

Submit to:  
SECRETARY OF STATE  
Government Filings Section  
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Filing Fee: None



OATH OF OFFICE

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF TEXAS,  
I, Sherrie Parks, do solemnly swear (or affirm), that I will faithfully  
execute the duties of the office of Dripping Springs City Council Member Place 5 of  
the State of Texas, and will to the best of my ability preserve, protect, and defend the Constitution and laws  
of the United States and of this State, so help me God.

Sherrie Parks, Council Member Place 5

Certification of Person Authorized to Administer Oath

State of Texas

County of Hays

Sworn to and subscribed before me on this 16<sup>th</sup> day of May, 2023.

Signature of Other Person Authorized to Administer An Oath

Printed or Typed Name