CITY OF GAINESVILLE AFFIDAVIT OF RESIDENCY

CITY COMMISSION

19 DEC -9 PM 1:86

STATE OF FLORIDA

COUNTY OF ALACHUA

| I, the undersigned candidate for Gamesville City Commission Att. I (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-Lage, Sept 2 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

Print Name

Date