

STATE OF _____ } ss.
County of _____

The undersigned who has been re-appointed to the office of


DIRECTOR, DEPARTMENT OF ADMINISTRATION

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 28th day of
August, 2020.


CITY CLERK

My commission expires _____