CITY OF GAINESVILLE AFFIDAVIT OF RESIDENCY

REC'D CLERK'S OFFICE '22 JUN 15 AM : 27

STATE OF FLORIDA

COUNTY OF ALACHUA

I, the undersigned candidate for		(Specify Office & District Number, if applicable)	
do hereby certify that	at 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			
	th	e 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

Bryan Eastnan

Print Name

6/15/22

Date