Form #2204 Rev 9/2017

Submit to: SECRETARY OF STATE Government Filings Section P O Box 12887 Austin, TX 78711-2887 512-463-6334 FAX 512-463-5569

Filing Fee: None

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## **OATH OF OFFICE**

IN THE NAME AN	D BY THE AUTHORIT	ΓY OF THE STA	ATE OF TEX	XAS,		
I, Christopher John	, do solemnly swear (or affirm), that I will faithfully					
execute the duties of	the office of Ector Cour	nty ISD, Board of	Trustee, Pos	ition 4	of	
	nd will to the best of my		protect, and	defend the Cons	stitution and laws	
of the United States a	and of this State, so help i	me God.				
		G: 4 CC	> cc			
		Signature of C	Officer			
	Certification of Per	rson Authorized	to Adminis	ter Oath		
-						
State of Texas						
County of <u>Ector</u>						
	1 11 0	11	1 0	3.4	20. 21	
Sworn to and subscri	ibed before me on this _	11	day of	May	, 2021	
(Affix Notary Seal,						
only if oath						
administered by a						
notary.)						
		Signature of N	Jotary Public	e or		
		_	gnature of Notary Public or gnature of Other Person Authorized to Administer An			
		Oath				
		Printed or Typ	oed Name			

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