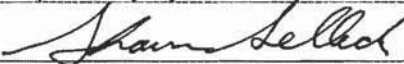


Candidate Qualification Checklist

QUALIFYING A CANDIDATE		
		Print Candidate Name
DOCUMENT PRE-CHECK		
<input checked="" type="checkbox"/> Voter's Registration Card <input checked="" type="checkbox"/> Picture ID <input checked="" type="checkbox"/> Proof of Residency <input checked="" type="checkbox"/> Campaign Check (Com-\$682 Mayor-\$1,600) affidavit/certificate		Shawn Selbeck
REQUIRED FORMS		
1	Appointment of Campaign Treasurer and Designation of Campaign Depository	<input checked="" type="checkbox"/>
2	Statement of Candidate	<input checked="" type="checkbox"/>
3	Affidavit of Candidate (Check for completeness, do not sign or notarize until end)	<input checked="" type="checkbox"/>
4	Form 1 Statement of Financial Interests for prior year (Check completeness)	<input checked="" type="checkbox"/>
5	State Loyalty Oath	<input checked="" type="checkbox"/>
OPTIONAL FORMS		
6	City Loyalty Oath (Notarize after checking for completeness)	<input checked="" type="checkbox"/>
7	County Ethics Declaration (Check for completeness)	
TO DO		
A	Make 1 copy of Voter's Registration, 3 Copies of Picture ID (copy of copy difficult to read), 1 Copy of Proof of Residency and return originals to candidate.	<input checked="" type="checkbox"/>
B	Copy of Proof of residency for one year prior to qualifying and current time (i.e., copy of deed, mortgage, lease, utility bill, affidavit, etc.) highlight significant dates	<input checked="" type="checkbox"/>
C	Verify that address is appropriate City address and that it falls within district boundary, if running for Commission seat. Print ARPS. Correct District Number is printed on voter's registration card. Highlight and Verify!	<input checked="" type="checkbox"/>
D	Copy of Drivers license or other picture ID Highlight name and address.	<input checked="" type="checkbox"/>
E	Copy of Voter's registration card - verify precinct, Highlight precinct, commission district and address	<input checked="" type="checkbox"/>
F	Check from campaign account (\$1,600 for mayor; \$682 for commissioner) made payable to City of Miami. Or Affidavit(s). Or Petition Certificate. Make 1 copy - put original check in safe.	<input checked="" type="checkbox"/>
G	Write receipt for check. Make 1 copy, return original to candidate.	<input type="checkbox"/> <i>WA</i>
H	Make sure every blank is filled and all signatures required are executed. Have candidate take oath that all information is correct to the best of his/her knowledge. "Do you swear (or affirm) that the statements in the affidavit are true and complete to the best of your knowledge and belief?" They need not answer orally or raise their right hand; subsequent signing of the Affidavit is an adequate affirmation response. Then have candidate sign Affidavit of Candidate form; then clerk signs, dates and notarizes form.	<input checked="" type="checkbox"/>
ASSEMBLE DOCUMENTS		
I	Place Documents in following order: Appt of Treas, Statement of Candidate, Affidavit of Candidate, Form State Loyalty Oath, City Loyalty Oath, Ethics Declaration, Copy of Voter's Registration, Copy of Proof of Residency or affidavit, ARPS, Copy of Driver's License, Copy of Check or affidavit(s), Copy of Receipt.	<input checked="" type="checkbox"/>
J	Time-stamp documents and make 2 sets of copies of all documents. Replace Copy of Driver's license with copy made in Step A. Candidate gets one copy of everything. Second set of copies are sent to Supervisor of Elections.	<input checked="" type="checkbox"/>
L	Give candidate a copy elections package (letter and CD). Briefly highlight the election calendar and the clerk's website and explain contents of CD.	<input checked="" type="checkbox"/>
M	Have candidate sign form (see N below), then make 2 copies	<input checked="" type="checkbox"/>
CANDIDATE ACKNOWLEDGMENT OF RECEIPT		
N	I am in receipt of the elections package containing a CD and letter from the City Clerk and I have been provided copies of my time-stamped qualification documents.	<input checked="" type="checkbox"/>
 Candidate Signature		8/29/2011 Date
_____ Treasurer Signature		_____ Date

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

SHAWN SELLECK

3. Address (include post office box or street, city, state, zip code)

1058 NW 27th Street
MIAMI, FL 33127

4. Telephone

(305) 767-3721

5. E-mail address

6. Office sought (include district, circuit, group number)

COMMISSIONER DISTRICT 1

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

SHAWN SELLECK

11. Mailing Address

1058 NW 27th STREET

12. Telephone

(305) 767-3721

13. City

MIAMI

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33127

17. E-mail address

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

WACHOVIA BANK

20. Address

1051 NW 14th ST. STE. 135

21. City

MIAMI

22. County

MIAMI-DADE

23. State

FL

24. Zip Code

33127

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

APRIL 7, 2011

26. Signature of Candidate

X *Shawn Selleck*

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, SHAWN SELLECK, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

APRIL 7, 2011
Date

X *Shawn Selleck*
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

I, SHAWN SELLECK,

candidate for the office of COMMISSIONER DISTRICT 1;

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X Shawn Selleck
Signature of Candidate

APRIL 7, 2011
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL.

AFFIDAVIT OF CANDIDATE
CITY OF MIAMI, FLORIDA

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)
CITY OF MIAMI)

SHAWN SELLECK (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is SHAWN SELLECK.
2. For those candidates seeking the office of Mayor, please check the appropriate subsection (a) below. Those candidates seeking the office of Commissioner please check and fill in the blank in subsection (b) below:
 - (a) I am offering myself as a candidate for the office of Mayor of the City of Miami, Florida. If elected, I fully understand that I must maintain an actual and real residence within the City of Miami for the duration of my term of office.
 - (b) I am offering myself as a candidate of the office of Commissioner in District Number 1 of the City of Miami, Florida. If elected, I fully understand that I must maintain an actual and real residence within the district for the duration of my term of office.
3. I have resided in the City of Miami for a minimum of one year before qualifying if applying for Mayor, and one year in the district if applying for the Commission, and I am a registered voter and a duly qualified elector of the City of Miami, Florida, presently registered to vote in precinct No. 529.

I presently reside at the following address (must include zip code):
1058 NW 27th St. MIAMI, FL 33127,
which is my legal address, and I have resided continually at said address from the 10th day of November 2010 to the present.

4. Immediately prior to residing at the above-stated address, I have resided at the hereinbelow listed addresses for the cited periods of time (list hereinbelow all addresses at which you have resided for the past five years, as well as the length of time at each address):

Prior Addresses	For the Period
<u>1501 NW South River Dr.</u>	<u>1331 Brickell Bay Dr.</u>
<u>Miami, FL 33125</u>	<u>Miami, FL 33131</u>
<u>3 months Aug. 15 - Nov. 10, 2010</u>	<u>9/2009 - 8/2010</u>

5. In addition to the residence that I have listed as my present address, I also reside at the following listed addresses on a temporary basis as a secondary domicile or domiciles:

N/A

6. Affiant's spouse resides at the following address: (must include city, state and zip code)

N/A

7. Affiant's minor children reside at the following address: (must include city, state and zip code)

N/A

8. At the present time, affiant (is) (is not) registered to vote in any city, county or state other than as stipulated in subparagraph 3 above.

9. Name and business address of affiant's employer:

Self-Employed

1058 NW 27th St., MIAMI, FL 33127

10. Affiant's occupation: COMMUNITY DEVELOPMENT CONSULTANT

11. Affiant has been employed in the above-cited capacity for the following period of time:

1 year 4 months

(Note: In the event the occupation of affiant has been for a period of less than one year, or the employment period with the same employer has been for a period of less than one year, affiant shall give the name(s) and address(es) of his/her employer(s) and occupation(s) for the period of one year prior to the date of this affidavit).

