CITY OF GAINESVILLE AFFIDAVIT OF RESIDENCY

STATE ŐF FLORIDA
COUNTY OF ALACHUA
Gain esuille FL, I, the undersigned candidate for $\frac{Commissioner At-Larage}{}$, (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, <u>District 2</u> 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
Honal Shephonds. Signature of Candidate
PanALP Sherherd SR Print Name
1-23-2014 Date