

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

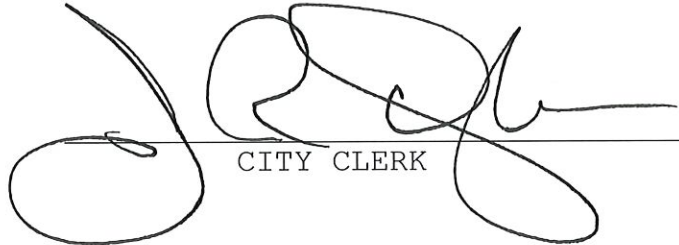
The undersigned who has been appointed to the office of

**Commissioner, Milwaukee Health Department**

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.

  
\_\_\_\_\_  
Kirsten L. Johnson

Subscribed and sworn to before me this 1<sup>st</sup> day of  
March, 2021.

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

My commission expires \_\_\_\_\_