

CITY OF GAINESVILLE CITY OF GAINESVILLE
AFFIDAVIT OF RESIDENCY CITY COMMISSION

19 DEC -9 PM 12:57

STATE OF FLORIDA

COUNTY OF ALACHUA

I, the undersigned candidate for Gainesville
City Commission, District 3,
(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 3 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

David Acciola
Print Name

12/9/19
Date