Form #2201 Rev. 05/2020 Submit to: SECRETARY OF STATE Government Filings Section P O Box 12887 Austin, TX 78711-2887 512-463-6334 512-463-5569 - Fax Filing Fee: None



## Statement

| thing of value, or promised any public office or em              | , do solemnly swear (or affirm) that I have not y, contributed, or promised to contribute any money or uployment for the giving or withholding of a vote at the ure my appointment or confirmation, whichever the case |
|--|--|
| Title of Position to Which Elected/Appointed:                    |  |
| Montgomery Crime Control and Prevention District                 | Place 7 Board Member   |
| Exe  | ecution  |
| Under penalties of perjury, I declare that I have read are true. | I the foregoing statement and that the facts stated therein  |
| Date: 05/19/2025   |  |
| · · · · · · · · · · · · · · · · · · ·                            | nature of Officer  |

This space reserved for office use 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



| OATH | OF | <b>OFFI</b> | CE |
|------|----|-------------|----|
|      |    |             |    |

| IN THE NAME AND BY THE AUTHORITY OF THE STATE OF TEXAS,  I, Michael Ghutzman, do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Montgomery Crime Control & Prevention District Place 7 Board Member 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. |  |  |
|---|--|--|
|   | Signature of Officer   |  |
|   |  |  |
| Certification of Per  | rson Authorized to Administer Oath   |  |
| State of  |  |  |
| County of   |  |  |
| Sworn to and subscribed before me on this _   | , day of, 20   |  |
| (Affix Notary Seal, only if oath administered by a notary.)   |  |  |
|   | Signature of Notary Public or<br>Signature of Other Person Authorized to Administer An<br>Oath |  |
|   | Printed or Typed Name  |  |

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