

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

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

(PLEASE PRINT OR TYPE)

APR 5 PM 2:48



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)

FRED LANDSMAN

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

625 94th St.
SUNNYSIDE, FL. 33154

4. Telephone

(305) 343-1481

5. E-mail address

FLANDSMA@HOTMAIL.COM

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

COMMISSIONER

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

FRED LANDSMAN

11. Mailing Address

625 94th St.

12. Telephone

(305) 343-1481

13. City

SUNNYSIDE

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33154

17. E-mail address

FLANDSMA@HOTMAIL.COM

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

20. Address

21. City

22. County

23. State

24. Zip Code

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

4/5/2023

26. Signature of Candidate

X 

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

I, FRED LANDSMAN, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer Deputy Treasurer.

4/5/2023

Date

X


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY


APR 5 PM 2:48



I, FRED LANDSMAN,

candidate for the office of COMMISSIONER;

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

X 
Signature of Candidate

4/5/2023
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).

MAY 25 PM 1:59 *SMC*

COPY

APR 5 PM 2:48

[Handwritten Signature]

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

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

FRED LANDSMAN *625 94th St.*

4. Telephone 5. E-mail address

(305) 343-1481 *FLANDSMA@hotmail.com*

6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable:

COMMISSIONER 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

FRED LANDSMAN

11. Mailing Address 12. Telephone

625 94th St. *(305) 343-1481*

13. City 14. County 15. State 16. Zip Code 17. E-mail address

SUNNYSIDE *MIAMI-DADE* *FL* *33154* *FLANDSMA@hotmail.com*

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank 20. Address

BANK OF AMERICA *1108 KANE CONCOURSE 1st FLOOR*

21. City 22. County 23. State 24. Zip Code

BAY HARBOR ISLANDS *MIAMI-DADE* *FL.* *33154*

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 26. Signature of Candidate

4/5/2023 *X [Signature]*

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

I, *FRED LANDSMAN*, do hereby accept the appointment

(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

4/5/2023 *X [Signature]*

Date Signature of Campaign Treasurer or Deputy Treasurer



Town of Surfside

9293 Harding Avenue
Surfside, Fl 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Fred Landsman
Office Sought Commissioner
Phone No.: _____ Cell Phone No: (305) 343-1481
E-Mail Address: FLANDSMA @ HOTMAIL . COM

Contents Date Received Initials

1. Qualifying as a candidate:

Appointment of Campaign Treasurer and Designation of Campaign Depository	<u>4/5/2023</u> <u>5/25/2023</u>	<u>FL</u>
Nominating Petition	_____	_____
Statement of Candidate	<u>4/5/2023</u>	<u>FL</u>
Sworn Statement of Qualification	_____	_____
Candidate Oath	_____	_____
Form 1 – Statement of Financial Interest (2022)	_____	_____
Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practice	_____	_____
Qualifying Fee \$25.00	_____	_____
L & A Schedule	_____	_____
Proof of Residency	_____	_____



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 19, 2024

RECEIPT OF DOCUMENTS

Candidate:

fred

First Name

Middle Name

Landsman

Last name

Commissioner

Office Sought (Mayor or Commissioner)

Phone No.:

Fax No.:

Cell Phone:

(305) 343-1481

E-Mail Address:

FLANDSMA @ Hotmail. com

This is to acknowledge my receipt of the following documents:

- The Florida Election Code (2022) – Digital Format (USB)
- Candidate and Campaign Treasurer Handbook (2022) – Digital Format (USB)
- Guide to the Sunshine Amendment and Code of Ethics (2023) – Digital Format (USB)
- Reporting Dates Schedule (Election Date: March 19, 2024)
- Campaign Activities Memorandum

Received by:

[Signature]

Candidate Signature

Date:

5/25/2023

& Voter Registration

2. Important Dates to Remember

5/25/2023 *AL*

3. Campaign Activities Memorandum

5/25/2023 *AL*

Candidate's Signature


Date

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Fred Landsman
 Name
625 94th Street
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

JUN 5 PM 2:58



(3) ID Number: _____

Check here if address has changed

(4) Check appropriate box(es):

Candidate Office Sought: COMMISSIONER

Political Committee (PC)

Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded

Party Executive Committee (PTY) Check here if PTY has disbanded

Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 05 / 01 / 2023 To 05 / 31 / 2023 Report Type: 2023MS

Original Amendment Special Election Report

(6) **Contributions This Report**

Cash & Checks \$ _____ , _____ , 200 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 200 . 00

In-Kind \$ _____ , _____ , _____ . _____

(7) **Expenditures This Report**

Monetary Expenditures \$ _____ , _____ , 0 . _____

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 0 . _____

(8) **Other Distributions**

\$ _____ , _____ , _____ . _____

(9) **TOTAL Monetary Contributions To Date**

\$ _____ , _____ , 200 . 00

(10) **TOTAL Monetary Expenditures To Date**

\$ _____ , _____ , 0 . _____

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) FRED LANDSMAN

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Fred Landsman
 Signature

(Type name) FRED LANDSMAN

Candidate Chairperson (only for PC and PTY)

