

RECEIVED JAN 25 2017

**CITY OF GAINESVILLE
AFFIDAVIT OF RESIDENCY**

STATE OF FLORIDA


COUNTY OF ALACHUA

I, the undersigned candidate for Gainesville City Commission #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 City of Gainesville 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

1/25/17
Date