

**CITY OF GAINESVILLE
AFFIDAVIT OF RESIDENCY**

CITY OF GAINESVILLE
CITY COMMISSION

19 DEC 10 AM 10:08

STATE OF FLORIDA

COUNTY OF ALACHUA

I, the undersigned candidate for GAINESVILLE CITY COMMISSIONER, DISTRICT 2,
(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 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

DAVID WALLIE

Print Name

DECEMBER 10, 2019

Date