12. Affiant represents that he/she (is) (is not) currently holding another elective or appointive office – whether city, county or municipal – the term of which or any part thereof runs concurrently with that of the office he/she seeks, and that he/she has resigned from any office from which he/she is required to resign pursuant to F.S.99.012 and/or the City of Miami Charter.

13. Affiant represents that, as of this date, he/she (is) (is not) seeking to qualify for public office which is currently held by an officer who has authority to appoint, employ, promote, or otherwise supervise him/her and who has qualified as a candidate for reelection to that office. (Note: If affiant is an employee of the City of Miami (other than city manager, city attorney, independent auditor general or city clerk) or member of a city board of the City of Miami, Florida (other than a city commissioner or mayor), affiant in the case of an employee shall take a leave of absence, without pay from his/her employment during the period in which affiant is seeking election to public office or in the case of a board member such member shall resign and such leave of absence or resignation to be effective upon whichever occurs first:

- (a) such employee or board member receives contributions or makes expenditures, or gives her or his consent for any other person to receive contributions or make expenditures, with a view to bringing about his or her nomination or election to public office; or
- (b) at the time such employee or board member appoints a campaign treasurer and designates a primary depository; or
- (c) at the time such employee or board member files qualification papers and subscribes to a candidates oath as required by law.

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CITY CLERK
CITY OF MIAMI, FL

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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL.

The definition of "city board" is found in Section 2-882 of the Miami City Code.

14. Affiant's campaign headquarters address and telephone number:

1058 NW 27th St., MIAMI, FL 33127

Affiant's campaign treasurer's name:

SHAWN SELLECK

*Affiant's campaign treasurer's address:

1058 NW 27th St., MIAMI, FL 33127

Telephone numbers: (work) 305-908-1115

(home) 305-767-3721

*[A Campaign Treasurer or Deputy Treasurer shall be a registered voter in the State of Florida.]

15. Affiant represents that, if elected, he she shall serve in the elective office to which he she seeks election.

16. Following is the exact way in which affiant would like to have his her name printed on the official ballot:

SHAWN SELLECK

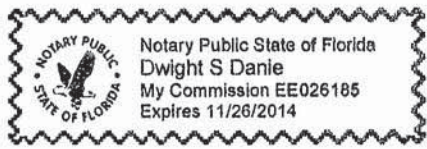
SIGNED THIS 29TH DAY OF AUGUST, 2011.

Shawn Selleck
AFFIANT

BEFORE ME, the undersigned authority, personally appeared Shawn Selleck, who, after first being duly sworn, deposes and states that he executed the foregoing to the best of his knowledge and belief.

[Signature]
CITY CLERK,
CITY OF MIAMI, FLORIDA

(SEAL)



 Did take an oath

Produced identification

Type of identification produced: Driver's License: S-420-782-74-292-8

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

SELLECK SHAWN BRIAN

MAILING ADDRESS :

1058 NW 27th St.

CITY :

MIAMI

ZIP :

33127

COUNTY :

MIAMI-DADE

NAME OF AGENCY :

CITY OF MIAMI

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

COMMISSIONER DISTRICT 1

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL.

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****BOTH PARTS OF THIS SECTION MUST BE COMPLETED****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2010 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]
(If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
FLORIDA STATE UNIVERSITY	3200 Commonwealth Blvd., Tallahassee, FL 32306	Community Consultant

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]
(If you have nothing to report, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]
(If you have nothing to report, you must write "none" or "n/a")

1058 NW 27th St., MIAMI, FL 33127

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]
(If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Bank Accounts	Wells Fargo
IRA	Wells Fargo

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 PRISCILLA A. THOMPSON
 COUNTY CLERK
 COUNTY OF MIAMI, FL.

PART E — LIABILITIES [Major debts]
(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Citi Mortgage	MS 945; 1000 Technology Drive; O'Fallon, MO 63368-2240
Wells Fargo	1051 NW 14 th St. Ste 135, Miami, FL 33136

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]
(If you have nothing to report, you must write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Impact Evaluations		
ADDRESS OF BUSINESS ENTITY	1058 NW 27 th St., Miami, FL		
PRINCIPAL BUSINESS ACTIVITY	Community Consulting		
POSITION HELD WITH ENTITY	President		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	Owner		

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required): *Sham Selbach*

DATE SIGNED (required): 8/29/2011

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

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CITY CLERK
CITY OF MIAMI

OFFICE USE ONLY

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

CANDIDATE WITH NO PARTY AFFILIATION

I,	SHAWN	B.	SELLECK
	First Name	Middle Name/Initial	Last Name

a citizen of the State of Florida and of the United States of America, and being [a candidate for public office] do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Important: If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, SHAWN SELLECK
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate with no party affiliation for the office of COMMISSIONER, 1
(office) (district #)

 , ; I am a qualified elector of MIAMI - DADE County, Florida;
(circuit #) (group or seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; by executing this form, I have taken the oath required by ss. 876.05-876.10, Florida Statutes; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

<u>X</u> <u>Shawn Selleck</u>	<u>(305) 908-1115</u>	<u>shawn@electselleck.com</u>
Signature of Candidate	Telephone Number	Email Address

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

SHAWN SELLECK

STATE OF FLORIDA

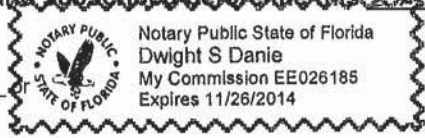
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 29th day of August, 2011.

Personally Known: _____

Produced Identification: _____

Type of Identification Produced: Driver's license 5420-782-74-292-0



[Signature]

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

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CITY CLERK
CITY OF MIAMI, FL.

LOYALTY OATH RECEIVED

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)
CITY OF MIAMI)
(Please Print)

2011 AUG 29 AM 11:12

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL.

I, SHAWN

B. SELLECK

First Name

Middle Initial

Last Name

a citizen of the State of Florida and of the United States of America, ... and a candidate for public office... do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Signature of Candidate

OATH OF CANDIDATE

OFFICE OF CITY OF MIAMI COMMISSIONER

Before me, an officer authorized to administer oaths, personally appeared

SHAWN SELLECK

(Please print name as you wish it to appear on ballot)

who being sworn, says, (he) she is a candidate for the office of City of Miami Commissioner, District 1; that (he) she is a qualified elector of the City of Miami, Florida; that (he) she is qualified under the Constitution, the Laws of Florida, and City of Miami Charter to hold the office to which (he) she desires to be elected; that (he) she has taken the oath required by ss. 876.05 - 876.10, Florida Statutes; that (he) she has qualified for no other public office in the State, the term of which office or any part thereof runs concurrent with that of the office (he) she seeks; and that (he) she has resigned or taken a leave of absence from any office from which (he) she is required to resign or take a leave of absence, pursuant to Section 99.012, Florida Statutes.

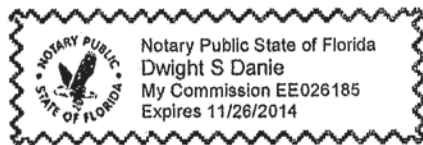
Signature of Candidate

1058 NW 27th St

Address

MIAMI, FL 33127

City State ZIP Code



The Loyalty Oath and the above Oath of Candidate are sworn to

and subscribe before me this 29th day of August, 2011.

(Signature of Officer Administering the Oath, or of designated Notary Public - State of Florida)

Print, Type, or Stamp Commissioned Name of designated Notary Public) Dwight S. Danie

Personally Known OR Produced Identification Type of Identification Produced Drivers License
S 420-782-74-292-0

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2011 AUG 29 AM 11:13

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI

**DECLARATION AND FIRST AMENDMENT WAIVER
FOR CANDIDATES WHO AGREE TO COMPLY WITH
THE VOLUNTARY FAIR CAMPAIGN PRACTICES**

Section 2-11.1(D)(2), of the Code of Miami-Dade County, Florida, provides that any candidate for public office in Miami-Dade County may at any time **voluntarily** declare that he or she agrees to abide by the Statement of Fair Campaign Practices and that he or she recognizes as compulsory the jurisdiction of the Miami-Dade County Commission on Ethics and Public Trust ("Ethics Commission") (a) to decide whether said candidate has violated the Statement of Fair Campaign Practices and, if so, (b) to impose the appropriate penalty, if any.