X Fred Landsman
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name FRED LANDSMAN (2) I.D. Number _____

(3) Cover Period 5 / 1 / 2023 through 5 / 31 / 2023 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
5, 25, 23	FRED LANDSMAN 625 94th ST. SUNNYSIDE, FL 33154	S	CORP. RECAUTION	LOA			200.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name FRED LANDSMAN (2) I.D. Number _____
 (3) Cover Period 5 / 1 / 2023 through 5 / 31 / 2023 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
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NONE

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name FRED LANDSMAN

I.D. Number _____

Address (number and street)
625 94th St.

City, State, Zip Code
SUNSHINE, FL. 33150

CHECK IF ADDRESS HAS CHANGED

JUN 5 PM 2:58

Candidate for:

- Mayor
- Commissioner, District _____
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2023 M5 Cover Period 5/1/2023 through 5/31/2023

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

FRED LANDSMAN
(Type name) Treasurer Deputy Treasurer

X [Signature]
Signature

I certify that I have examined this report and it is true, correct, and complete.

FRED LANDSMAN
(Type name) Candidate

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Fred Landsman

Name

(2) 625 94th Street

Address (number and street)

Surfside, FL 33154

City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

JUL 10 AM 11:32

[Signature]

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: COMMISSIONER

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 6 / 1 / 2023 To 6 / 30 / 2023 Report Type: 2023mb

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . _____

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0 . _____

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 200 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 0 . _____

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) FRED LANDSMAN
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X [Signature]
Signature

(Type name) FRED LANDSMAN
 Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

JUL 10 AM 11:32

(1) Name Fred LANSNAP (2) I.D. Number _____

(3) Cover Period 6 / 1 / 2023 through 6 / 30 / 2023 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
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NONE

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name FRED LAMPSMAN (2) I.D. Number _____
 (3) Cover Period 6 / 1 / 2023 through 6 / 30 / 2023 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
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NONE

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Fred LANDSMAN

I.D. Number _____

Address (number and street)
625 94th St.

City, State, Zip Code
SUNNYSIDE, FL. 33154

JUL 10 AM 11:32

CHECK IF ADDRESS HAS CHANGED

Candidate for:

Mayor

Commissioner, District _____

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2023M6 Cover Period 6/1/2023 through 6/30/2023

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Fred LANDSMAN

(Type name) Treasurer Deputy Treasurer

X Fred

Signature

I certify that I have examined this report and it is true, correct, and complete.

Fred LANDSMAN

(Type name) Candidate

X Fred

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Fred Landsman
 Name
625 94th Street
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

OCT 10 PM 2:52

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: COMMISSIONER
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 7 / 1 / 2023 To 9 / 30 / 2023 Report Type: 2023Q3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . _____

Loans \$ _____ , _____ , 0 . _____

Total Monetary \$ _____ , _____ , 0 . _____

In-Kind \$ _____ , _____ , 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 32 . 00

Transfers to Office Account \$ _____ , _____ , 0 . _____

Total Monetary \$ _____ , _____ , 32 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 200 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 32 . 00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) FRED LANDSMAN

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X [Signature]
 Signature

(Type name) FRED LANDSMAN

Candidate Chairperson (only for PC and PTY)

X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

OCT 10 PM 2:52

(1) Name FRED LANDSMAN

(2) I.D. Number 2023 Q3

(3) Cover Period 7 / 1 / 2023 through 9 / 30 / 2023

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
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NONE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name FRED LANDSMAN (2) I.D. Number 2023 Q3
 (3) Cover Period 7 / 1 / 2023 through 9 / 30 / 2023 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
8/1/23	BANK OF AMERICA 1108 KANE CONCOURSE BOY HARBOUR ISLANDS	BANK FEE	CAN		16.00
1					
9/1/23	BANK OF AMERICA 1108 KANE CONCOURSE BOY HARBOUR ISLANDS	BANK FEE	CAN		16.00
2					
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name FRED LANDSMAN

I.D. Number _____

Address (number and street) 625 94th ST

City, State, Zip Code SUNNYSIDE, FL. 33154

OCT 10 PM 2:52

CHECK IF ADDRESS HAS CHANGED

Candidate for:

- Mayor
- Commissioner, District _____
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2023 Q3 Cover Period 7/1/2023 through 9/30/2023

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

FRED LANDSMAN
(Type name) Treasurer Deputy Treasurer

X [Signature]
Signature

I certify that I have examined this report and it is true, correct, and complete.

