



# City of Hallandale Beach

June 8, 2012

Dr. Brenda Snipes  
Broward County Supervisor of Election  
115 S Andrews Avenue Room 102  
Fort Lauderdale, FL 33301

400 South Federal Highway  
Hallandale Beach, FL 33009-6433  
Phone: (954) 458-3251  
Fax: (954) 457-1342

Dear Dr. Snipes:

The following is a list of candidates that qualified for the City of Hallandale Beach General Election to be held on November 6, 2012 for Mayor and two at large City Commission Seats. Per your request the following is how the ballot should appear:

**MAYOR  
AT LARGE  
(Vote for One)**

Joy F. Cooper  
Keith S. London

\_\_\_\_\_ (Write-In Candidate)

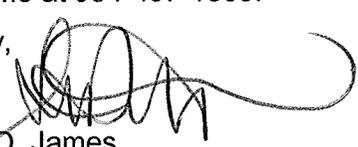
**CITY COMMISSION  
TWO AT LARGE CITY COMMISSION SEATS  
(Vote for Two)**

Gerald Dean  
Ann Pearl Henigson  
William "Bill" Julian  
Csaba G. Kulin  
Michelle Lazarow  
Anthony A. Sanders

Attached are the nine (9) Candidate Oath forms (DS-DE 25) for the candidates. Please note, there is also one "Write-In Candidate."

If you have any questions please feel free to contact me at 954-457-1339.

Sincerely,

  
Sheena D. James  
City Clerk

CC: Renee Crichton, City Manager  
V. Lynn Whitfield, City Attorney



**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or  
School Board Candidates)

OFFICE USE ONLY

12 JUN - 6 PM 5:12  
COUNTY CLERK

**OATH OF CANDIDATE**  
(Section 99.021, Florida Statutes)

I, KEITH S. LONDON  
(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 for the nonpartisan office of MAYOR,  
CITY OF HALLANDALE BEACH (office) BROWARD (district #)  
; I am a qualified elector of HALLANDALE BEACH 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; 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.

X Keith S. London (Signature of Candidate) 454-494-3182 (Telephone Number) Londonschow@Bellsouth.net (Email Address)

613 Oleander Drive (Address) Hallandale (City) FL (State) 33009 (ZIP Code)

Candidate's Florida Voter Registration Number (located on your voter information card): 101388900

\* 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):

K-EE-TH S. LON-DUN

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 6 day of June, 2012.

Personally Known: X or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Christopher J. Talmadge  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CHRISTOPHER J. TALMADGE  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# EE038719

Expires 10/31/2014 Rule 1S-2.0001, F.A.C.

**CANDIDATE OATH -  
WRITE-IN CANDIDATE**

(Not for use by Judicial or  
School Board Candidates)

CITY OF HALLANDALE  
CITY CLERK

12 JUN -8 AM 10:14

OFFICE USE ONLY

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, Jay Schorr  
(PLEASE PRINT NAME)

am a write-in candidate for the office of Mayor, Hallandale Beach,  
(office) (district #) (circuit #)  
I am a qualified elector of Broward County, Florida; I am qualified  
(group or seat #)

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.

X

Signature of Candidate

(954) 454-2699

Telephone Number

Jay@tmrmltmedia.com

Email Address

130 Golden Isles Drive Hallandale Beach FL 33009  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 102487457

STATE OF FLORIDA

COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 8 day of June, 2012.

Personally Known: \_\_\_\_\_ or

Produced Identification: X

Type of Identification Produced:

Fla. D.L.

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



CHRISTOPHER J. TALMADGE

NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# EE038719  
Expires 10/31/2014

**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or  
School Board Candidates)

CITY OF HALLANDALE  
CITY CLERK

12 JUN -7 PM 12:49

OFFICE USE ONLY

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, Gerald E. Dean

(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 for the nonpartisan office of City Commissioner, \_\_\_\_\_,

HALLANDALE BEACH (office) (district #)

\_\_\_\_\_ ; I am a qualified elector of Broward 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; 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.

Gerald E. Dean (954) 610-0856 gedean54@gmail.com  
Signature of Candidate Telephone Number Email Address

726 NW 1<sup>st</sup> CT, Hallandale Bch., FL 33009  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 101258352

\* 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):

Ge - Rald Dean

STATE OF FLORIDA

COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 7 day of June, 2012.

Personally Known: \_\_\_\_\_ or \_\_\_\_\_

Produced Identification: X

Type of Identification Produced: Fla. D.L.

Christopher J. Talmadge  
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



CHRISTOPHER J. TALMADGE  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm # EE000719

Expires 10/31/2014

CANDIDATE OATH -  
NONPARTISAN OFFICE

(Not for use by Judicial or  
School Board Candidates)

CITY OF HALLANDALE BEACH  
CITY CLERK

12 JUN -4 PM 1:16

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, ANN PEARL HENIGSON

(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 for the nonpartisan office of City of Hallandale Beach-Commissioner's  
Seat-date of election-Nov.6,2012

-----; I am a qualified elector of Broward- Hallandale Beach (office) (district #)  
County, Florida;  
(circuit #) (group or seat #) My legal address: 500 Three Islands Blvd, Hallandale Beach, FL 33009

I am qualified 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.

