

**CITY OF GAINESVILLE
AFFIDAVIT OF RESIDENCY**

JAN 28 PM 1:40

STATE OF FLORIDA

COUNTY OF ALACHUA

I, the undersigned candidate for Gainesville City Commission Dist. 4,
(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, 4 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.**

W. E. McEachern

Signature of Candidate

W. E. McEachern

Print Name

1/3/13

Date