FRED LANDSMAN
(Type name) Candidate

X [Signature]
Signature



Town of Surfside

9293 Harding Avenue
Surfside, Fl 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Fred Landsman
Office Sought Commissioner
Phone No.: _____ Cell Phone No: (305) 343-1481
E-Mail Address: FLANDSMA @ HOTMAIL . COM

<u>Contents</u>	<u>Date Received</u>	<u>Initials</u>
1. Qualifying as a candidate:		
Appointment of Campaign Treasurer and Designation of Campaign Depository	<u>4/5/2023</u> <u>5/25/2023</u>	<u>FL</u>
Nominating Petition	<u>11/7/2023</u>	<u>FL</u>
Statement of Candidate	<u>9/5/2023</u>	<u>FL</u>
Sworn Statement of Qualification	<u>11/7/2023</u>	<u>FL</u>
Candidate Oath	<u>11/7/2023</u>	<u>FL</u>
Form 1 – Statement of Financial Interest (2022)	<u>11/7/2023</u>	<u>FL</u>
Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practice	<u>11/7/2023</u>	<u>FL</u>
Qualifying Fee \$25.00	<u>11/7/2023</u>	<u>FL</u>
L & A Schedule	<u>—</u>	<u>—</u>
Proof of Residency		

**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

NOV 7 PM 1:40

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, FRED LANDSMAN,

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box (see page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of COMMISSIONER, _____,
(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; 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.

Candidate's Florida Voter Registration Number (located on your voter information card): 109965430

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

X [Signature] (305) 343-1481 FLANDSMA @ HOTMAIL . COM
Signature of Candidate Telephone Number Email Address
625 94th ST. SUNNYSIDE FL 33154
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Miami-Dade

[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 7th day of November, 2023.

Personally Known OR Produced Identification

Type of Identification Produced: _____





NOV 7 PM 1:35

TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 19, 2024

SWORN STATEMENT OF QUALIFICATION

Pursuant to Article VI, Section 102 of the Town of Surfside Charter, this form must be submitted simultaneously with the nominating petitions and qualifying fee of \$25.00 made payable to the Town of Surfside.

STATE OF FLORIDA }

COUNTY OF MIAMI-DADE }

TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is Fred Laurman,
that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of
Surfside, Florida; that my address is 625 94th St Surfside, FL 33154,
my occupation is Talent Acquisition Manager; that I have been
a resident of the Town of Surfside since 2009; that I will be at least twenty-one (21) years of
age by November 22, 2023 and that if elected, I will willingly serve as
Commissioner (Mayor or Commissioner) of the Town of Surfside, if elected.

Fred Laurman

Signature of Candidate

11/7/2023

Date

Sworn to and subscribed before me this 7th day of November, 2023.



Sandra N. McCreedy

NOTARY PUBLIC

Sandra N. McCreedy
PRINTED NAME OF NOTARY

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2022

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

L ANDRMAN - Fred - Ross

MAILING ADDRESS :

625 94th St.

CITY :

SUNNYSIDE

ZIP :

33154

COUNTY :

MIAMI-DADE

NOV 7 PM 1:34

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

COMMISSIONER

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

**** THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022.

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE 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). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Row 1 contains 'N/A'.

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row 1 contains 'N/A'.

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

Table with 1 column for real property details. Row 1 contains 'N/A'.

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

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.

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
IRA	Fidelity

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
NEW REZ TD Auto	1100 VIRGINIA DR. ST. WASHINGTON, PA. P.O. Box 100795 COLUMBIA SC.

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

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
		N/A
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

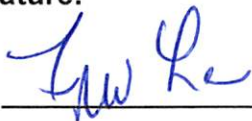
PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature:



Date Signed:

11/7/2023

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

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. To determine what category your position falls under, see page 3 of instructions.

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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

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 must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.

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

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 opponent's race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
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 that 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 that 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.

BY SIGNING THIS DECLARATION AND FIRST AMENDMENT WAIVER, I AGREE TO

- ABIDE BY THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES,
- SUBMIT TO THE COMPULSORY JURISDICTION OF THE ETHICS COMMISSION, AND
- WAIVE MY FIRST AMENDMENT RIGHTS.

I, FRED LAWPSMAN, a candidate for the office of
please print your name
COMMISSIONER in SUNSHINE, FL.
elective office sought county, municipality, or other jurisdiction

agree to abide by the *voluntary* Statement of Fair Campaign Practices as provided in Section 2-11.1.1(D)(1) of the Code of Miami-Dade County, Florida, and to 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 *voluntary* 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 FIRST AMENDMENT WAIVER 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 *voluntary* 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 that I may be considering. I hereby proclaim (1) that my agreement to abide by the Statement of 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 the *voluntary* nature of this agreement. I recognize that there is no penalty for refusing to agree to abide by the *voluntary* Statement of 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 U.S. Constitution and Article I, Section 4, of the Constitution of the State of Florida. Once the DECLARATION AND FIRST AMENDMENT WAIVER is signed, it is deemed irrevocable for the duration of the campaign.

x  11/7/2023
Signature **Date**

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 7 PM 1:26

We the undersigned electors of the Town of Surfside, Florida, hereby nominate FRED LANDSMAN
for the office of COMMISSIONER (Mayor or Commissioner) at an election to be held on March
19, 2024.

