

PUBLIC OFFICER
OATH/AFFIRMATION

(TYPE ALL INFORMATION -- SIGN IN BLACK INK)

Name of Appointee: Megna Robert L
(Last Name) (First Name) (Middle Initial)

STATE OF NEW YORK)
) ss.:
COUNTY OF Albany)

I do solemnly swear (or affirm) that I will support the constitution of the United States, and the constitution of the State of New York, and that I will faithfully discharge the duties of the office of

Title of Position:

Member

FILED
STATE RECORDS

OCT 06 2023

RACHEL ANN HEIDORF
Notary Public - State of New York
No. 01HE0008535
Qualified in Saratoga County
My Commission Expires 05/24/2027

Agency Name:

DEPARTMENT OF STATE

Commission on Legislative, Judicial and Executive Compensation

Agency Code: _____

according to the best of my ability.

X Robert J Megna
(Signature of Appointee)

ANN HEIDORF
Notary Public - State of New York
No. 01HE0008535
Qualified in Saratoga County
My Commission Expires 05/24/2027

Sworn (or affirmed) before me this 6th day
of October, in the year, 20 23.

Rachel J Heidy
Notary Public

PUBLIC OFFICERS LAW §78 CERTIFICATE

I, the Appointee named above, hereby acknowledge receipt of a copy of sections 73, 73-a, 74, 75, 76, 77 and 78 of the Public Officers Law, together with such other material related thereto as may have been prepared by the Secretary of State, and I acknowledge that I have read the same and that I undertake to conform to the provisions, purposes and intent thereof and to the norms of conduct for members, officers and employees of the legislature and state agencies.

X Robert J Megna 10/6/2023
(Signature of Appointee) (Date)

(Appointee must sign both the Public Officer Oath/Affirmation and the Public Officers Law §78 Certificate)