BEFORE AGREEING TO ABIDE BY THE VOLUNTARY FAIR CAMPAIGN PRACTICES YOU SHOULD CAREFULLY READ THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES WHICH IS INCLUDED IN THIS DECLARATION AND FIRST AMENDMENT WAIVER FOR CANDIDATES WHO AGREE TO COMPLY WITH THE VOLUNTARY FAIR CAMPAIGN PRACTICES (HEREINAFTER "DECLARATION AND FIRST AMENDMENT WAIVER"), AS WELL AS THE FOLLOWING INFORMATION REGARDING YOUR RIGHTS. THE STATEMENT OF FAIR CAMPAIGN PRACTICES IS VOLUNTARY. YOU ARE UNDER NO OBLIGATION TO AGREE TO THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES. IF YOU DECIDE NOT TO AGREE TO THE STATEMENT OF FAIR CAMPAIGN PRACTICES YOU MAY STILL RUN FOR ELECTIVE OFFICE IN MIAMI-DADE COUNTY IF YOU ARE QUALIFIED. THERE IS NO PENALTY IF YOU DECIDE NOT TO SIGN THE STATEMENT OF FAIR CAMPAIGN PRACTICES.

IF YOU DECIDE TO AGREE TO THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES, YOU SHOULD KNOW THAT YOU WILL BE WAIVING YOUR FIRST AMENDMENT RIGHTS TO FREE SPEECH IN THAT CERTAIN SPEECH PROHIBITED BY THE VOLUNTARY STATEMENT OF CAMPAIGN PRACTICES IS PROTECTED BY THE FIRST AMENDMENT TO THE UNITED STATES CONSTITUTION AND ARTICLE I, SECTION 4 OF THE FLORIDA CONSTITUTION. PRIOR TO AGREEING TO COMPLY WITH THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES YOU SHOULD CONSIDER

CONSULTING AN ATTORNEY TO ENSURE THAT YOU UNDERSTAND THE CONSEQUENCES OF SIGNING THE DECLARATION AND FIRST AMENDMENT WAIVER TO ABIDE BY THE STATEMENT OF FAIR CAMPAIGN PRACTICES.

BEFORE SIGNING THIS DECLARATION AND FIRST AMENDMENT WAIVER, YOU HAVE THE RIGHT TO REQUEST AND RECEIVE FROM THE ETHICS COMMISSION AN ADVISORY OPINION AS TO WHETHER YOUR PLANNED CAMPAIGN ACTIVITIES (E.G., CAMPAIGN ADVERTISEMENT OR STATEMENT) ARE LIKELY TO VIOLATE THE STATEMENT OF FAIR CAMPAIGN PRACTICES. IN THE EVENT THAT YOU SIGN THE DECLARATION AND FIRST AMENDMENT WAIVER, YOU WILL CONTINUE TO HAVE THE RIGHT TO REQUEST AND RECEIVE FROM THE ETHICS COMMISSION AN ADVISORY OPINION REGARDING ANY FUTURE CAMPAIGN ACTIVITIES WHICH YOU MAY BE CONSIDERING.

A DETERMINATION BY A CANDIDATE NOT TO EXECUTE THE DECLARATION AND FIRST AMENDMENT WAIVER SHALL NOT BE CONSTRUED BY MIAMI-DADE COUNTY OR THE ETHICS COMMISSION TO MEAN THAT THE CANDIDATE IS UNETHICAL IN ANY WAY. FURTHER, A DETERMINATION BY A CANDIDATE NOT TO EXECUTE THE DECLARATION AND FIRST AMENDMENT WAIVER SHOULD NOT BE CONSTRUED BY ANY CANDIDATE OR ANY OTHER PERSON OR ENTITY TO MEAN THAT THE CANDIDATE IS UNETHICAL IN ANY WAY.

The Statement of Fair Campaign Practices states as follows:

VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES

As a candidate for public office in Miami-Dade County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social and economic problems.

Therefore:

1. I shall not make my race, religion, national origin, gender, physical disability or sexual orientation an issue in my campaign
2. I shall not make my opponents' race, religion, national origin, gender, physical disability or sexual orientation an issue in my campaign.

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CITY CLERK
CITY OF MIAMI

3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender physical disability or sexual orientation.
4. I shall not without just cause attack or question my opponent's patriotism.
5. I shall not publish, display or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities which I condemn nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group which resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

IN THE EVENT YOU DECIDE TO AGREE TO THE VOLUNTARY STATEMENT OF CAMPAIGN PRACTICES, THE COMPULSORY JURISDICTION OF THE ETHICS COMMISSION AND WAIVE YOUR FIRST AMENDMENT RIGHTS, YOU ARE REQUIRED TO SIGN THE FOLLOWING DECLARATION AND FIRST AMENDMENT WAIVER:

I, SHAWN SELLECK, a candidate for the office of District 1 Commissioner, agree to abide by the Voluntary Fair Campaign Practices as provided in section 2-11.1.1(D)(1), of the Code of Miami-Dade County, Florida, and recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether I have violated the Statement of Fair Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any, which may include an admonition or public reprimand. I recognize that I have the right before signing this Declaration and Waiver of First Amendment Rights to consult my own legal counsel and to request and receive from the Ethics Commission an advisory opinion as to whether my planned campaign activities are likely to violate the

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 CITY CLERK
 MIAMI, FL.

statement of fair campaign practices. I also recognize that after signing this agreement, I will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities which I may be considering. I hereby proclaim: (1) that my agreement to abide by the voluntary fair campaign practices is voluntary, knowing, and intelligent; (2) that I have not been forced, pressured, or otherwise coerced into making this agreement; and (3) that I am aware of its voluntary nature. I recognize that there is no penalty for refusing to agree to abide by the voluntary fair campaign practices. I also recognize that in signing this agreement, I will be forfeiting rights to which I would otherwise be entitled under the First Amendment to the United States Constitution and Article I, section 4 of the Constitution of the State of Florida.

Once the Declaration and Waiver of First Amendment Rights is signed it is deemed irrevocable for the duration of the campaign.

Shawn Selbeck

Signature

August 29, 2011

Date

PLEASE FILE A COPY OF THIS FORM WITH THE MIAMI-DADE COMMISSION ON ETHICS AND PUBLIC TRUST AND THE MIAMI-DADE SUPERVISOR OF ELECTIONS.

Miami-Dade Commission on Ethics
and Public Trust,
19 West Flagler Street, Suite 820
Miami, Florida 33130

Miami-Dade Supervisor of Elections
2700 N.W. 87th Avenue
Doral, Florida 33172

New P.O. Box #:
P.O. Box 521550
Miami, Florida 33172

For further information contact Miami-Dade Elections Department, Public Services at 305-499-8400

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CITY OF MIAMI, FL.

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Voter Information Card
Miami-Dade County, FL
Tarjeta de información del elector
Condado de Miami-Dade, FL

Kat Enfòmasyon Votè
Konte Miami-Dade, FL

Shawn Brian Selleck
1058 NW 27Th St
Miami FL 33127

Bring photo identification
when voting.

Para votar, presente una
identificación con fotografía.

Tranpri pote yon pyès idantifikasyon
ki gen foto w sou li lè w ap vin vote.

