

31st day of March, 2025

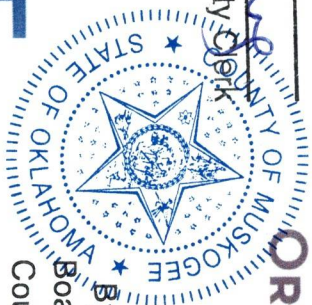
Chairman _____

Member _____

Member _____

Attest _____

Deborah J. Beck
County Clerk



ORDER OF APPOINTMENT

February 11, 2025

By virtue of the power vested in me as the
Board of County Commissioner of Muskogee
County and in accordance with the Oklahoma
Public Health Code, now codified as Title 63
O.S. Supplement 63, I hereby appoint

Ms. Kim Walton

COUNTY BOARD OF HEALTH MEMBER

of Muskogee, Oklahoma as a member of
the Muskogee County Board of Health.

The term of office shall be effective

immediately

and will expire on **June 30, 2027.**

The individual named herein is appointed for a
term of office formerly held by Dr. Michael
Stratton dating from March 20, 2019 to June
30, 2023.



OKLAHOMA

State Department of Health

Kim Walton

CHAIRMAN, BOARD OF COUNTY COMMISSIONERS

OATH OF OFFICE

COUNTY BOARD OF HEALTH MEMBER



OKLAHOMA
State Department of Health

I, **Ms. Kim Walton**, do solemnly swear (or affirm) that I will support, obey and defend the Constitution of the United States, and the Constitution of the State of Oklahoma, and will discharge the duties of my office with fidelity; that I have not paid, or contributed either directly or indirectly, any money or other valuable thing, to procure my nomination or election (or appointment), except for the necessary and proper expenses expressly authorized by law; that I have not knowingly violated any election law of the State, or procured it to be done by others in my behalf; that I will not knowingly receive, directly or indirectly, any money or other valuable thing, for the performance or non-performance of any act of duty pertaining to my office, other than the compensation allowed by law, and I further swear (or affirm) that I will not receive, use or travel upon my free pass or on free transportation during my term of office.

SIGNATURE OF BOARD HEALTH MEMBER

Kim Walton

SUBSCRIBED & SWORN TO BEFORE ME THIS DATE

March 20th 2025

SIGNATURE OF NOTARY PUBLIC

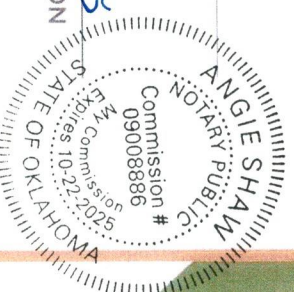
Angie Shaw

COMMISSION NUMBER

09008886

EXPIRATION

10-22-2025



Oklahoma State Department of Health

Agency, Authority, Commission, Department or Institution

123 Robert S. Kerr Ave., Ste. 1702, Oklahoma City, OK 73102

Address, City and Zip Code

Ms. Kim Walton

Print Name of Officer or Employee

LOYALTY OATH

(51 O.S., 36.2A)

I do solemnly swear (or affirm) that I will support the Constitution and the laws of the United States of America and the Constitution and the laws of the State of Oklahoma, and that I will faithfully discharge, according to the best of my ability, the duties of my office or employment during such time as I am

A Member of the Muskogee County Board of Health

Here put name of office, or if an employee, insert "An employee of _____" followed by the complete designation of the employing officer, agency, authority, commission, department or institution.) 51 O.S., 36.2.

Affiant Sign Here

State of Oklahoma

County of Muskogee

Signed and sworn to (or affirmed) before me on this 20th day of

March 2025 by

Print name of the person taking the oath.

Signature of the Notary



Title and Rank (if other than a notary)

My Commission Expires: 10-22-2025

Commission Number: 09008886

(03/2005)

LOYALTY OATH FILING

(51 O.S. §36.3)

WHERE TO FILE:

Every **state officer** shall be filed with the Secretary of State.

Every **state employee** shall be filed with the personnel officer of the state entity employing the state employee.

All **other officers** shall be filed with the office of the county clerk of the county of official residence of the officer.

All **other employees** shall be filed with the office of the county clerk of the county in which the entity employing the employee is located.

Every **notary public** shall be filed with the office of the court clerk of the county of official residence of the notary, or if a nonresident, the county of employment of the notary.

All **municipal officers or employees or school district officers or employees** shall be filed in the office of the municipal clerk of the municipality or in the office of the school clerk of the school district for which the officer or employee serves or by which the officer or employee is employed.

TO ENSURE PROPER FILING:

Submit only the original oath with original signatures. Photo copies are not accepted. Type or print clearly in black ink:

1. List the name and address of the entity.
 2. Full and correct name of the person taking the oath
 3. Name of the office, or if an employee, insert "an employee of _____" followed by the complete designation of the employing officer, agency, authority, commission, department or institution.
- Person taking the oath is the "Affiant".

ATTESTATION OF LOYALTY OATH:

The Loyalty Oath must be signed and dated by a notary public or other officer authorized to administer oaths or affirmations (indicate title and rank, if other than a notary public) and include the identification of the jurisdiction in which the act is performed. The notary shall include the name of the individual making the statement (or taking the oath), the notary seal, expiration date and commission number.

Please retain a copy for your records before submitting the oath for filing. For additional information, please call 522-4564 or 522-4565.

