

CITY OF GAINESVILLE CITY OF GAINESVILLE
AFFIDAVIT OF RESIDENCY CITY COMMISSION

18 DEC 28 AM 11:23 *JP*

STATE OF FLORIDA

COUNTY OF ALACHUA

I, the undersigned candidate for 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

Jennifer C. Reid

Print Name

12.28.18

Date