing Authority:	Date:	11/18/2019
	Signature	
defined in Minnesota Statutes 15.05	ision 6, requires that the appointing authority for a 97, subdivision 1, submit written notification of the int at least five days before the effective date of the	ne name of the person the
If the appointing authority intends to an application, the appointing author Secretary of State with the complete	appoint a person other than one for whom the Serity shall complete an application on behalf of the d Notice of Intent to Appoint form.	ecretary of State has forwarded appointee and submit it to the
Mail or fax this completed form to:	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	201958

Or deliver in person to:

Room 180 of the State Office Building.

Phone: 651-297-5845



Minnesota Department of Human Services
Elmer L. Andersen Building
Commissioner Jodi Harpstead
Post Office Box 64998
St. Paul, Minnesota 55164-0998

November 21, 2019

Mary Gales-Wenz 4337 Onyx Drive Eagan, MN 55122

Re: Behavioral Health Planning Council - Representative of Mental Health Promotion Providers

Dear Ms. Mary Gales-Wenz:

I want to express my sincere appreciation for your continued interest and willingness to participate as a member on the (DHS) Behavioral Health Planning Council. As discussed, your term has been extended for an additional year through November 1, 2020.

The Behavioral Health Planning Council meets bi-monthly from 10am-2pm. The first full meeting of the Behavioral Health Planning Council is scheduled for February 3, 2020.

Thank you again for your time on this Council. If you have any questions, please contact Maggie Jarry, at (651) 356-1570.

Sincerely,

Jodi Harpstead Commissioner

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