

**CITY OF GAINESVILLE  
AFFIDAVIT OF RESIDENCY**

'13 JAN 28 PM 12:04

'13 JAN 18 PM 1:14

**STATE OF FLORIDA**

**COUNTY OF ALACHUA**

I, the undersigned candidate for GAINESVILLE CITY COMMISSION, DISTRICT 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, DISTRICT 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.**

  
Signature of Candidate

ALFREDO ESPINOSA  
Print Name

1/17/13  
Date