ISSUED
EMITIDA
ENPRIME
11/18/10

Registration No.
Núm. de inscripción
Nim. Enskripsyon

118292288

Voting Location | Ubicación de la votación | Lokal Biwo Vòt
Corpus Christi Catholic Church
3220 NW 7 Ave

Precinct No. Núm. del recinto Nim. Biwo Vòt	529	Identification Data Datos de identificación Ento. Idantifikasyon	8/12/1974	Registration Date Fecha de inscripción Dat Enskripsyon	7/26/2010
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Party Affiliation | Afiliación partidista | Pati Politik
NO PARTY AFFILIATION

Lester Sola
Supervisor of Elections | Supervisor de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.
Ud, puede votar por los representantes de los distritos enumerados abajo.
W elijib pou w vote pou reprezantan ki nan distri li ekri anba la yo.

Congress Congreso Kongrè	18	State Senate Senado Estatal Sena Eta a	36	State House Cámara Estatal Lachannm Eta a	101
County Commission Comisión del Condado Komisyon Konte	3	School Board Junta Escolar Asanbley Edikasyon	2	Community Council Consejo Comunitario Konsèy Kominote	0

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL.

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MIAMI
Municipal | Municipal | Minisipalite

Miami-Dade Elections Department
Departamento de Elecciones de Miami-Dade
Departman Eleksyon Miami-Dade

• Address change within Miami-Dade County

Please contact us by:
phone | 305-499-VOTE (8683)
e-mail | register@miamidade.gov
mail | PO Box 521550 • Miami, FL 33152
fax | 305-499-8371

• If you need to change your political party, name, and/or address to another Florida county, you must complete a new voter registration form.

Forms can be downloaded by going to our website at www.miamidade.gov/elections or by going to a branch office. Call 305-499-VOTE for the closest location.

• Cambio de dirección dentro del Condado de Miami-Dade
Por favor, comuníquese con nosotros por:
teléfono | 305-499-VOTE (8683)
correo electrónico | register@miamidade.gov
correo | PO Box 521550 • Miami, FL 33152
fax | 305-499-8371

• Para cambiar su partido político, nombre y/o su dirección para otro condado de la Florida es necesario rellenar un nuevo formulario de inscripción electoral. Estos formularios están disponibles en www.miamidade.gov/elections o en una oficina sucursal. Llame al 305-499-VOTE para averiguar la dirección de la ubicación más cercana a usted.

• Chanjman adrès andedan Konte Miami-Dade
Tanpri kontakte nou pa:

telefon | 305-499-VOTE (8683)
imel | register@miamidade.gov
lapòs | PO Box 521550 • Miami, FL 33152
faks | 305-499-8371

• Pou chanje pati politik, non ak/oswa adrès w a yon lòt Konte Florid li nesesè pou ranpli yon nouvo fòm enskripsyon Votè.

Fòm yo disponib sou sitwèb nou an nan www.miamidade.gov/elections oswa nan yon sikisal biwo nou. Rele 305-499-VOTE pou jwenn sa ki pre lakay w.

Any questions? | ¿Preguntas? | Okenn kesyon?
305-499-VOTE (8683)



Delivering Excellence Every Day

Miami-Dade Water and Sewer Department
P O Box 026055
Miami, FL 33102-6055

Name: SHAWN SELLECK
Account Number: 9820046116
Billing Date: 01/11/2011
Past Due Date: 02/01/2011

Billing Inquiries (hours 8:00 – 7:00 PM) 305-665-7477
All Other Inquiries (hours 8:00 – 7:00 PM) 305-665-7488

Service From	Service To	Meter Number	Days of Service	Prior Reading	Current Reading	Consumption in CCF	Consumption in Gallons
11/08/10	01/05/11	36684040	58	827	831	4	2992



Sewer Charges

Sewer Charges 11.75
Sewer Charges Subtotal \$ 11.75

Sewer Fees

Utility Service Fee 0.88
Sewer Fees Subtotal \$ 0.88

Stormwater

For Information Call: 305-416-1222

City of Miami Stormwater Charge 6.69
Stormwater Subtotal \$ 6.69

22102029



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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL.

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 CITY OF MIAMI, FL.



Miami-Dade Water and Sewer Department
P O Box 026055
Miami, FL 33102-6055

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Messages

The purpose of our Department collecting social security numbers is to identify customers and to comply with IRS requirements for the reporting of deposit interest. This statement is provided in accordance with section 119.071(5)(a), Florida Statutes.

WARNING: If your meter is locked, breaking the lock or removing the orange warning tag may result in a tampering citation of up to \$1,055. Call 305-665-7477.

On 10/25/2010, the Downtown Office located at 140 W Flagler St closed permanently. Go to www.miamidade.gov/wasd/service_centers.asp for a list of alternate service centers.

Account Summary

Previous Balance	\$ 0.00
Current Charges	129.80
Adjustments	35.00
Total Account Balance	\$ 164.80

Water Deposit

Water Deposit	50.00
Water Deposit Subtotal	\$ 50.00

Sewer Deposit

Sewer Deposit	50.00
Sewer Deposit Subtotal	\$ 50.00

Service From	Service To	Meter Number	Days of Service	Prior Reading	Current Reading	Consumption in CCF	Consumption in Gallons
11/08/10	01/05/11	36684040	58	827	831	4	2992

21102028

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CITY OF MIAMI, FL.

Miami-Dade Water and Sewer Department
P O Box 026055
Miami, FL 33102-6055

Name: SHAWN SELLECK
Account Number: 9820046116
Billing Date: 01/11/2011
Past Due Date: 02/01/2011

Billing Inquiries (hours 8:00 - 7:00 PM) 305-665-7477
All Other Inquiries (hours 8:00 - 7:00 PM) 305-665-7488

Service Address: 1058 NW 27TH ST, RES



Water Charges

Hydrant Charge	1.53
Water Charges	7.62
Water Charges Subtotal	\$ 9.15

Adjustments	
New Acct Field Visit Charge - Regular Hours	\$ 35.00

Water Fees and Taxes

Meter Number: 36684040

Utility Service Fee	0.57
Excise Tax	0.76
Water Fees and Taxes Subtotal	\$ 1.33

Description of Billing Terms

- DEPOSIT REFUND/CREDIT - Customers with a good credit history will have their deposit credited to their account. Good credit history is defined as a period of two (2) years with no service cutoffs or tampering violations combined with a record of less than three (3) late payments for a quarterly customer or less than five (5) late payments (for a monthly customer). Customers closing their accounts will be refunded their deposit, less any amount still due.
- Consumption CCF (hundred cubic feet) - The department bills in hundred cubic feet which is expressed as CCF. One CCF is equivalent to 748 gallons. (For example: 10 CCF x 748 gallons = 7,480 gallons)
- UTILITY SERVICE FEE - All water and sewer utilities in Miami-Dade County are required to pay this fee to support regulatory activities of the Department of Environmental Resources Management.
- HYDRANT CHARGE - A charge to the customer for the hydrant water service and for the installation, maintenance and repair of the hydrants. Customers in the unincorporated areas of Miami-Dade County and certain municipalities are billed this charge if their property is located within a radius of 660 feet of an existing fire hydrant, as per Miami-Dade County Code.
- EXCISE TAX - This is a charge imposed by Unincorporated Miami-Dade County or certain municipalities. It is collected and remitted to either Miami-Dade County or the appropriate municipality.



Delivering Excellence Every Day

Miami-Dade Water and Sewer Department
P O Box 026055
Miami, FL 33102-6055

Name: SHAWN SELLECK
Account Number: 9820046116
Billing Date: 07/12/2011
Past Due Date: 08/02/2011

Billing Inquiries (hours 8:00 - 7:00 PM) 305-665-7477
All Other Inquiries (hours 8:00 - 7:00 PM) 305-665-7488

Messages

Pay your bill and view your account on-line at www.miamidade.gov/wasd. To pay by phone, call 1-877-565-9300 to use a banking account or 1-877-729-5590 to use a credit card.

On 10/25/2010, the Downtown Office located at 140 W Flagler St closed permanently. Go to www.miamidade.gov/wasd/service_centers.asp for a list of alternate service centers.

