

**CITY OF GAINESVILLE  
AFFIDAVIT OF RESIDENCY**

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**STATE OF FLORIDA**

**COUNTY OF ALACHUA**

I, the undersigned candidate for Gainesville City Commiss. District 2  
(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, 2 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.**

Michael Rabue  
**Signature of Candidate**

Michael Rabue  
**Print Name**

6-14-2022  
**Date**