

# CITY OF GAINESVILLE AFFIDAVIT OF RESIDENCY

STATE OF FLORIDA

COUNTY OF ALACHUA

I, the undersigned candidate for Gainesville City Commissioner at large seat 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.**



Signature of Candidate



Print Name

2014.01.24

Date