CITY OF GAINESVILLE AFFIDAVIT OF RESIDENCY

STATE OF FLORIDA

REC'D CLERK'S OFFICE '21 JAN 26 PM3:40

COUNTY OF ALACHUA

I, the undersigned candidate for CHy Commission At-large, See (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, <u>Seat B</u> 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
Gal Johnson Print Name
1/26/21

Date