## CITY OF GAINESVILLE AFFIDAVIT OF RESIDENCY

REC'D CLERK'S OF TICE '22 JUN 16 PM1: 57

## STATE OF FLORIDA

## **COUNTY OF ALACHUA**

I, the undersigned candidate for _	MAYOR OF GIMINESVILLE, FL (Specify Office & District Number, if applicable)
do hereby certify that I have been a	a qualified voter who is a resident of the City of
	for at least six months prior to
the date I filed qualifying pa	pers with the Office of the City Clerk for
the	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.	
<del>Signat</del> Signat	ture of Candidate
GARY 6-16	Print Name - 22

**Date**