

**CITY OF GAINESVILLE
AFFIDAVIT OF RESIDENCY**

STATE OF FLORIDA

COUNTY OF ALACHUA

I, the undersigned candidate for CHARLES F. GOSTON,
(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, 19 DISTRICT / CONE 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.**

Charles F. Goston
Signature of Candidate

CHARLES F. GOSTON
Print Name

January 28, 2018
Date