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>10-19-23</u>	D.O.B.:	[Redacted]
Print Name: <u>Jonas A. Romani</u>	Address:	[Redacted]	
Signature: <u>[Signature]</u>	Date: <u>10-14-23</u>	D.O.B.:	[Redacted]
Print Name: <u>Stephanie Romani</u>	Address:	[Redacted]	
Signature: <u>[Signature]</u>	Date: <u>10/19/23</u>	D.O.B.:	[Redacted]
Print Name: <u>Sydney Landsman</u>	Address:	[Redacted]	
Signature: <u>[Signature]</u>	Date: <u>10/21/23</u>	D.O.B.:	[Redacted]
Print Name: <u>ADAM SCHUCHER</u>	Address:	[Redacted]	
Signature: <u>[Signature]</u>	Date: <u>10-27-23</u>	D.O.B.:	[Redacted]
Print Name: <u>Stephen Schott</u>	Address:	[Redacted]	
Signature: <u>[Signature]</u>	Date: <u>10/27/23</u>	D.O.B.:	[Redacted]
Print Name: <u>VELDA TURAN</u>	Address:	[Redacted]	
Signature: <u>[Signature]</u>	Date: <u>10/31/23</u>	D.O.B.:	[Redacted]
Print Name: <u>Tiffany Cannava</u>	Address:	[Redacted]	
Signature: <u>[Signature]</u>	Date: <u>11/1/23</u>	D.O.B.:	[Redacted]
Print Name: <u>Reuven Herssein</u>	Address:	[Redacted]	
Signature: <u>[Signature]</u>	Date: <u>11-1/23</u>	D.O.B.:	[Redacted]
Print Name: <u>Anthony Bucci</u>	Address:	[Redacted]	
Signature: <u>[Signature]</u>	Date: <u>11/3/2023</u>	D.O.B.:	[Redacted]
Print Name: <u>Miriam Silberstein</u>	Address:	[Redacted]	
Signature: <u>[Signature]</u>	Date: <u>11/3/2023</u>	D.O.B.:	[Redacted]
Print Name: <u>Benjamin Silberstein</u>	Address:	[Redacted]	
Signature: <u>[Signature]</u>	Date: <u>11/5/23</u>	D.O.B.:	[Redacted]
Print Name: <u>ISRAEL ELGAMIL</u>	Address:	[Redacted]	
Signature: <u>[Signature]</u>	Date: <u>11/5/23</u>	D.O.B.:	[Redacted]
Print Name: <u>Ben Jacobson</u>	Address:	[Redacted]	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 625 94th St Surfside FL 33154
Email address of Circulator: KAROLINA C HOTMAIL.COM

COPY

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Fred Landsman Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 11/7/2023

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 7 PM 1:26

We the undersigned electors of the Town of Surfside, Florida, hereby nominate FRED LANOSMAN
for the office of COMMISSIONER (Mayor or Commissioner) at an election to be held on March
19, 2024.

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>10/4/23</u>	D.O.B. [Redacted]
Print Name: <u>ROCHEL G. OSTROV</u>	Address: [Redacted]	
Signature: <u>[Signature]</u>	Date: <u>10/4/23</u>	D.O.B. [Redacted]
Print Name: <u>KEITH BRIANKELLER</u>	Address: [Redacted]	
Signature: <u>[Signature]</u>	Date: <u>10/4/23</u>	D.O.B. [Redacted]
Print Name: <u>CARA ROLLER</u>	Address: [Redacted]	
Signature: <u>[Signature]</u>	Date: <u>10.4.23</u>	D.O.B. [Redacted]
Print Name: <u>NATALI YAACOV</u>	Address: [Redacted]	
Signature: <u>[Signature]</u>	Date: <u>10.4.23</u>	D.O.B. [Redacted]
Print Name: <u>YASSI YAACOV</u>	Address: [Redacted]	
Signature: <u>[Signature]</u>	Date: <u>10/4/23</u>	D.O.B. [Redacted]
Print Name: <u>BRITANY KLEIMAN</u>	Address: [Redacted]	
Signature: <u>[Signature]</u>	Date: <u>10/4/23</u>	D.O.B. [Redacted]
Print Name: <u>DANIEL AMTAN</u>	Address: [Redacted]	
Signature: <u>[Signature]</u>	Date: <u>10-6-23</u>	D.O.B. [Redacted]
Print Name: <u>SHARON HAKMAN</u>	Address: [Redacted]	
Signature: <u>[Signature]</u>	Date: <u>10/4/23</u>	D.O.B. [Redacted]
Print Name: <u>NATANIEL SHALOM</u>	Address: [Redacted]	
Signature: <u>[Signature]</u>	Date: <u>10/4/23</u>	D.O.B. [Redacted]
Print Name: <u>MOSHE RUBINSTEIN</u>	Address: [Redacted]	
Signature: <u>[Signature]</u>	Date: <u>10/13/23</u>	D.O.B. [Redacted]
Print Name: <u>MATTHEW SALZBERG</u>	Address: [Redacted]	
Signature: <u>[Signature]</u>	Date: <u>10/13/23</u>	D.O.B. [Redacted]
Print Name: <u>JOE THOMAS</u>	Address: [Redacted]	
Signature: <u>[Signature]</u>	Date: <u>11-5-23</u>	D.O.B. [Redacted]
Print Name: <u>MARIA VAZ</u>	Address: [Redacted]	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 625 94th St. Surfside, FL 33154
Email address of Circulator: F.Lanosman@hotmail.com

