THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I Jacquelyn Johnson-Minter, MD, MBA, MPH 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.

Affiant's Signature

Jacquelyn Johnson-Minter, MD, MBA, MPH
Printed Name

Local Health Authority
Position to Which Elected/Appointed

Fort Bend County
City and/or County

SWORN TO and subscribed before me by affiant on this 7 **day of** December **20**21**.**

Signature of Person Authorized to Administer Oaths/Affidavits

(Seal)

KP George
Printed Name

Fort Bend County Judge
Title

Pursuant to Tex. Const. Art. XVI, §1(b). Revised by DSHS Division for Regional and Local Health Services, July 13, 2016

OATH OF OFFICE
For Health Authorities in the State of Texas

I, Jacquelyn Johnson-Minter, MD, MBA, MPH **, 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.**

Affiant

4520 Reading Road, Suite A, Rosenberg, TX 77471
Mailing Address **ZIP**

(Area Code) Phone Number (day and evening)

jacquelyn.minter@fortbendcountytx.gov
Email Address

SWORN TO and subscribed before me this 7 **day of** December **,** 2021 **.**

Signature of Person Administering Oath

KP George
Printed Name

(Seal)

Fort Bend County Judge
Title

Revised by DSHS Division for Regional and Local Health Services, June 3, 2016

Certificate of Appointment
for a
Health Authority

The Health Authority has been appointed and approved by the:

(Check the appropriate designation below)

__x__ Commissioners Court for Fort Bend County

_____ Governing Body for the Municipality of _____

_____ Director, _____ Health Department

_____ Director, _____ Public Health District

I, KP George, acting in my capacity as:
(*Check the appropriate designation below*)

__x__ County Judge or Designee
_____ Mayor or Designee
_____ Non-physician and the Local Health Department Director
_____ Non-physician and the Public Health District Director

do hereby certify the physician, Jacquelyn Johnson Minter, MD, MBA, MPH, who is licensed by the Texas Board of Medical Examiners, was duly appointed as the (check as applicable),

__x__ Health Authority
_____ Health Authority Designee

for the jurisdiction of Fort Bend, Texas.

Date term of office begins October 1, 20 21

Date term of office ends October 31, 20 22, unless removed by law.

I certify to the above information on this the 7 day of December, 2021

KP George

Signature of Appointing Official

Revised by DSHS Division of Regional and Local Health Services, July 13, 2016