CITY OF GAINESVILLE AFFIDAVIT OF RESIDENCY

CITY COMMISSION

19 DEC -9 PM 1:36

STATE OF FLORIDA

COUNTY OF ALACHUA

I, the undersigned candidate for Gainesville City Commission At. 1 (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, At-Lace, Sept 2 for at least six months prior to (add District Number, if applicable)
(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

Print Name

Date