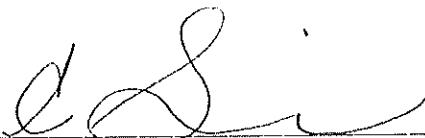


STATE OF \_\_\_\_\_ } ss.  
County of \_\_\_\_\_

The undersigned who has been reappointed to the office of  
**MEMBER, BOARD OF HEALTH**

but has not yet entered upon the duties thereof, swears that she will support the constitution of the United States and the constitution of the State of Wisconsin, and will faithfully discharge the duties of said office to the best of her ability.

  
\_\_\_\_\_  
ERICKA SINCLAIR

Subscribed and sworn to before me this 17 day of  
Oct., 2024.

  
\_\_\_\_\_  
CITY CLERK

My commission expires 7-5-2028

