

City of Pembroke Pines
Utility Billing Department
601 City Center Way
Pembroke Pines, FL 33025
(954) 450-1060
Welcome

01/08/2026 09:32AM lateisha
007166-0012

MISCELLANEOUS

ELECTION FEES

COMMISSION (CC19)

2026 CC19

1 @ \$1326.46

\$1,326.46

\$1,326.46

Subtotal

\$1,326.46

Total

\$1,326.46

Tenders

CHECK

\$1,326.46

Check Number 001003

Change due

\$0.00

Comments: DENNIS HINDS
MARCH 10, 2026
MUNICIPAL ELECTIONS



Thank you for your payment

CUSTOMER COPY
DUPLICATE RECEIPT

CITY CLERK'S OFFICE
CITY OF PEMBROKE PINES

2026 JAN -8 AM 10:46

**DENNIS HINDS FOR
PEMBROKE PINES COMMISSIONER**

11356 SW 15TH ST
PEMBROKE PINES FL 33025-4821

1003

63-4/630 FL
1693

DATE 1-8-2026

PAY
TO THE
ORDER OF

CITY OF PEMBROKE PINES

\$ 1,326 ⁴⁶/₁₀₀

One Thousand Three Hundred Twenty Six & forty six CENTS
DOLLARS



BANK OF AMERICA

ACH R/T 063100277

[Signature]

FOR Qualifying



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

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

(PLEASE PRINT OR TYPE)

CITY CLERK'S OFFICE
CITY OF PEMBROKE PINES

2025 JAN -8 AM 10:46

CITY CLERK'S OFFICE
CITY OF PEMBROKE PINES

2025 OCT 23 PH 12:28

NOTE: This form must be on file with the filing 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):
(Please Print or Type Name)

DENNIS M. HINDS

3. Address (include PO Box or Street, City, State, Zip Code):

9620 SW 9th
PEMBROKE PINES, FL 33025

4. Telephone:

(954) 266-9876

5. Candidate's Voter Registration #:

102362321

(not required for qualifying purposes)

6. Email Address:

HINDSFORPINES@YAHOO.COM

7. Office Sought (include district, circuit, group, or seat #):

CITY OF PEMBROKE PINES DISTRICT 1
COMMISSIONER

8. If a candidate for a nonpartisan office, check the box if applicable:

I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

Write-In Candidate. No Party Affiliation Candidate. _____ Party candidate.

10. I have appointed the following person to act as my:

Campaign Treasurer

Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

MILTON E. WILSON

12. Telephone:

(954) 616-5463

13. Email Address:

CMTTAXACC@GMAIL.COM

14. Mailing Address:

4000 NSR 7

15. City:

LAUDERDALE LAKES

16. State:

FL

17. Zip Code:

33319

18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository

19. Name of Bank:

BANK OF AMERICA

20. Address:

12300 MIRAMAR PKWY.

21. City:

MIRAMAR

22. County:

BROWARD

23. State:

FLORIDA

24. Zip Code:

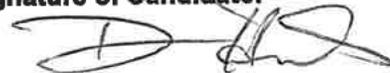
33025

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

25. Date:

10-22-2025

26. Signature of Candidate:

X 

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

MILTON E. WILSON

do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

10-22-2025

29. Signature of Campaign Treasurer or Deputy Treasurer

X 

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

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

(PLEASE PRINT OR TYPE)

CITY CLERK'S OFFICE
CITY OF PEMBROKE PINES
2025 JAN -8 AM 10:46

CITY CLERK'S OFFICE
CITY OF PEMBROKE PINES
2025 OCT 23 PM 12:28

NOTE: This form must be on file with the filing 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):
(Please Print or Type Name)

DENNIS M. HINDS

3. Address (include PO Box or Street, City, State, Zip Code):

9620 SW 9ct.
PEMBROKE PINES, FL. 33025

4. Telephone:

(954) 266-9876

5. Candidate's Voter Registration #:

102362321
(not required for qualifying purposes)

6. Email Address:

hindsforPines@yahoo.com

7. Office Sought (include district, circuit, group, or seat #):

CITY OF PEMBROKE PINES DISTRICT 1
COMMISSIONER

8. If a candidate for a nonpartisan office, check the box if applicable:

I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

Write-In Candidate. No Party Affiliation Candidate. _____ Party candidate.

