



CITY OF SAINT PAUL

P.O. BOX 901
SAINT PAUL ISLAND, ALASKA
99660-0901
(907) 546-3100
FAX 1-866-570-9745

OATH OF OFFICE

I, April Kushin do solemnly swear

that I will support and defend the Constitution of the United States,

the Constitution of the State of Alaska and

the City Code of Ordinances,

and that I will honestly, faithfully and impartially discharge my duties

as a City Councilmember to the best of my ability.

Signature

Printed name

Attest:

City Clerk

Date