## CITY OF GAINESVILLE CITY COMMISSION

## **CITY OF GAINESVILLE** AFFIDAVIT OF RESIDENCY 2019 JAN 28 PM 3: 01

## STATE OF FLORIDA

## **COUNTY OF ALACHUA**

I, the undersigned candidate for City (6MM/1516- 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  Adrica Hayer-Jan For
Print Name
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