

JAN 25 2017

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**CITY OF GAINESVILLE  
AFFIDAVIT OF RESIDENCY**

**STATE OF FLORIDA**

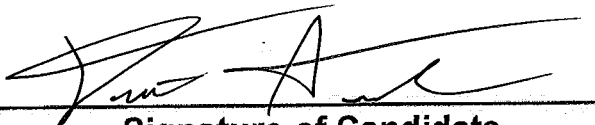
**COUNTY OF ALACHUA**

I, the undersigned candidate for Gainesville City Commission, District 3,  
(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 3 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

David Accardi  
Print Name

1/25/17  
Date