



## THE STATE OF TEXAS

### Statement of Elected/Appointed Officer

(Please type or print legibly)

I Michael Kelley 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.

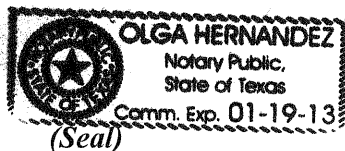
Michael Kelley MD  
Affianced Signature

Michael Kelley, M.D.  
Printed Name

Alternate Health Authority  
Position to Which Elected/Appointed

Austin/Travis County  
City and/or County

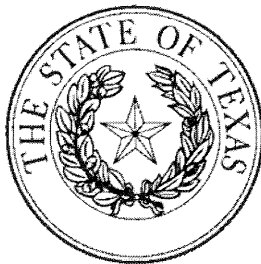
SWORN TO and subscribed before me by affiant on this 16<sup>th</sup> day of August 2010.



[Signature]  
Signature of Person Authorized to Administer  
Oaths/Affidavits

Olga Hernandez  
Printed Name

Notary Public for the State of Texas  
Title



## OATH OF OFFICE

### For Local Health Authorities in the State of Texas

I, Michael Kelley, M.D., do solemnly swear (or affirm),  
that I will faithfully execute the duties of the office of Alternate 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.

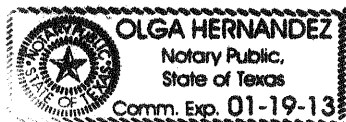
Michael Kelley MD  
Affiant

15 Waller Street Austin, Texas 78702  
Mailing Address ZIP

512 413-0153 512-268-0114  
(Area Code) Phone Number (day and evening)

michael.kelley@ci.austin.tx.us  
Email Address

SWORN TO and subscribed before me this 16<sup>th</sup> day of August, 2010.



(Seal)

Olga Hernandez  
Signature of Person Administering Oath

Olga Hernandez  
Printed Name

Notary Public for the State of Texas  
Title