



THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I Darrel Pierce 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.

Darrel Pierce

Affiant's Signature

Darrel Pierce

Printed Name

Hopkins County Health Authority

Position to Which Elected/Appointed

Sulphur Springs, Hopkins Co.

City and/or County

SWORN TO and subscribed before me by affiant on this 9 day of April 2024

Robert Newson

Signature of Person Authorized to Administer Oaths/Affidavits

Robert Newson

Printed Name

County Judge

Title





OATH OF OFFICE

For Local Health Authorities in the State of Texas

I, Darrel Pierce, do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Health Authority 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.

Darrel Pierce
Affiant

1240 Shannon Rd E 75432
Mailing Address ZIP

903 307-9184
(Area Code) Phone Number (day and evening)

darrel@pierce-md.com
Email Address

SWORN TO and subscribed before me this 9 day of April, 2024

Robert Newcom
Signature of Person Administering Oath

Robert Newcom
Printed Name

County Judge
Title

