

**CITY OF GAINESVILLE  
AFFIDAVIT OF RESIDENCY**

CITY OF GAINESVILLE  
CITY COMMISSION

Am. O'Brien  
2019 FEB -1 PM 8:58

STATE OF FLORIDA

COUNTY OF ALACHUA

I, the undersigned candidate for City Commission District 4,  
(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 4 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.**

Robert T. Mounts

Signature of Candidate

Robert T. Mounts

Print Name

1 Feb 2019

Date