COPY

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Fred Lanosman - Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 11/7/2023

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 7 PM 1:26

FRED LANDSMAN

We the undersigned electors of the Town of Surfside, Florida, hereby nominate FRED LANDSMAN
for the office of COMMISSIONER (Mayor or Commissioner) at an election to be held on March
19, 2024.

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>9/8/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Florence Landsman</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>9/11/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Mae Schlessen</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>9/11/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Bryan Lima</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>9/11/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Lucia Schlessen</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>9/11/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Karen Peretz</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/4/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>RACHEL PEREZ</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/10/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>RUBEN BRAVO</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/11/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>CAROLYN BAUMEL</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/11/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>CAITLIN BAUMEL</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/11/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>B. BAUMEL</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/14/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>JOHN HEALY</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/14/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Chana Dancinger</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10.14.23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>DAVID FORRES</u>	Address: <u>[Redacted]</u>

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 625 94th St. Surfside, FL 33154
Email address of Circulator: FLANDSMAN@Hotmail.com

COPY

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Fred Landsman - Commissioner (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 11/7/2023

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 7 PM 1:26

We the undersigned electors of the Town of Surfside, Florida, hereby nominate FRED LANDSMAN
for the office of COMMISSIONER (Mayor or Commissioner) at an election to be held on March
19, 2024.

This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>9-11-2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>LINDEN Nelson</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>9-11-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Michelle Nelson</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>9-28-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>William Blumenkranz</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>9-28-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>BARBARA COHEN</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>9-28-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Shlomo Danzinger</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>09-28-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>ABRUDSKY MARU</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>9-28-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Mareni Starre</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>9-28-23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>David Karp</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>9/29/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Alon Davoudpour</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>9/29/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Mandy Nissani</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>9/29/23</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Jeffrey Rose</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/2/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>PETER M. ZUCKERMAN</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>10/2/2023</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Kathryn Tsing</u>	Address: <u>[Redacted]</u>

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 625 94th St. Surfside, FL 33154
Email address of Circulator: FLANDSMAN@HOTMAIL.COM

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of FRED LANDSMAN - COMMISSIONER (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 11/7/2023

COPY

FRED LANDSMAN, CAMPAIGN ACCOUNT

625 94TH ST
SURFSIDE, FL 33154-2419

1001

63-4630 FL
24164

DATE 11/7/2023

PAY TO THE ORDER OF TOWN OF SURFSIDE

\$ 25.00

Twenty Five And No/100

DOLLARS

BANK OF AMERICA

ACH RT 063100277

Fu Lo

FOR QUALIFYING FEE

TOWN OF SURFSIDE
9293 Harding Ave.
SURFSIDE, FL 33154

Receipt No 155622

RECEIVED OF Fred Landsman Campaign Acct DATE 11-17-2023

Twenty Five and 00/100 DOLLARS \$ 25.00

HOW PAID

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD
- EXECUTIVE
- POLICE
- PARK & RECREATION
- OTHER

1001

DM

BY _____ THANK YOU



Elections
2700 NW 87th Avenue
Miami, Florida 33172
T 305-499-8683 F 305-499-8547
TTY: 305-499-8480

miamidade.gov

November 13, 2023

Sandra McCreedy, MPA, MMC
Town Clerk
Town of Surfside
9293 Harding Ave
Surfside, FL 33154

Dear Mrs. McCreedy:

The Miami-Dade Elections Department has completed the verification of the petitions for Fred Landsman, a candidate for the office of Commissioner for Town of Surfside. A total of 52 petitions were reviewed for verification; of which 46 were certified.

For purposes of signature verification, my office follows the directives given by the municipality. You are encouraged to ensure compliance with municipal charter or code requirements.

Please find the certification for the petition enclosed. Should you have any questions or concerns, please feel free to contact Michelle McClain, Deputy Supervisor of Elections for Voter Services at 305-499-8302.

Sincerely,

A handwritten signature in blue ink, appearing to read "Christina White".

Christina White
Supervisor of Elections

Enclosure (1)





Elections
2700 NW 87th Avenue
Miami, Florida 33172
T 305-499-8683 F 305-499-8547
TTY: 305-499-8480

miamidade.gov

CERTIFICATION

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Christina White, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that **46** signatures submitted by **Fred Landsman** for the office of **Commissioner** for the **Town of Surfside** matched the signatures on the voter files.

