

**CITY OF GAINESVILLE  
AFFIDAVIT OF RESIDENCY**

CITY OF GAINESVILLE  
CITY COMMISSION

19 DEC 10 PM 4:01

**STATE OF FLORIDA**

**COUNTY OF ALACHUA**

I, the undersigned candidate for GAINESVILLE CITY COMMISSIONER AT-LARGE.  
(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, N/A 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

GABE KAIMOWITZ  
Print Name

12-09-19  
Date