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CITY OF GAINESVILLE AFFIDAVIT OF RESIDENCY

STATE OF FLORIDA


COUNTY OF ALACHUA

I, the undersigned candidate for City Commission District 2,
(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 2 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

Sheryl Eddie
Print Name

11/13/13
Date