

CITY OF GAINESVILLE
AFFIDAVIT OF RESIDENCY

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STATE OF FLORIDA

COUNTY OF ALACHUA


I, the undersigned candidate for City of Gainesville Commission
(Specify Office & District Number, if applicable)

AT LARGE #1

do hereby certify that I have been a qualified voter who is a resident of the City of
Gainesville, Florida, _____ for at least six months prior to
(add District Number, if applicable)

the date I filed qualifying papers with the Supervisor of Elections for the office I
seek.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE
FOREGOING AFFIDAVIT AND THAT THE FACTS STATED IN IT ARE TRUE.



Signature of Candidate

DARLENE P. FOLEY

Print Name

11/18/11

Date