

**CITY OF GAINESVILLE
AFFIDAVIT OF RESIDENCY****STATE OF FLORIDA****COUNTY OF ALACHUA**

I, the undersigned candidate for City Commission At Large, 1,
(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, At Large 1 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

Gail Johnson

Print Name

1/31/18

Date