OATH OF OFFICE

(Art. II. § 5(b), Fla. Const.)

	(0, 3	(b), I iai Const.)
STATE OF FLORID)A	
County of Pinellas		
		_
dovernment of the O	nited States and of the	I support, protect, and defend the Constitution and e State of Florida; that I am duly qualified to hold d that I will well and faithfully perform the duties of
		uit Court & Comptroller
	(Titl	e of Office)
on which I am now abo	out to enter, so help me	e God.
[NOTE: If you affirm	ı, you may omit the w	vords "so help me God." See § 92.52, Fla. Stat.]
		So not pine doc. Bee § 92.32, Fla. Stat.]
		C-10h
KAREN E. LAMB MY COMMISSION & FF 083808 EXPIRES: March 19, 2018 Bonded Taru Budget Notary Services	Signature	
	Sworn to and subscribe	d before me this 5th day of December, 2016
	_ haven	E Kame
	Signature of Officer Ad	ministering Oath or of Notary Public
	Karen E. Lamb	
	Print, Type, or Stamp C	ommissioned Name of Notary Public
	Personally Known	OR Produced Identification
	Type of Identification Pi	
	ACCE	PTANCE
I accept the office listed	in the above Oath o	f Office.
Mailing Address:	ome Office	
PO Box 3392		Ken Burke
Street or Post Office Box		Print Name
Seminole, FL 33775		Salar
City, State, Zip Code		Signature

State of Florida

Secretary of State

21BSBFG8939

Division of Elections

500 South Bronough Street, Room 316 Tallahassee, Florida 32399-0250

Public Official Bond

County of Pinellas KNOW ALL MEN BY THESE PRESENTS, That we, Kenneth P. Burke (Official's Name) as Principal, and Hartford Fire Insurance Company as Surety, are bound unto the Governor of the State of Florida, and his successors in office, in the sum of \$100,000 _Dollars, we hereby bind ourselves and each of our heirs, executors, administrators, successors and assigns, jointly and severally. THE CONDITION OF THIS OBLIGATION IS SUCH, That, whereas, said official was elected x appointed ____ Clerk of the Circuit Court to hold this office (Name of Office) for a term beginning January 8, 2017 and ending January 8, 2021 his/her successor is qualified according to the Constitution and Laws of the State of Florida. NOW, THEREFORE, If the official shall faithfully perform the duties of his/her office as provided by law, this obligation is void. Kenneth P. Burke (Signature of Official) Signed and Sealed this 7th day of <u>December</u> 2016 One Hartford Plaza, Hartford, CT 06155 (Address of Main Surety Company) A J GALLAGHER RISK MNGMT SVCS INC (Name of Local Bonding Company) 200 S ORANGE AVE SUITE 1350; ORLANDO, FL 32801 (Address of Local Bonding Company) (SEAL) (Signature of Licensed Resident Agent) (Social Security Number of Licensed Resident Agent) Melissa Haskins, Attorney-in-Fact (Type Name of License Resident Agent) day of DECEMBER The above is approved this , 20 /le . Signature: Approved by: _ Charles R 1bond.doc (2/04))