CITY OF GAINESVILLE AFFIDAVIT OF RESIDENCY

REC'D CLERK'S OFFICE '21 SEP 20 PM4:17

STATE OF FLORIDA

COUNTY OF ALACHUA

| I, the undersigned candidate for <u>(JAWESVILLE CITY COMMISSION, ATLAR</u> GE (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, for at least six months prior to (add District Number, if applicable) |
| the date I filed qualifying papers with the Office of the City Clerk 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. |
| |

Patrick O Ingle
Print Name
9/20/202/

Signature of Candidate

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