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

This space reserved for office use



OATH OF OFFICE

IN THE NAME AND BY THE AUTHORITY I, Carol Langley execute the duties of the office of Crime Conthe State of Texas, and will to the best of my of the United States and of this State, so help	, do solemnly swear (or affiri trol and Prevention District Place 1 E ability preserve, protect, and defend the	
	Signature of Officer	
Certification of Pe	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 Signature of Other Person Authorize Oath	ed to Administer An
	Printed or Typed Name	

Form 2204

3

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

This space reserved for office use



OATH OF OFFICE

IN THE NAME AND BY THE AUTHORIT	, do solemnly swear (or affirm), that I will faithfully
	atrol and Prevention District Place 2 Board Member of ability preserve, protect, and defend the Constitution and laws me God.
	Signature of Officer
Certification of Pe	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 Signature of Other Person Authorized to Administer An Oath
	Printed or Tyned Name

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 OFFICE

This space reserved for office use

	, do solemnly swear (or affirm), that I will faithfully trol and Prevention District Place 3 Board Member of ability preserve, protect, and defend the Constitution and laws
	Signature of Officer
Certification of Pe	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 Signature of Other Person Authorized to Administer An Oath
	Printed or Typed Name

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

This space reserved for office use

OATH OF OFFICE

	, do solemnly swear (or affirm), that I will faithfully trol and Prevention District Place 4 Board Member of ability preserve, protect, and defend the Constitution and laws
	Signature of Officer
Certification of Pe	rson Authorized to Administer Oath
State of	
County of	<u></u>
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 Signature of Other Person Authorized to Administer An Oath
	Printed or Typed Name

3

Form 2204

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

This space reserved for office use



OATH OF OFFICE

IN THE NAME AND BY THE AUTHORITIES. I, Joel Gordon execute the duties of the office of Crime Conthe State of Texas, and will to the best of my of the United States and of this State, so help	, do solemnly swear (or affirm trol and Prevention District Place 5 B ability preserve, protect, and defend the	oard Member of
	Signature of Officer	MANAMATAN AND AND AND AND AND AND AND AND AND A
Certification of Pe	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 Signature of Other Person Authorized Oath	d to Administer An
	Printed or Typed Name	

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 OFFICE

This space reserved for office use

IN THE NAME AND BY THE AUTHORIT I, T.J. Wilkerson execute the duties of the office of Crime Cont the State of Texas, and will to the best of my of the United States and of this State, so help to	, do solemnly swear (or affirm), that I will faith trol and Prevention District Place 6 Board Member ability preserve, protect, and defend the Constitution and I	_ of
	Signature of Officer	
Certification of Per State of County of		
	day of, 20_	·
(Affix Notary Seal, only if oath administered by a notary.)	Signature of Notary Public or Signature of Other Person Authorized to Administer A Oath	
	Printed or Typed Name	

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

TE OF

This space reserved for office use



OATH OF OFFICE

IN THE NAME AND BY THE AUTHORI' I, Michael Ghutzman execute the duties of the office of Crime Con the State of Texas, and will to the best of my of the United States and of this State, so help	, do solemnly swear (or affirm trol and Prevention District Place 7 B ability preserve, protect, and defend the	oard Member of
	Signature of Officer	
Certification of Pe	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 Signature of Other Person Authorized Oath	I to Administer An
	Printed or Tyned Name	