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 OF OFFICER

Statement

I, Dale Christianson, do solemnly swear (or affirm) that I have not directly or indirectly paid, offered, promised to pay, contributed, or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.

Title of Position to Which Elected/Appointed: Council Member Place 6

Port Aransas, Nueces County, Texas

Execution

Under penalties of perjury, I declare that I have read the foregoing statement and that the facts stated therein are true.

Date: 5/16/24

Dale J Christianson
Signature of Officer

Form #2204 Rev 9/2017	This space reserved for office use
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**

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF TEXAS,

I, Dale Christianson, do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Port Aransas City Council Place 6 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 Person Authorized to Administer Oath

State of Texas

County of Nueces

Sworn to and subscribed before me on this 16th day of May, 2024.

(Affix Notary Seal, only if oath administered by a notary.)

Signature of Notary Public or
Signature of Other Person Authorized to Administer An Oath

Duncan Neblett

Printed or Typed Name