

**CITY OF GAINESVILLE
AFFIDAVIT OF RESIDENCY**

STATE OF FLORIDA

COUNTY OF ALACHUA

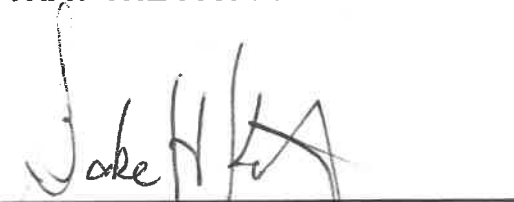
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I, the undersigned candidate for AT-LARGE SEAT B, CITY COMMISSION,
(Specify Office & District Number, if applicable)

do hereby certify that I have been a qualified voter who is a resident of the City of
Gainesville, Florida, (NOT APPLICABLE) 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.**



Signature of Candidate

GABE H. KRAINOWITZ

Print Name

09.20.2021

Date