

**CITY OF GAINESVILLE
AFFIDAVIT OF RESIDENCY**

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STATE OF FLORIDA


COUNTY OF ALACHUA

I, the undersigned candidate for Gainesville City Commission Large
(Specify Office & District Number, if applicable) Seat B

do hereby certify that I have been a qualified voter who is a resident of the City of
Gainesville, Florida, AT-LARGE SEAT B 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

Candice Hill

Print Name

01-25-2021

Date