

1300260447

# CITY OF GAINESVILLE AFFIDAVIT OF RESIDENCY

STATE OF FLORIDA

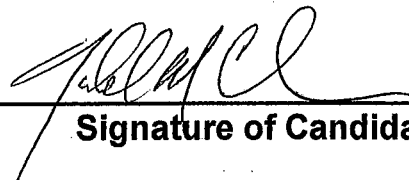
COUNTY OF ALACHUA

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

TODD N. CHASE  
Print Name

11/26/13  
Date