Billing Inquiries - call 8 am to 4:30 pm 305-665-7477.

Account Summary

Table with 2 columns: Description and Amount. Rows include Previous Balance (\$ 38.52), Payment Received (-38.52), Current Charges (44.30), and Total Account Balance (\$ 44.30).

Table with 8 columns: Service From, Service To, Meter Number, Days of Service, Prior Reading, Current Reading, Consumption in CCF, Consumption in Gallons. Row 1: 04/04/11, 07/06/11, 36684040, 93, 833, 838, 5, 3740.

Service Address: 1058 NW 27TH ST, RES



Water Charges

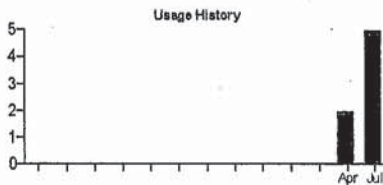


Table with 2 columns: Description and Amount. Rows include Hydrant Charge (2.40), Water Charges (11.47), and Water Charges Subtotal (\$ 13.87).

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CITY CLERK
CITY OF MIAMI, FL.

For more information see back of bill
Return this portion with Payment

Make Checks Payable to Miami-Dade Water and Sewer Department or M-DWASD
P O Box 026055
Miami, FL 33102-6055

Table with 5 columns: Account Number, Past Due Date, Amount Due (US \$), Amount Enclosed, and Remarks. Row 1: 9820046116, 08/02/2011, \$ 44.30, Thank you for your prompt payment.

- Payment in US funds must be received by Miami-Dade Water and Sewer Department by the past due date indicated to avoid discontinuance of service
In accordance with Department Rules and Regulations, a 10% late charge will be assessed if payment is not received by the past due date
Please report any hazardous conditions immediately, call 305-274-9272.

SHAWN SELLECK
1058 NW 27TH ST
MIAMI FL 33127-4038



21101856



Miami-Dade Water and Sewer Department
P O Box 026055
Miami, FL 33102-6055

Name: SHAWN SELLECK
Account Number: 9820046116
Billing Date: 07/12/2011
Past Due Date: 08/02/2011

Billing Inquiries (hours 8:00 – 7:00 PM) 305-665-7477
All Other Inquiries (hours 8:00 – 7:00 PM) 305-665-7488

Sewer Fees

Utility Service Fee 1.25
Sewer Fees Subtotal \$ 1.25

Stormwater

For Information Call: 305-416-1222

City of Miami Stormwater Charge 10.50
Stormwater Subtotal \$ 10.50

22101857



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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL.

Official Change of Address CONFIRMATION LETTER



VERIFICATION REQUIRED

Mail will be forwarded for the following individual only:

**SHAWN B
SELLECK**

Your mail will be forwarded to your NEW address, as you requested, on: **Nov 10, 2010**

If the information contained on this page is incorrect, or you have not received mail at your new address for 10 days or more, please call **1-800-ASK-USPS** (1-800-275-8777).

If you need to view or cancel this Change-of-Address Order or change the date to start forwarding your mail, visit managemymove.usps.com and enter the Confirmation Code: **1031 3170 6000 1890**

YOUR OLD ADDRESS:

**SHAWN B SELLECK
1501 NW SOUTH RIVER DR
MIAMI FL 33125-2701**

YOUR NEW ADDRESS:

000036715 02 AT 0.482 T:0290


**SHAWN B SELLECK
1058 NW 27TH ST
MIAMI FL 33127-4038**

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 2011 AUG 29 AM 11:14
 PRISCILLA A. THOMPSON
 CITY CLERK
 CITY OF MIAMI, FL.

NOTIFY CORRESPONDENTS WHO SEND YOU MAIL

Mail forwarding may be available for up to 12 months and covers only certain classes of mail.

To ensure delivery of all your mail and to avoid forwarding delays, you should notify everyone who sends you mail.

MAIL FORWARDING EXPIRATION DATES:

First Class Mail, Priority & Express....	Nov 10, 2011
Newspapers, Magazines.....	Jan 9, 2011
Packages ¹	Nov 10, 2011
Catalogs	Not Forwarded ²
Standard Mail	Not Forwarded ²

1. some restrictions apply
2. unless requested by mailer

IMPORTANT MESSAGES FROM THE U.S. POSTAL SERVICE REGARDING YOUR MAIL FORWARDING REQUEST

Yellow stickers with your new address are placed on mail forwarded by the U.S. Postal Service. To receive your mail faster, notify the sender of your new address.

Please retain this Official Change of Address Confirmation page for your records as local agencies and/or resources may require it for proof of your move.

Look Inside:

- Local Directory
- Store Locator
- Helpful Resources
- Plus Valuable Enclosed Offers



LORI OTT
305 710 1326 LEASE AGREEMENT

Alex
305 343 6700

This Agreement, made this 24th day of JULY, 2010 by and between Lori Ott, hereinafter referred to as Landlord, and SHAWN SELLECK, hereinafter referred to as Tenant.

***It is agreed that each individual making up the TENANT party is jointly and separately liable in all stipulations of this agreement.**

Landlord shall include Landlords's agents.

ADT -
888-2382727

WITNESSETH:

Landlord hereby leases and rents unto Tenant and Tenant hereby takes as tenant under Landlord:

1. PREMISES: 1501 N.W. South River Drive Miami, Florida 33125 to be used by Tenant as private residential dwelling for a three months term commencing on August 15, 2010 and ending 3 months thereafter.
2. RENT: Tenant shall pay a monthly rental sum of 750.00 on or before the first day of each month commencing on August 15th, 2010 until the total rental sum of the lease term is paid in full. Payments shall be mailed to Lori Ott 1501 N.W. South River Drive Miami, FL 33125 or hand-delivered according to mutual agreement.

It is required that Tenant pay first month, and the agreed security deposit specified in this lease agreement in Section 7, prior to occupying the premises.

3. LATE PENALTY: Rent is due and payable on the 15th of each month and shall be delinquent if not received by Landlord by the 20th. Tenant shall pay a Fifty dollar (\$50.00) late fee for any payment received on the sixth (6th) day of the month plus Ten dollars (\$10.00) for each additional day that any part of the rental installment is delinquent.

If payment is made by check and the check is refused by the bank for any reason, Tenant shall redeem the check from Landlord in cash for the amount of the check plus above late charges which may be due up until the date that the check is redeemed, plus any bank fees charged to Landlord, and Landlord shall have the right to insist that all future rental payments be made by cash, certified check or money order.

If Tenant habitually (defined as three (3) or more times) fails to pay the rent on the first day of the month when due, Landlord may, at his option, terminate lease. The charging of the late charge is not to be considered as condoning late payment of rent.

4. ESCALATION OF RENT: Landlord shall have the right to escalate the rent by giving Tenant thirty (30) days notice prior to the automatic renewal of any additional term. In the event Landlord exercises its right to escalate rent, Tenant shall have the right to terminate this lease by giving at least thirty (30) days notice of termination from date of Landlord notice and have no further obligation under its terms than to return the property in good condition and to pay for any damages thereto as set out in section 7.
5. AUTOMATIC RENEWAL: This lease shall be automatically extended for an additional term of the same duration as the original term, unless one of the parties gives written notice to the other that they do not wish to renew the lease, at least thirty (30) days before each expiration date. Tenant will give written notice to Landlord if this lease is not to be renewed and if additional rental time might be needed, at which point Landlord may agree to continue the rental on a month to month basis.
6. FAILURE TO VACATE ON TERMINATION: If Tenant retains possession of the premises or any part thereof after termination of the lease and Tenant fails to vacate by the first day of the month, Tenant agrees to pay Landlord a full monthly rent specified herein and if actual damages sustained by Landlord exceeds the amount of monthly rent, Tenant agrees to pay the full amount of Landlord's damages.
7. SECURITY DEPOSIT: The sum of 750.00 dollars shall be paid by Tenant as security for the faithful performance by the Tenant of the terms and conditions hereof.

