

STATE OF _____ } ss.
County of _____

The undersigned who has been reappointed to the office of

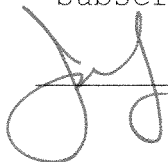
DEPARTMENT OF ADMINISTRATION DIRECTOR

but has not yet entered upon the duties thereof, swears that she will support the constitution of the United States and the constitution of the State of Wisconsin, and will faithfully discharge the duties of said office to the best of her ability.

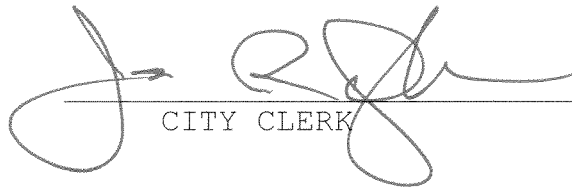


SHARON ROBINSON

Subscribed and sworn to before me this 13th day of



_____, 2016.



CITY CLERK

My commission expires _____