## **Affidavit of Truth**

State o	f	,	. •	
County	of			
ا, <b>Kirst</b> e	en E. Gillibrand, a natural pers	son and inhabitant of	[City],	
and co	rrect to the best of my knowle	[State], being of sound mind and landled generalty of perjury:	wful age, hereby declare the following to be	true
	-	set forth herein. I have firsthand know complete, and not misleading.	ledge of the facts and information contained	l in this
	rpose of this affidavit is to cor p <sup>th</sup> Congress of the United Sta		Illy in office as representative of We The Peo	ple in
1.	I, affiant, understand and affirm that my Oath of Office is a requirement under Article VI, clause 3 of the Constitution of the United States, and is my pledge to, and sacred contract with, We The People of the United States of America, and I specifically affirm that I am not compromised in any manner that would affect the performance of my duties and Oath of Office.			
2.	I, affiant, have taken and maintained the following Oath of Office as found in 5 USC §3331: "I, Kirsten E. Gillibrand, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God."			
3.	I, affiant, after making my Oath of Office, personally signed my name in the bound Oath Book, and affirm that I have met all the criteria required to be lawfully in office, and my credentials as Senator-elect are laid down en bloc and ordered printed in the Congressional Record.			
4.		or <mark>d "discha</mark> rge <mark>" in</mark> my Oath of Office, I	remove any vagueness, confusion or doubt as hereby define and declare "discharge" to me	
I affirm	that these facts are based or	my personal knowledge, observation,	or information that I believe to be reliable.	
I declai	re under penalty of perjury ur		[City/Commonwealth] cerica that the foregoing is true and correct to	
best of	my knowledge and belief.	OUESTI		
Execute	ed this [Day] of	[Month], 2025, in the County of	, State of	
			Your Address]	
			City, State, ZIP Code]	
	ıre: ıll Legal Name:	Date:	, 2025	
Subscri	bed and sworn to before me	PRIMARY LOGO this [Day] of		
Signatu	re of Notary Public:			
		[Notary Name]		
Notary	Public, State of			



My commission expires: \_\_\_\_\_ [Expiration Date]