

**CITY OF GAINESVILLE  
AFFIDAVIT OF RESIDENCY**

**STATE OF FLORIDA**

**COUNTY OF ALACHUA**

I, the undersigned candidate for CITY COMMISSION AT-LARGE - 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, \_\_\_\_\_ 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.**

Barbara A. Ruth  
Signature of Candidate

BARBARA A. RUTH  
Print Name

Nov. 20, 2013  
Date