## Oath of Office

STATE OF WASHINGTON	)	
COUNTY OF DOUGLAS	) ss. )	
l,	· · · · · · · · · · · · · · · · · · ·	, do solemnly swear or
affirm that I am a citizen of the	e United States ar	nd the State of Washington; that I am
legally qualified to assume the	e office of	· · · · · · · · · · · · · · · · · · ·
that I will support the Constitu	ition and the laws	of the United States of America and
the State of Washington; and	that I will faithfully	and impartially perform the duties of
this office to the best of my at	oility.	
	Signed	d:
	Printe	d:
	Addre	ss:
Subscribed and sworn before	me this da	ay of, 20
	Signed	d: (Official administering Oath)
		(Printed Name & Title of official)

Signatures must be acknowledged by a school district or education service district superintendent, a notary public or other official authorized to administer oaths.

Submit one original to the County Auditor.