Affidavit of Truth

State of	
County of	
I, Byron Donalds, a natural person and inhabitant of[City],[State], being of sound mind and lawful age, hereby declare the and correct to the best of my knowledge, under penalty of perjury:	e following to be true
I am competent to state the matters set forth herein. I have firsthand knowledge of the facts and informaffidavit, and they are true, correct, complete, and not misleading.	mation contained in this
The purpose of this affidavit is to confirm to We The People that I am lawfully in office as representative the 119 th Congress of the United States of America.	e of We The People in
 I, affiant, understand and affirm that my Oath of Office is a requirement under Article VI, clause of the United States, and is my pledge to, and sacred contract with, We The People of the Unite and I specifically affirm that I am not compromised in any manner that would affect the perform Oath of Office. 	ed States of America,
I, affiant, as prescribed in 2 USC §25, have taken and maintained the following Oath of Office as "I, Byron Donalds, do solemnly swear (or affirm) that I will support and defend the Constitution against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same obligation freely, without any mental reservation or purpose of evasion; and that I will well and duties of the office on which I am about to enter. So help me God."	of the United States ; that I take this
3. I, affiant, as prescribed in 2 USC §25, personally signed both printed copies of my written Oath them to the Clerk for filing in the records of the House of Representatives, and to be recorded House and in the Congressional Record, and have met all the criteria required to be lawfully in	in the Journal of the
4. I, affiant, in demonstration of good faith to We The People, and to remove any vagueness, conf what I meant by using the word "discharge" in my Oath of Office, I hereby define and declare "accept and fulfill" in my Oath of Office.	
I affirm that these facts are based on my personal knowledge, observation, or information that I believ	e to be reliable.
I declare under penalty of perjury under the laws of the	Commonwealth] of rue and correct to the
best of my knowledge and belief.	
Executed this [Day] of [Month], 2025, in the County of, State of	·
[Your Address]	
[City, State, ZIP Code]	
Signature: Date:, 2025	
Print Full Legal Name:	
Subscribed and sworn to before me this [Day] of [Month], 2025.	
Signature of Notary Public:	
[Notary Name] Notary Public, State of[State]	
My commission expires: [Expiration Date]	