X [Signature] (954) 457-8583 anncampaign@yahoo.com  
Signature of Candidate Telephone Number Email Address  
ANN PEARL HENIGSON Fax No. (954) 457-8583  
500 Three Islands Blvd Hallandale Beach Florida 33009  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 101608749

\* 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):

A-NN P-ER-L H-E-N-I-G-S-ON

STATE OF FLORIDA  
COUNTY OF BROWARD

Sworn to ~~(or affirmed)~~ and subscribed before me this 7 day of May, 2012  
at Broward County, Florida.

Personally Known to me ~~(or is not known to me)~~

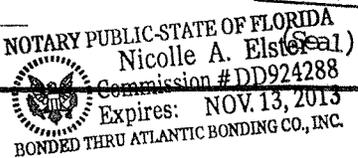
Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

My Commission Expires: 11/13/13

Nicolle A. Elster  
Signature of Notary Public - State of Florida  
At Large  
Print, Type, or Stamp Commissioned Name of Notary Public

Print Name of Notary: Nicolle A. Elster



**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or  
School Board Candidates)

CITY OF HALLANDALE  
CITY CLERK

12 JUN -4 PM 1:57

OFFICE USE ONLY

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, WILLIAM "BILL" JULIAN

(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 for the nonpartisan office of CITY COMMISSIONER OF HALLANDALE BCH (office) (20) (district #)

31 (circuit #) 105 (group or seat #); I am a qualified elector of BROWARD County, Florida;

I am qualified 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.

X William Julian (Signature of Candidate) 954 (Telephone Number) 274-7230 BECJULIE AOL (Email Address)

1102 NE. 2ND. CT. HALLANDALE BCH. FL. 33009  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 101277389

\* 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):

WILL - YAM JUL - YAN

STATE OF FLORIDA

COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 4 day of June, 2012.

Personally Known: X or  
Produced Identification: \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_



CHRISTOPHER J. TALMADGE  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# EE038719  
Expires 10/31/2014  
Christopher J. Talmadge  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or  
School Board Candidates)

CITY OF HALLANDALE  
CITY CLERK

12 JUN -7 PM 3:59

OFFICE USE ONLY

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, CSABA G. KULIN  
(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 for the nonpartisan office of HALLANDALE BEACH CITY COMMISSIONER,  
(office) (district #)

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

I am qualified 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

X

[Signature]  
Signature of Candidate

410-759-6696  
Telephone Number

2012CSABA@GMAIL.COM  
Email Address

600 NE 14TH AVE # 220/221 HALLANDALE BEACH, FL 33009  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 102482405

\* 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):

CH-ABA KOO-LIN

STATE OF FLORIDA

COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 7 day of June, 2012.

Personally Known: X or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

[Signature]  
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

CHRISTOPHER J. TALMADGE

NOTARY PUBLIC

STATE OF FLORIDA

Comm# EE038719

Expires 10/31/2014



**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or  
School Board Candidates)

CITY OF HALLANDALE  
CITY CLERK  
12 JUN -7 PM 12:18

OFFICE USE ONLY

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, Michele Lazarow

(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 for the nonpartisan office of City Commissioner, \_\_\_\_\_,

HALLANDALE BEACH

(office)

(district #)

(circuit #)

(group or seat #)

I am a qualified elector of Broward County, Florida;

I am qualified 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.

M Lazarow 305 607 5683 MLazarow@aol.com

Signature of Candidate

Telephone Number

Email Address

2621 NE 10<sup>th</sup> St. Hallandale Bch FL 33009

Address

City

State

ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 10715156

\* 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):

MI-SH-EL LA-ZA-ROW

STATE OF FLORIDA

COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 7 day of June, 2012.

Personally Known: \_\_\_\_\_ or

Christopher J. Talmadge

Signature of Notary Public

Produced Identification: X

Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced: Fla. D.L.



CHRISTOPHER J. TALMADGE

NOTARY PUBLIC

STATE OF FLORIDA

Comm# EE038719

Expires 10/31/2014

**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or  
School Board Candidates)

CITY OF HALLANDALE  
CITY CLERK

12 JUN -7 PM 2:47

OFFICE USE ONLY

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, ANTHONY A. SANDERS  
(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 for the nonpartisan office of CITY COMMISSIONER, \_\_\_\_\_,  
CITY OF HALLANDALE BEACH (office) (district #)

CITY OF HALLANDALE BEACH (circuit #) I am a qualified elector of BROWARD County, Florida;  
(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; 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.

X Anthony Sanders (954) 540-5100 ANTHONY.SANDERS12@gmail.com  
Signature of Candidate Telephone Number Email Address

615 NW 4 CT. HALLANDALE BEACH FL. 33009  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 101317291

\* 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):

AN-TH-UN-I AI. S-AN-D-UHR-S

STATE OF FLORIDA

COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 7 day of June, 2012.

Personally Known: X or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Christopher J. Talmadge  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



CHRISTOPHER J. TALMADGE  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# EE030740

Expires 10/31/2014

Rule 1S-2.0001, F.A.C.