In the event Tenant faithfully complies with the terms and conditions of this lease, the security deposit shall be refunded/mailed to Tenant within two weeks. It is expressly understood that Landlord may retain and apply said deposit or such part thereof as may be required as full or partial payment toward overdue rent or any other charge which shall remain unpaid.

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SCILLA THORNTON
CITY CLERK
CITY OF MIAMI

In the event Tenant terminates the lease prior to the expiration date thereof for any reason, then said security deposit may be applied in whole or in part for any of the damage resulting from said premature termination as set out in section 26.

The Tenant likewise acknowledges the receipt, in good and clean condition, of the entire premises including all of the appliances, fixtures, furnishings, appurtenances therein and further agrees to return said premises and all fixtures, appliances and improvements therein in as good and clean condition as received, including general cleanliness, upkeep and repair. Failure to do so will result in Tenant forfeiting all or part of the security deposit.

8. NUMBER OF OCCUPANTS: Tenant agrees that the leased property shall be occupied by no more than 1 persons consisting of 1 adults and 0 children as set forth within the rental application with additional persons permitted only upon written consent of Landlord.

NAME OF OCCUPANTS:

SHAWN SELLECK

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2011 AUG 29 4:11:14
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI FL.

9. APPLICATION: It is stipulated that the information given by Tenant on the application, if any, was to induce Landlord to enter into this agreement. Tenant represents that all information given therein is true and that any false information will constitute a default of the contract on the part of the Tenant.

10. ANIMALS: Tenant shall keep no domestic or other animals in or about the property or the property premises.

The Tenant shall pay an additional _____ pet security fee to be credited against the damages caused by pet and Tenant shall be liable for any additional damages caused by such pet. Any unused balance to be refunded to Tenant.

11. ALTERATIONS: Tenant shall not make any alterations in or additions to the premises without written consent of Landlord. Existing locks shall not be changed without written permission from Landlord.

In the event permission is given by Landlord for changing or adding any additional security lock, a key to said lock must be furnished to Landlord immediately.

In the event Landlord grants permission for alterations including painting, Tenant will be responsible for cost of restoring property to its original condition except if Landlord has agreed to accept alterations as permanent additions to the property. Any approved alteration or improvements shall be at Tenant's expense.

Tenant specifically agrees that he will make no additions and or alterations to the exterior appearance of windows, doors or any outside areas so as to alter the general aesthetic qualities of the property.

12. ASSIGNMENT AND SUBLETTING: Tenant may not assign or sublet the whole or any part of the premises rented to him hereunder..

13. UTILITIES: Tenant shall be responsible for payment of electric

14. INSPECTION: Landlord shall have the right to inspect the Tenant's premises, make necessary repairs and to control pest and vermin at all reasonable times. When practical to do so, Landlord shall give Tenant notice of its intent to inspect the premises and the approximate time for said inspection. Tenant is requested to have someone on the premises at that time. In the event that Tenant fails to have a representative on the premises at the requested time, then Tenant waives all claims for damages and or theft.

15. DELAY OF DELIVERY OF POSSESSION: In the event possession cannot be delivered to Tenant on commencement of the lease term through no fault of Landlord, there shall be no liability on Landlord, but the rental herein provided shall abate until possession is given. In the event that possession cannot be given within 15 days of the effective date of this lease then the lease may be terminated at the option of the Tenant.

In the event Tenant holds over after the termination of the lease and fails to surrender possession of the premises on the proper date, Tenant shall pay any and all damages sustained by Landlord by reasons of Tenant's failure to vacate the premises.

16. USE OF PREMISES: Tenant shall not make or permit any use of premises or permit any conduct which directly or indirectly is forbidden by any state statute, city ordinance, or government regulation, or which is dangerous to life, limb or property, or which will or tends to injure the reputation of the premises or which will be offensive to any other residents of

the neighborhood, or which may invalidate or increase the premium cost of any policy of insurance carried on the building or covering its operation.

17. CARE OF THE PREMISES: Tenant shall be responsible and liable for any intentional or neglectful injury or damage done to the leased premises or the building and grounds on which the same are located or to any guest or other tenant caused by Tenant, his family or employees or other persons whom Tenant permits to be in or about the leased premises. Tenant must notify Landlord of any needed repairs immediately. Failure to do so may incur additional expenses to Tenant.

Tenant shall be fully responsible for maintaining and keeping premises in a clean and healthy condition.

Tenant shall be fully responsible and agrees to maintain and repair at Tenant's expense, A/C filters, extermination, smoke alarms, etc. Landlord will maintain lawns, shrubs, and gardens at no additional cost to Tenant. No planting of plants or trees is permitted without the written approval of Landlord.

18. WAIVER OF LIABILITY: Landlord shall not be liable for damages to persons or property sustained by Tenant, members of his family, his employees, servants, invitees or other persons due to the building or any of the appurtenances becoming out of repair or arising from bursting or leading of gas, steam, water or sewer pipes, or from defective wiring not occasioned by Landlord's negligence, or caused by any act of God. Landlord shall not be liable or held responsible in any way for any damage, injury or death sustained by Tenant, member of his family, his employees, servants, invitees at any time on or around the premises during the term of this lease. Landlord shall not be liable or held responsible in any way for damage, injury or death sustained by Tenant, members of his family, his employees, servants, invitees during the use of play equipment, outdoor pools, or any other outdoor equipment, furniture or apparatus purchased or installed by Tenant or anyone hired or instructed by them for such purpose.

Landlord shall not be liable for any damages losses or theft of any personal property placed or stored in leased premises which is owned by Tenant or any authorized occupant of the leased premises unless occasioned by the negligence or willful misconduct of Landlord.

Tenant shall not be liable for any damages, losses or theft of any personal property placed or stored in leased premises which is owned by Landlord unless occasioned by the negligence or willful misconduct of Tenant.

19. NOTICE OF DEFECTS: Tenant shall report all defects in the leased premises, building or grounds to Landlord promptly. Failure to report such shall be considered neglect on the part of Tenant and Tenant shall be responsible for damage due to such neglect.
20. DAMAGE BY FIRE OR CASUALTY: In case of damage by fire or other casualty to the building in which the leased premises are located, if the damage is so extensive as to render the leased premises uninhabitable, the Tenant shall:
- (1) Immediately vacate the premises and the rent shall be apportioned to the date of the casualty, or
 - (2) Notify the Landlord in writing within fifteen (15) days of the casualty of his intention to terminate the rental agreement and, in which case, the rent shall be apportioned to the date of vacating.
21. PERSONAL PROPERTY INSURANCE: Tenant shall insure and keep insured at his own expense all personal property placed or stored on the leased premises.
22. EVENTS OF DEFAULT: The occurrence of any of the following shall constitute an event of default:
- A. Delinquency in the due and punctual payment of any rent payable under this lease when such rent shall become payable, for a period of five days.
 - B. Delinquency by the TENANT in the performance of or compliance with any of the terms, conditions and obligations of this lease (other than the covenant for the payment of rent) and if such default is not cured within fifteen (15) days after written notice thereof, give by the Landlord to the Tenant.
 - C. Abandonment of the leased premises by the Tenant or the Tenant's unexplained or extended absence from the leased premises for a period of thirty days and without paying the rent as provided herein.
 - D. The Tenant's unexplained and or extended absence from the premises for thirty (30) days or more without payment of rent as due shall prima facie evidence of abandonment. The Landlord is then expressly authorized to enter, remove and store all personal items belonging to the Tenant. If Tenant does not claim said personal property within an additional thirty (30) days, Landlord may sell or dispose of said personal property and apply the proceeds of sale to the unpaid rents, damages, storage fees, sale costs and attorney fees. Any balances are to be held for the Landlord for a period of six (6) months thereafter.
23. EXTENDED ABSENCES: Tenant is required to give Landlord written notification of any anticipated extended absence from the leased premises in excess of seven (7) days. Notice shall be given on or before the first day of any extended absence. During any absence of the Tenant in excess of seven (7) days, the Landlord may enter the leased premises at

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CITY OF MIAMI, FL
COUNCILMAN THOMAS
SON

times reasonably necessary.

