

**CANDIDATE OATH  
JUDICIAL OFFICE**

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

Write-in candidate

DEPARTMENT  
OF ELECTIONS

2024 APR 22 PM 1:02

ST JOHNS COUNTY  
VICKY OAKES

OFFICE USE ONLY

**Candidate Oath**

Name to appear on ballot: Alexander R. Christine Jr.

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 Judge, \_\_\_\_\_, \_\_\_\_\_  
(Office) (District #)

\_\_\_\_\_, 1; my legal residence is \_\_\_\_\_, St Johns 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

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

X [Signature] \_\_\_\_\_ Telephone Number \_\_\_\_\_ Email Address alexrichchris@gmail.com  
\_\_\_\_\_  
Address of Legal Residence \_\_\_\_\_ State Florida ZIP Code \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF St. Johns

[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 22nd day of April, 2024.  
Personally Known  OR Produced Identification   
Type of Identification Produced: \_\_\_\_\_

DESIREE BAKER  
Notary Public, State of Florida  
My Comm. Expires 09/06/2025  
Commission No. HH172485