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

11. Name of Treasurer or Deputy Treasurer:

DENNIS HINDS

12. Telephone:

(954) 266-9876

13. Email Address:

hindsforPines@yahoo.com

14. Mailing Address:

9620 SW 9ct.

15. City:

PEMBROKE PINES

16. State:

FLORIDA

17. Zip Code:

33025

18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository

19. Name of Bank:

BANK OF AMERICA

20. Address:

12300 MIRAMAR PKWY

21. City:

MIRAMAR

22. County:

BROWARD

23. State:

FL

24. Zip Code:

33025

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

25. Date:

10-22-2025

26. Signature of Candidate:

X 

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

I, DENNIS HINDS
(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

28. Date:

10-22-2025

29. Signature of Campaign Treasurer or Deputy Treasurer

X 

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

CITY CLERK'S OFFICE
CITY OF PEMBROKE PINES

2026 JAN -8 AM 10:45

CITY CLERK'S OFFICE
CITY OF PEMBROKE PINES

2025 OCT 23 PM 12:28

I, DENNIS HINDS,
candidate for the office of CITY OF PEMBROKE PINES DISTRICT 1 ^{Commissioner};

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



Signature of Candidate

10-27-2025

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).



2026 JAN - 8 AM 10: 47

Candidate Statement of Compliance With City of Pembroke Pines Charter Section 3.04

I, DENNIS HINDS, am a candidate for the office of () Mayor or () Commissioner of District 1 in the City of Pembroke Pines, Broward County, Florida (the "City"), in the General Municipal Election scheduled for MARCH 10, 2026. The City Charter, Section 3.04, reads as follows:

SECTION 3.04 QUALIFICATIONS, FILING FEES AND OATHS.

(a) A candidate for any elective position in the City government shall designate the office for which he/she has qualified and pay to the City Clerk a filing fee in an amount equal to three (3) percent of the annual salary of the office.

(b) A candidate for the office of Mayor shall file with the City Clerk a written notice of candidacy which shall designate that the candidate is a qualified elector of the City and a resident of the City for at least 180 days immediately and continuously prior to qualifying for office.

(c) Candidates for City Commission districts shall file with the City Clerk a written notice of candidacy, which shall designate in which election district of the City that candidate resides. A candidate for one (1) of the four (4) Commission seats in the City shall be a qualified elector of the City and a resident of the City residing within their designated election district for at least one hundred eighty (180) days immediately and continuously prior to qualifying for elective office.

I am in compliance with all requirements of Chapter 3.04, and in particular, the 180-day durational residency requirement for candidates.


Signature

1-8-2026
Date

2026 JAN -8 AM 10:49

AFFIDAVIT

STATE OF FLORIDA)
) ss:
COUNTY OF BROWARD)

BEFORE ME, this day personally appeared DENNIS HINDS
who, after being duly sworn by me deposes and says that:

1. I am a candidate for the office of COMMISSIONER DISTRICT 1 in
the City of Pembroke Pines, Broward County, Florida (the "City"), in the General Municipal
Election scheduled for Tuesday, March 10, 2026.

2. The City Clerk has provided me with a copy of Chapter 3.04 of the City Charter. I
am in compliance with the requirements of Chapter 3.04, and in particular, the 180-day durational
residency requirement for candidates.

3. I hereby execute this Affidavit acknowledging and certifying my compliance with
the Charter and the provisions contained within section 99.021, Florida Statutes, as amended, the
Affidavit of which I have also executed ("Loyalty Oath / Oath of Candidate", Form DS-DE 24B), as
required by the State of Florida Election Code.

FURTHER AFFIANT SAYETH NAUGHT.

DENNIS HINDS
PRINT NAME

[Signature] Affiant

ADDRESS:
11356 SW 15 ST, PEMBROKE PINES, FL 33025
Pembroke Pines, Florida

STATE OF FLORIDA)
) ss.
COUNTY OF BROWARD)

THE FOREGOING INSTRUMENT was sworn to and subscribed before me this 8th
day of January 2026, by Dennis Hinds
who is known to me or who produced FL Driver License H209-368-68-100-0 as identification.

[Signature]
NOTARY PUBLIC



2025 JAN -8 AM 10:49

General Information

Name: Mr Dennis Hinds

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board - Form 1 (Effective 6/10/2024)	Commissioner District 1	Commissioner District 1

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2025.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over \$2,500) (Major sources of income to the reporting person)
(If you have nothing to report, write "none" or "n/a")

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
Roy Amber Marketing & Consulting	9620 SW 9 Ct. Pembroke Pines Fl 33025	Sales

2025 Form 1 - Statement of Financial Interests

Secondary Sources of Income

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, write "none" or "n/a")

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Real Property

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

Location/Description
N/A

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over \$10,000)
(If you have nothing to report, write "none" or "n/a")

Type of Intangible	Business Entity to Which the Property Relates
N/A	

2025 Form 1 - Statement of Financial Interests

Liabilities

LIABILITIES (Major debts valued over \$10,000):
(If you have nothing to report, write "none" or "n/a")