In the event Tenant willfully fails to give notification to Landlord of an extended absence in excess of seven (7) days, the Landlord may recover actual damages from the Tenant.

24. REMEDIES UPON TENANT'S DEFAULT: The occurrence of any of the events of default as listed in Section 22 (Events of Default) shall give the Landlord the following remedies:
- A. Upon the Tenant's failure to pay rent, the Landlord shall have the right to terminate this lease, without the necessity of demand or notice which is hereby expressly waived by Tenant and Tenant agrees to peaceably surrender and vacate the leased premises forthwith, paying the required rent and any other sums due hereunder and leaving the leased premises in good order and repair. In the event Tenant shall refuse to surrender the leased premises or upon surrender fail or refuse to pay the required rent and other sums due, then Landlord shall be entitled to recover from Tenant possession, rent and damages by bringing an action in any Court of competent jurisdiction. Landlord shall also have the right, without terminating this lease, to enter the leased premises on surrender by Tenant or appropriate Court Order, in an attempt to re-let the same upon terms and conditions then obtainable by Landlord, and if a sufficient sum shall not be realized from any such re-letting to satisfy the Tenant's obligations hereunder, after paying all expenses incidental thereto, Tenant shall satisfy such deficiency upon demand of Landlord.
 - B. Upon the occurrence of any of the events of default listed in subparagraph B and C of Section 22 (Events of Default) the Landlord shall have the option and right to terminate this lease at the end of thirty (30) days written notice to the Tenant specifying the specific default and the Tenant's failure to remedy that default within fourteen (14) days after receiving said written notice, upon terms satisfactory to Landlord. At the expiration of the thirty (30) day period and without remedy of the default by the Tenant within the time specified, the Tenant shall peaceably surrender the leased premises to the Landlord and vacate said premises paying the required rent and any other sums due hereunder and leaving said premises in good order and repair. Should Tenant fail or refuse to surrender said premises, pay the required rent or other sums due hereunder, then Landlord shall be entitled to recover from Tenant immediate possession, rent and damages by bringing an unlawful detainer or other action in any Court of competent jurisdiction. In the event the breach is remedied, but the substantially same violation of this lease of which notice was given recurs within six (6) months, Landlord may terminate this agreement on fifteen (15) days written notice specifying the breach and date of termination.
 - C. Upon the occurrence of the event of default listed in subparagraph D of Section 22 (Events of Default), the Landlord is specifically authorized, without liability to Tenant, to enter said premises and terminate this lease and bring an action in any Court of competent jurisdiction for any unpaid rent and damages sustained by Landlord.
 - D. In addition to the rights and remedies afforded Landlord under the terms of this paragraph, Landlord is specifically authorized to pursue any and all rights which it may have under the terms of any landlord and tenant act adopted in the State of Florida and all amendments, changes and modification thereto.
 - E. The specific remedies to which the Landlord may resort under this paragraph are cumulative and are not intended to be exclusive of any other remedies or means of regress to which the Landlord may be lawfully entitled. In case of any default or threatened default by the Tenant of any provision or provisions of this Lease Agreement.
 - F. The failure on the part of the Landlord to re-enter or repossess the premises or to exercise any of its rights hereunder upon any default shall not preclude the Landlord from the exercise of any such rights upon any subsequent defaults. The acceptance of past due rent will in no event act as a waiver of Landlord's right to terminate lease for non-payment of rent when due, and notice or demand shall be required for enforcement thereof.
25. REMOVAL OF PERSONAL PROPERTY: At the expiration of this lease term, upon the termination of this Lease Agreement for any reason, the Tenant shall remove all personal property from the leased premises. Any personal property then remaining upon the leased premises after the expiration or termination of this lease shall be treated by the Landlord as abandoned property and the Landlord may dispose of said property in accordance with the provisions of Section 22D.
26. LIQUIDATED DAMAGES FOR EARLY TERMINATION BY TENANT: In the event Tenant terminates this lease during the period of the first term, Tenant agrees to pay liquidated damages as follows:
- If Tenant terminates this lease in the first six (6) months of occupancy, he agrees to give thirty (30) days notice and pay three (3) additional month's rent as liquidated damages.
- If Tenant terminates after the first six (6) months of occupancy, he agrees to give thirty (30) days notice and pay two (2) additional month's rent.
- In the event of early termination, as additional liquidated damages, Tenant shall forfeit the security deposit.
27. LIEN: Landlord shall have a lien on security interest in any and all goods, household furniture, and other property which shall come in or upon said leased premises, to secure payment of all sums due hereunder and upon failure of Tenant to pay any sum due Landlord, Landlord may sell said property, and shall apply the proceeds of such sale to the payment of expenses incurred by Landlord in enforcing its rights hereunder, then, to any amounts owing by Tenant to Landlord, and

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CITY OF MIAMI, FL

shall pay the balance of such proceeds, if any, to the Tenant.

Tenant agrees to execute a financial statement when required, to protect Landlord's security interest.

- 28. ATTORNEY'S FEES: Tenant agrees to pay Landlord's reasonable attorney's fees, as well as all expenses and court costs for the enforcement and/or defense by Landlord of any and all provisions of said lease.
- 29. RULES: Tenant shall comply with all the rules and regulations now or at any time hereafter during the existence of this lease adopted by Landlord, which are brought to the notice of Tenant in regard to the premises herein leased. Tenant further acknowledges receiving and reading a copy of said rules and regulations, if any, and agrees to abide by them.
- 30. NOTICES: All notices and demands authorized or required to be given to Tenant hereunder may be served upon Tenant in person or by leaving at the property or by mail addressed to him at the leased premises. All notices will be effective thirty (30) days following the date of the notice.
- 31. SEVERABILITY: If any provision of this lease shall be declared invalid or unenforceable, the remainder of the lease shall continue in full force and effect.
- 32. PERMISSION TO SHOW PROPERTY: Tenant agrees to permit Landlord to enter said premises to show the property to prospective tenants at any reasonable times within thirty (30) days from the termination of this lease.
- 33. ENTIRE AGREEMENT: This lease, together with the leasing application and rules and regulations, if any, which are incorporated herein by reference, and constitute the lease documents, contains the entire agreement and understanding between the parties. There are no oral understandings, terms or conditions, and neither party has relied upon any representation, expressed or implied, not contained in this lease. All prior understandings, terms of conditions are deemed merged in this lease. This lease cannot be changed or supplemented except by an agreement in writing and signed by the party against whom enforcement of any waiver, change, modification, or discharge is sought.
- 34. MISCELLANEOUS:
 - Existing appliances and fixtures are to remain in premises in good condition including stove, refrigerator, kitchen ceiling fan. Family room ceiling fan. All light fixtures. All window blinds.
 - It is understood by and between Landlord and Tenant that Landlord has a portion of the property's front and backyards for Landlord personal use and that within this area, a storage shed and its contents is the sole property of the Landlord.

Other rules:

Trash should be placed at the curb the morning of trash pickup days (Mondays and Thursdays). All trash should be placed in the closed trash container provided by the county.

Parking is not permitted in the front of house. Park on right side of property in front of fence off the driveway. Guests should park in the same area.

The Landlord and Tenant(s) have accepted this agreement this 24TH day of JULY, 2010

TENANT: Shawn Selleck

Date: 7/24/2010

TENANT: _____

Date: _____

TENANT: _____

Date: _____

LANDLORD: [Signature]

Date: July 24

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 CITY CLERK
 CITY OF MIAMI, FL.

