

CITY OF GAINESVILLE  
AFFIDAVIT OF RESIDENCY

CITY OF GAINESVILLE  
CITY COMMISSION

STATE OF FLORIDA 2019 JAN 30 PM 4:47

COUNTY OF ALACHUA

I, the undersigned candidate for Gainesville Mayor,  
(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, \_\_\_\_\_ for at least six months prior to  
(add District Number, if applicable)

the date I filed qualifying papers with the Office of the Clerk of the Commission 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

LAUREN POE

\_\_\_\_\_  
Print Name

Jan. 30, 2019

\_\_\_\_\_  
Date