

**CANDIDATE OATH
JUDICIAL OFFICE**

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

~~SUPERVISOR OF ELECTIONS~~
~~2024 FEB 2 PM 4:15~~
~~PALM BEACH COUNTY, FL~~
SUPERVISOR OF ELECTIONS
2024 APR 22 PM 12:03
PALM BEACH COUNTY, FL

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: SARA ALIJEWICZ

Check box if two last names without hyphen. (Name cannot be changed after qualifying.)

Check box if name includes nickname. (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the judicial office of County Court Judge,
(Office) (District #)
15th, 5; my legal residence is PALM BEACH County, Florida;
(Circuit #) (Group or Seat #)

I am a qualified elector of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the constitution and laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent to the office I seek; I have resigned from any office which I am required to resign pursuant to s. 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Section 876.05, Florida Statutes (only applicable if elected and when term of office begins): I am a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 105.031(4) F.S.).

YES, I Do _____ NO, I Do Not X

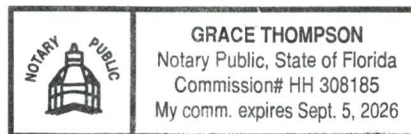
If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X [Signature] (561) 628-1610 SARAALIJEWICZ@GMAIL.CO
Signature of Candidate Telephone Number Email Address
13860 WELLINGTON TRACE 38-275 WELLINGTON FL 33414
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA
COUNTY OF Palm Beach

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 02 day of Feb, 2024
Personally Known OR Produced Identification
Type of Identification Produced: KV DL



Ashley Lukis
Chair
Michelle Anchors
Vice Chair
William P. Cervone
Tina Descovich
Freddie Figgers
Luis M. Fusté
Wengay M. Newton, Sr.
Jim Waldman



SUPERVISOR OF ELECTIO

2024 APR 22 PM 12: 02

PALM BEACH, FL

State of Florida

COMMISSION ON ETHICS

P.O. Drawer 15709

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"A Public Office is a Public Trust"

**VERIFICATION AND RECEIPT OF SUBMISSION
TO THE ELECTRONIC FINANCIAL DISCLOSURE FILING SYSTEM**

This Verification and Receipt of Submission acknowledges that the Commissions on Ethics received a submission through its electronic financial disclosure filing system.

Filer Name: Hon Sara Alijewicz
Filer PID #: 279153

Date Filed: 3/12/2024
Disclosure Received: 2023 Full and Public Disclosure of Financial Interests
Filing ID: 938676

Receipt Print Date: 3/12/2024

The foregoing is a true and accurate depiction of information contained in the electronic financial disclosure filing system held by the Florida Commission on Ethics.

This Verification and Receipt of Submission complies with Sections 112.3144(4) and 112.3145(2)(c), Florida Statutes, and, in accordance with those statutes, it may be presented to any qualifying officer by an incumbent in an elective office or any candidate holding another position subject to an annual filing requirement.

This Verification and Receipt of Submission is not a certification that the form submitted is complete or that the information entered in the form by the filer is true or correct. This Verification and Receipt of Submission is system generated, is created automatically, and its issuance does not indicate that the submission by the filer has been reviewed by Commission staff.

To see the filer's disclosure, visit <https://disclosure.floridaethics.gov/PublicSearch/Filings>. For questions regarding this Verification and Receipt of Submission, please contact the Florida Commission on Ethics at (850) 488-7864.