

**CITY OF GAINESVILLE
AFFIDAVIT OF RESIDENCY**

STATE OF FLORIDA

COUNTY OF ALACHUA

RECEIVED FEB - 2 2018

I, the undersigned candidate for Gainesville City Commission,
(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 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.**

Gigi Simmons
Signature of Candidate

Gigi Simmons
Print Name

2/2/18
Date