A blue ink handwritten signature of Christina White, consisting of several loops and a long horizontal stroke at the end.

Christina White
Supervisor of Elections

WITNESS MY HAND
AND OFFICIAL SEAL,
AT MIAMI, MIAMI-DADE
COUNTY, FLORIDA,
ON THIS 13th DAY OF
NOVEMBER, 2023





TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCready, MPA, MMC,
Town Clerk

November 14, 2023

Mr. Fred R. Landsman
625 94th Street
Surfside, Fl 33154

Dear Mr. Landsman:

I am pleased to inform you that according to records on file in this office, you have qualified as a candidate for the office of the Town Commission for the Town of Surfside. Your name will be placed on the ballot for the March 19, 2024 Municipal Election.

Congratulations on your qualification and if I can assist in any way throughout the process, please feel free to contact me.

Very truly yours,

Sandra N. McCready, MPA, MMC
Town Clerk

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Fred Landsman
 Name
 (2) 625 94th Street
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

JAN 9 AM 11:50
Sme

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: COMMISSIONER
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From OCT / 1 / 2023 To DEC / 31 / 2023 Report Type: 2023 94

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 1,400 . 00

Loans \$, , 0 .

Total Monetary \$, 1,400 . 00

In-Kind \$, , 0 .

(7) Expenditures This Report

Monetary Expenditures \$, , 597 . 58

Transfers to Office Account \$, , 0 .

Total Monetary \$, , 597 . 58

(8) Other Distributions

\$, , 0 .

(9) TOTAL Monetary Contributions To Date

\$, 1,600 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 629 . 58

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) FRED LANDSMAN

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X *[Signature]*
 Signature

(Type name) FRED LANDSMAN

Candidate Chairperson (only for PC and PTY)

X *[Signature]*
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

JAN 9 AM 11:50 *Sme*

(1) Name FRED LANDSMAN

(2) I.D. Number _____

(3) Cover Period OCT / 1 / 2023 through DEC / 31 / 2023 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code						
11, 30, 23	DAVID KAMP 9341 Collins # 1288 Suffside, Kc	I	RETIRED SCHOOL TEACHER	CHE	-	-	50.00
1							
12, 14, 23	COROLYN BROWN 9481 Bay Dr. Suffside, Kc	I	REAL ESTATE DESIGNER BUILDER	CHE	-	-	150.00
2							
12, 12, 23	ALLEN DASOUPPOUN 9401 Collins # 202 Suffside, Kc	I	REAL ESTATE AGENT	CHE	-	-	1000.00
3							
12, 18, 23	PETER ZUCKENMANN 9272 Bay Dr Suffside, Kc.	I	CEO OF Z-MEDIA	RCT (Z16)	-	-	200.00
4							
/ /							
/ /							
/ /							

Sme

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name FRED LANDOR MP (2) I.D. Number _____
 (3) Cover Period OCT 1 / 2023 through DEC 31 / 2023 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
10/2/23	BANK OF AMERICA 1108 KANE CONCOURSE BAY HARBOR ISLANDS	BANK FEE	CAN		16.00
1					
10/19/23	BoFA 1108 KANE CONCOURSE Bay Harbor Islands	CHECK ORDER	CAN		36.17
2					
11/1/23	BoFA 1108 KANE CONCOURSE Bay Harbor Islands	BANK FEE	CAN		16.00
3					
11/9/23	TOWN OF SUNSHINE 9293 HONDING AVE. SUNSHINE, FL. 33154	QUALIFYING FEE	CAN		25.00
4					
12/1/23	BoFA 1108 Kane Concourse Bay Harbor Islands	BANK FEE	CAN		16.00
5					
12/22/23	SIGNS. COM/ARBITAL ROOM 14931 CALIFA ST. #301 SHERMAN OAKS, CA.	LAW SIGNS	CAN		488.41
6					
/ /					
/ /					

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name FRED LANDSMOR

I.D. Number _____

Address (number and street)
625 94th st.

City, State, Zip Code
Sussex, FL 33154

CHECK IF ADDRESS HAS CHANGED

JAN 9 AM 11:50

Sme

Candidate for:

Mayor

Commissioner, District _____

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2023 Q4 Cover Period OCT 1, 2023 through DEC 31, 2023

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

FRED LANDSMOR

(Type name) Treasurer Deputy Treasurer

X *[Signature]*

Signature

I certify that I have examined this report and it is true, correct, and complete.

