

CITY OF GAINESVILLE  
AFFIDAVIT OF RESIDENCY

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STATE OF FLORIDA

COUNTY OF ALACHUA

I, the undersigned candidate for Gainesville City Commission at large 1  
(Specify Office & District Number, if applicable)

do hereby certify that I have been a qualified voter who is a resident of the City of  
Gainesville, Florida, district 1 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



Print Name

2011.11.16

Date