

**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) SEAT 2

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