FRED LANDSMOR

(Type name) Candidate

X *[Signature]*

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Fred Landsman
 Name
 (2) 625 94th Street
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

JAN 18 PM 2:12

SME

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: COMMISSIONER
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 1 / 1 / 2024 To 1 / 12 / 2024 Report Type: 202460 DP

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 100 . 00

Loans \$ _____ , _____ , 0 . _____

Total Monetary \$ _____ , _____ , 100 . 00

In-Kind \$ _____ , _____ , 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 16 . 00

Transfers to Office Account \$ _____ , _____ , 0 . _____

Total Monetary \$ _____ , _____ , 16 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 1 , 700 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 645 . 58

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Fred Landsman

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X *[Signature]*
 Signature

(Type name) Fred Landsman

Candidate Chairperson (only for PC and PTY)

X *[Signature]*
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

JAN 18 PM 2:12 *GMC*

(1) Name FRED LANDSMAN (2) I.D. Number _____

(3) Cover Period 1 / 1 / 2024 through 1 / 12 / 2024 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		Amount
<u>1, 3, 2024</u>	<u>JOHN HEALY</u>	<u>+</u>	<u>RETIRED POLICE CHIEF</u>	<u>CHE</u>			<u>100.00</u>
<u>1</u>	<u>111 S. POINTE WAY HENRYSON, NJ 08907</u>						
<u>/ /</u>							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name FRED LANDSMAN (2) I.D. Number _____
 (3) Cover Period 1 / 1 / 2024 through 1 / 12 / 2024 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
<u>1 / 2 / 2024</u>	<u>BANK OF AMERICA</u> <u>1108 KANE CONCOURSE</u> <u>BOY HARBOR ISLAND.</u>	<u>BANK FEE</u>	<u>CAP</u>		<u>16.00</u>
<u>1</u>					
<u>/ /</u>					
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name FRED LANDSMAN

I.D. Number _____

Address (number and street)
625 94th St.

City, State, Zip Code
Suittside, FL 33154

CHECK IF ADDRESS HAS CHANGED

JAN 18 PM 2:13

SMC

Candidate for:

- Mayor
- Commissioner, District _____
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 202460 DP Cover Period 1/1/2024 through 1/12/2024

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

FRED LANDSMAN

(Type name) Treasurer Deputy Treasurer

[Signature]

Signature

I certify that I have examined this report and it is true, correct, and complete.

FRED LANDSMAN

(Type name) Candidate

[Signature]

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Fred Landsman
 Name
 (2) 625 94th Street
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

FEB 1 PM 2:29

SMC

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: COMMISSIONER
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 1 / 13 / 2024 To 1 / 26 / 2024 Report Type: 202481

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 500 . 00

Loans \$ _____ , _____ , 0 . _____

Total Monetary \$ _____ , _____ , 500 . 00

In-Kind \$ _____ , _____ , 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0 . _____

Transfers to Office Account \$ _____ , _____ , 0 . _____

Total Monetary \$ _____ , _____ , 0 . _____

(8) Other Distributions

\$ _____ , _____ , 0 . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 2 , 200 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 645 . 58

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Fred Landsman

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X *Fred Landsman*

Signature

(Type name) Fred Landsman

Candidate Chairperson (only for PC and PTY)

X *Fred Landsman*

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

FEB 1 PM 2:29

(1) Name Fred Landsman (2) I.D. Number _____

(3) Cover Period 1 / 13 / 2024 through 1 / 26 / 2024 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
1 / 24 / 2024	MEL SCHLESER 1300 COLLINS AVE Ste. 100 MIAMI BEACH, FL	I	REAL ESTATE DEVELOPER	CHE			500.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name FRED LANDSMAN (2) I.D. Number _____
 (3) Cover Period 1 / 13 / 2024 through 1 / 26 / 2024 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
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NOPE

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

FRED LANDSMOR

I.D. Number

Address (number and street)

625 94th St.

City, State, Zip Code

SURFSIDE, FL 33154

CHECK IF ADDRESS HAS CHANGED

FEB 1 PM 2:30

SMC

Candidate for:

Mayor

Commissioner, District _____

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2024 B1 Cover Period 1/13/2024 through 1/26/2024

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

FRED LANDSMOR

(Type name) Treasurer Deputy Treasurer

X [Signature]

Signature

I certify that I have examined this report and it is true, correct, and complete.

FRED LANDSMOR

(Type name) Candidate

X [Signature]

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Fred Landsman
 Name
 (2) 625 94th Street
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

FEB 15 PM 2:52

SML

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: COMMISSIONER
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 1 / 27 / 2024 To 2 / 9 / 2024 Report Type: 202482

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . _____

Loans \$ _____ , _____ , 0 . _____

Total Monetary \$ _____ , _____ , 0 . _____

In-Kind \$ _____ , _____ , 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 16 . 00

Transfers to Office Account \$ _____ , _____ , 0 . _____

Total Monetary \$ _____ , _____ , 16 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 2 , 200 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 661 . 58

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Fred Landsman

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X *Fred Landsman*
 Signature

(Type name) Fred Landsman

Candidate Chairperson (only for PC and PTY)

X *Fred Landsman*
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

FEB 15 PM 2:52 *SPC*

(1) Name FRED LANDSMAN (2) I.D. Number _____

(3) Cover Period 1 / 27 / 2024 through 2 / 9 / 2024 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
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NONE

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Fred Lampson (2) I.D. Number _____
 (3) Cover Period 1/27/2024 through 2/9/2024 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
2/1/2024	BANK of AMERICA 1108 LANE CONCOURSE BOY HARBOR ISLAND, FL	BANK FEE	CAD		16.00
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name FRED LANDSMAN

I.D. Number _____

Address (number and street)
625 94th St.

