OATH OF OFFICE



STATE OF WASHINGTON)
COLINTY OF SNOHOMISH)ss
COUNTY OF SNOHOMISH)

I, Sara Fagerlie	, do solemnly swear (or affirm) that I	
will support the Con	stitution and Laws of the United States and the	
Constitution and La	ws of the State of Washington, and that I will	
faithfully and impart	ially perform and discharge the duties of the offic	е
of Snohomish S	chool District No. 201	
	jurisdiction or district	_
Director District	#2	for
office	position	
a 4-Year term length	term according to law to the best of my ability	у.
	San Lel	
	Signature of elected or appointed official	
Note: The following can admin clerks, school officials	ister the oath: judges, notary publics, county auditors or deputies, city/town	
Subscribed and sworn t	to before me this <u>11th</u> day of <u>December</u> , <u>201</u>	9
Signature	Ktklhn	
Official Tit	le Superintendent	

Return to: Snohomish County Auditor/Elections, 3000 Rockefeller Ave #505, Everett WA 98201 Email: elections@snoco.org Fax: 425-259-2777