Name of Creditor	Address of Creditor
N/A	

Interests in Specified Businesses

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

Business Entity # 1

N/A

Signature of Filer

Dennis Hinds

Digitally signed: 01/08/2026

Broward County

Statement of Ethical Campaign Practices

CITY CLERK'S OFFICE
CITY OF PEMBROKE PINES

CITY CLERK'S OFFICE
CITY OF PEMBROKE PINES

The Broward County Ethical Campaign Practices Act shall apply to any candidate for elected public office whose constituency resides, in whole or in part, within Broward County, or when the boundaries of the public office sought are located, in whole or in part, within the County. "Candidate" means any person to whom any one or more of the following applies:

- (1) Any person who seeks to qualify for nomination or election by means of the petitioning process;
- (2) Any person who seeks to qualify for election as a write-in candidate;
- (3) Any person who receives contributions or makes expenditures, with a view to bringing about his or her nomination or election to, or retention in, public office;
- (4) Any person who appoints a treasurer and designates a primary depository; or
- (5) Any person who files qualification papers and subscribes to a candidate's oath as required by law.

A candidate's decision regarding whether to execute the statement is strictly voluntary. A candidate executing the Statement of Ethical Campaign Practices shall file the original and a copy of the executed statement, bearing the candidate's signature, with the officer before whom the candidate qualifies within five (5) days after becoming a candidate for the elected public office.

As a candidate for public office in Broward 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, color, religion, gender, national origin, physical disability, or sexual orientation an issue in my campaign.
- 2. I shall not make my opponent's race, color, religion, gender, national origin, age, marital status, familial status, physical disability, or sexual orientation an issue in my campaign.
- 3. I will condemn any appeal to prejudice based on race, color, religion, gender, national origin, age, marital status, familial status, physical disability, or sexual orientation.
- 4. I shall not attack or question my opponent's patriotism.
- 5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement nor shall I tolerate or permit members of my campaign organization to engage in such activities.
- 6. I shall not tolerate nor permit members of my campaign organization to engage in activities designed to destroy or remove campaign materials or signs lawfully displayed on public or private property.
- 7. 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 that I hereby condemn.
- 8. I shall run a positive campaign emphasizing my qualifications for office and my positions on issues of public concerns and 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 an opponent's credibility.
- 10. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

Executed on this day 8 of JANUARY, 2026

WITNESSES:
[Signature]
Martiqueta Watson

BY CANDIDATE:
[Signature]
Signature
DENNIS HINDS
(Print Name)

STATE OF FLORIDA)
)SS
COUNTY OF Broward)

The foregoing instrument was acknowledged before me this 8th day of January, 2026, by Dennis Hinds, who is personally known to me or who has produced FL Driver License #209-368-68-100-0 as identification and who did/did not take an oath.

WITNESS my hand and official seal, this 8th day of January, 2026.



[Signature]
(Signature of person taking acknowledgment)

Gabriel Fernandez
(Name of officer taking acknowledgment)
Typed, printed, or stamped

CANDIDATE OATH

NONPARTISAN OFFICE

(Do not use this form if a Judicial or School Board Candidate)
Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

CITY CLERK'S OFFICE
CITY OF PEMBROKE PINES

2026 JAN -8 AM 10:46

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: DENNIS HINDS

Check box if two last names without hyphen. (Name cannot be changed after qualifying.)

Check box if name includes nickname. (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the nonpartisan office of COMMISSIONER, 1
(Office) (District #)
; I am a qualified elector of BROWARD County, Florida
(Circuit #) (Group or Seat #)

I am a qualified elector under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; 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; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do NO, I Do Not

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X [Signature] Telephone Number (954) 266-9876 Email Address HINDSFORPINES.COM
Address of Legal Residence 11356 SW 15 ST City PEMBROKE PINES State FL ZIP Code 33025

STATE OF FLORIDA

COUNTY OF Broward

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence

this 8th day of January, 2026.

Personally Known OR Produced Identification

Type of Identification Produced: FL Driver License
H209-368-68-109-0



CITY CLERK'S OFFICE
CITY OF PEMBROKE PINES

2026 JAN -8 AM 10:49



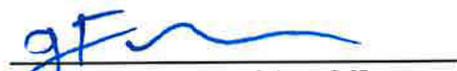
LOGIC AND ACCURACY ACKNOWLEDGEMENT

I hereby acknowledge receipt of "Notice of Logic and Accuracy Test", pursuant to F.S. 101.5612.



Signature of Candidate

1-8-26
Date



Signature of Qualifying Officer