



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

DIVISION OF ELECTIONS

November 21, 2014

The Honorable Lisa Kohner Aronson
5163 NW 74 Court
Coconut Creek, FL 33073

Dear Commissioner Aronson:

Our records reflect that you have no further opposition as a candidate for the office of a member of the Board of County Commissioners, Broward County, District Two. Although your new term of office does not begin until November 18, 2014, the documents necessary for issuance of your commission may be processed before that time. Accordingly, please return to this office the following items:

- Oath of Office and Letter of Acceptance (Form DS-DE 56)
- A check for \$10 Commission fee, payable to the Department of State
(Section 113.01, Florida Statutes)

Pursuant to Section 114.01, Florida Statutes, a vacancy in this office shall occur upon your failure to qualify for office within 30 days from the commencement of the term of office. Your prompt attention to this matter is appreciated.

If you have any questions, or if we may be of assistance to you, please contact this office at (850) 245-6240.

Sincerely,

A handwritten signature in blue ink, appearing to read "KB", followed by a horizontal line.

Kristi Bronson
Chief, Bureau of Election Records

Enclosures

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

STATE OF FLORIDA

County of _____

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

(Title of Office)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature

Sworn to and subscribed before me this ____ day of _____, ____.

Signature of Officer Administering Oath or of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced _____

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: ☐ Home ☐ Office

Street or Post Office Box

Print name as you desire commission issued

City, State, Zip Code

Signature