**ZERO TOLERANCE
DRUG POLICY**

DATE: JULY 24, 2010

Tenant Name(s): <u>SHAWN SELLECK</u>		
Address: _____	City: _____	State/Zip: _____

This statement of Zero Tolerance Drug Policy is identified as an attachment to the Lease-Rental Agreement entered into on 7/24/2010. I understand and agree that this neighborhood and/or property is attempting to be a drug-free environment and that the Landlord has a policy of zero tolerance to illegal drugs on these premises.

I further understand and agree that this policy entitles Landlord to terminate the Rental Agreement of any Tenant who has engaged in any drug-related activity such as possession, sale, manufacture, distribution or use of a controlled substance on or about these premises, or engages in any other illegal activity which is detrimental to the neighborhood or property.

I understand and agree that this policy is intended to ensure that the Tenants' safety and peaceful enjoyment of this property is protected and that tenants and their guests or invitee do not use or sell illegal drugs on these premises.

Executed on this 24th day of JULY, 2010

Shawn Selleck

Tenant's Signature

Date: 7/24/2010

Tenant's Signature

Date: _____

Tenant's Signature

Date: _____

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Voter Information Card
Miami Dade County, FL

Tarjeta de información del elector
Condado de Miami Dade, FL

Kal-Entromasyon Vote
Konte Miami Dade, FL

Shawn Brian Selleck
1501 NW South River Dr
Miami, FL 33125

ISSUED
MITIDA
NPSIME
08/03/10

Bring photo identification when voting.
Para votar, presente una identificación con fotografía.
Trañ pifoto yon pyes idantifikasyon ki gen fotow sou file wap vin vote.

Registration No.
Núm. de inscripción
Nim. Enskripsyon
118292288

Voting Location | Ubicación de la votación | Lokal Biwo Vòt
**HUD
1407 NW 7 St**

Precinct No.
Núm. del recinto
Nim. Biwo Vòt
989

Identification Data
Datos de identificación
Enfo. Idantifikasyon
8/12/1974

Registration Date
Fecha de inscripción
Dat Enskripsyon
7/26/2010

Party Affiliation | Afiliación partidista | Pati Politik
NO PARTY AFFILIATION

Supervisor of Elections | Supervisor de Elecciones | Sipouze Eleksyon
You are eligible to vote for the representatives from the districts listed below.
Ud puede votar por los representantes de los distritos enumerados abajo.
Wap pou w vote pou reprezantan ki nan distri ki lèk anba la yo.

Congress
Congreso
Kongrè
18

State Senate
Senado Estatal
Sena Eta a
33

State House
Cámara Estatal
Lachannm Eta a
113

County Commission
Comisión del Condado
Komisyon Konte
5

School Board
Junta Escolar
Asamble Edikasyon
5

Community Council
Consejo Comunitario
Konsèy Kominotè
0

Municipal | Municipal | Minisipalite
MIAMI



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CITY OF MIAMI, FL.
THOMAS A. THOMPSON
CITY CLERK

STREET ID: 060650 IN USE: YES

--HOUSE RANGE--	QUAD	NAME	TYPE	--SIDE--
1000 - 1098	NW 27		ST	0 EVEN

FACE:	N	PRIMARY ZONE:	EMPOWERMENT ZONE:	Y
ZIP CODE:	331274038	SD1 ZONE:	LATIN QUATERS:	N
CENSUS TRACT:	2900	SD2 ZONE:	VOTING DISTRICT:	01
CENSUS BLOCK:	1004	DDRI ZONE:		
FIRE 901 ZONE:	0861	SEOPWDRI ZONE:		
FIRE SFBC ZONE:	3A	HIST PRESVN DIST:		
NBHD CODE:	05	SCENIC CORRIDOR:		
SUB NBHD CODE:	04	PEDESTRIAN PATHWAY:		
SOLID WASTE ROUTE:	111	OMNI TAX DISTRICT:		
TRASH ROUTE:	00	DDA DISTRICT:		
STREET CLEAN ROUTE:	000	CD TARGET AREA:	03	

NEXT STREET:

HOUSE NO:	QUAD:	NAME:	TYPE:	
ACTION: 1-CONTINUE				ACTION: 01
				XMIT:

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 CITY OF MIAMI, FL.

Florida *The Sunshine State*
DRIVER LICENSE CLASS E
S420-782-74-292-0

SHAWN BRIAN SELLECK
 1068 NW 27 ST
 MIAMI, FL 33127-4038
 DOB: 06-12-1974 SEX: M
 ISSUED: 08-2007
 EXPIRES: 08-2013

ENDORSEMENTS:
 REPLACES: 07-08-2010

Shawn Selleck
 ORGAN DONOR **SAFE DRIVER**

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

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 CITY CLERK
 CITY OF MIAMI, FL.

RESTRICTIONS:

ENDORSEMENTS:

CLASS: E - Any non-commercial vehicle with a GVWR less than 26,004 lbs. or any RV

REPLACEMENT LICENSE REQUIRED WITHIN 10 DAYS OF ADDRESS OR NAME CHANGE.
 The State of Florida retains all property rights herein.



Executive Director *Julie Jones*
 Julie Jones
 Sandra C. Lambert *Sandra Lambert*
 Director of Driver Licenses

X631011069212
 Rev. Date 08-31-09

www.flhsmv.gov



010020647010206



Elections
2700 NW 87th Avenue
Miami, Florida 33172
T 305-499-VOTE F 305-499-8547
TTY: 305-499-8480

miamidade.gov

CERTIFICATION

Batch 1

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

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CITY CLERK
CITY OF MIAMI, FL.

I, Lester Sola, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that 316 signatures submitted by Shawn Selleck for the office of Commissioner- District 1 in the City of Miami matched the signatures on the voter files.


Lester Sola
Supervisor of Elections
Miami-Dade County

WITNESS MY HAND
AND OFFICIAL SEAL,
AT MIAMI, MIAMI-DADE
COUNTY, FLORIDA,
ON THIS 15th DAY OF
AUGUST, 2011

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2011 AUG 19 AM 9:01
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL.

Delivering Excellence Every Day



Elections
2700 NW 87th Avenue
Miami, Florida 33172
T 305-499-VOTE F 305-499-8547
TTY: 305-499-8480

miamidade.gov

August 15, 2011

Priscilla A. Thompson, CMC
City Clerk
City of Miami
3500 Pan American Drive
Miami, FL 33133

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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL.

Dear Ms. Thompson:

The Miami-Dade Elections Department has completed the verification of the petitions for Shawn Selleck, a candidate for Commissioner – District 1 in the City of Miami. A total of 324 petitions were submitted and all of the petitions were reviewed for verification. Of the total 324 petitions, 316 were certified. There will be no charge for the additional petitions that were verified.

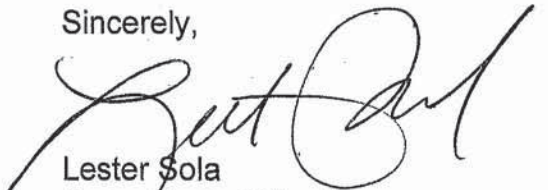
For purposes of petition verification, the Code of Miami-Dade County states that petitions shall be disqualified for the following reasons:

- Title not being in English, Spanish, and Creole
- Circulator was not a registered voter in Miami-Dade County
- Notary did not comply with F.S. 117.05
- Notary was the same person as the circulator
- Signatures of the circulator and the notary were dated earlier than any of the dates on which the electors signed the petition

However, for municipal petitions, my office does not review this information and encourages the municipality to ensure compliance with municipal charter or code requirements.

As such, please find the certification for the petition enclosed. Should you have any questions or concerns, please feel free to contact me at 305-499-8509 or Rosy Pastrana, Deputy Supervisor of Elections for Voter Services at 305-499-8548.

Sincerely,


Lester Sola
Supervisor of Elections
Miami-Dade Elections Department

Enclosure (1)

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