City, State, Zip Code
SUNNYSIDE, FL. 33150

FEB 15 PM 2:52

Sme

CHECK IF ADDRESS HAS CHANGED

Candidate for:

Mayor

Commissioner, District _____

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2024 B2 Cover Period 1/27/2024 through 2/9/2024

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

FRED LANDSMAN

(Type name) Treasurer Deputy Treasurer

X *Fred La*

Signature

I certify that I have examined this report and it is true, correct, and complete.

FRED LANDSMAN

(Type name) Candidate

X *Fred La*

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Fred Landsman

Name

(2) 625 94th Street

Address (number and street)

Surfside, FL 33154

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

FEB 21 AM 11:09

Sme.

(4) Check appropriate box(es):

Candidate Office Sought: COMMISSIONER

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 2 / 10 / 2024 To 2 / 22 / 2024 Report Type: 25P1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 1,000.00

Loans \$ 0.00

Total Monetary \$ 1,000.00

In-Kind \$ 0.00

(7) Expenditures This Report

Monetary Expenditures \$ 1,738.92

Transfers to Office Account \$ 0.00

Total Monetary \$ 1,738.92

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 3,200.00

(10) TOTAL Monetary Expenditures To Date

\$ 2,400.50

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) FRED LANDSMAN

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X *Fred Landsman*
Signature

(Type name) FRED LANDSMAN

Candidate Chairperson (only for PC and PTY)

X *Fred Landsman*
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

FEB 21 AM 11:09 SMC

(1) Name FRED LANDSMAN (2) I.D. Number _____

(3) Cover Period 2 / 10 / 2024 through 2 / 22 / 2024 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
2 / 15 / 2024	LINDER NELSON 924 88th ST. Suwanee, Ga. 30084	I	ADVERTISING	CHE	-	-	1,000.00
1							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name FRED LANDSMAN (2) I.D. Number _____
 (3) Cover Period 2 / 10 / 2024 through 2 / 22 / 2024 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
2 / 16 / 2024	MINUTEMAN PRESS 921 NE 79th St. MIAMI, FL 33138	MAILING PRINTING OF FLYERS	CAN		1,738.92
1					
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name FRED LANDSMAN

I.D. Number _____

Address (number and street)
625 94th St.

City, State, Zip Code
SUNSHINE, FL. 33154

CHECK IF ADDRESS HAS CHANGED

FEB 21 AM 11:09

smc

Candidate for:

- Mayor
- Commissioner, District _____
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 25P1 Cover Period 2/10/2024 through 2/22/2024

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

FRED LANDSMAN

(Type name) Treasurer Deputy Treasurer

X *[Signature]*

Signature

I certify that I have examined this report and it is true, correct, and complete.

FRED LANDSMAN

(Type name) Candidate

X *[Signature]*

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Fred Landsman
 Name

(2) 625 94th Street
 Address (number and street)

Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

MAR 5 PM 1:25

SMU

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: COMMISSIONER
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 2 / 23 / 2024 To 3 / 7 / 2024 Report Type: 11P1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 9 . _____

Loans \$ _____ , _____ , 0 . _____

Total Monetary \$ _____ , _____ , 9 . _____

In-Kind \$ _____ , _____ , 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 16 . 00

Transfers to Office Account \$ _____ , _____ , 0 . _____

Total Monetary \$ _____ , _____ , 16 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 3 , 200 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 2 , 416 . 50

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) FRED LANDSMAN

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X *Fred Landsman*
 Signature

(Type name) FRED LANDSMAN

Candidate Chairperson (only for PC and PTY)

X *Fred Landsman*
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MAR 5 PM 1:26

(1) Name Free Landman (2) I.D. Number _____

(3) Cover Period 2 / 23 / 2024 through 3 / 7 / 2024 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount	
(6) Sequence Number	Street Address & City, State, Zip Code							
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/ /								
/ /								
/ /								
/ /								

None

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name FRED LANDSMAN (2) I.D. Number _____
 (3) Cover Period 2 / 23 / 2024 through 3 / 7 / 2024 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
3 / 1 / 2024	BANK of AMERICA 1108 KANE CONCOURSE BOY HARBOR ISLAND	BANK FEE	CAN		16.00
/ /					
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name FRED LANDSMAN

I.D. Number _____

Address (number and street)
625 94th st.

City, State, Zip Code
SUSTON, FL. 33154

MAR 5 PM 1:26

SMC

CHECK IF ADDRESS HAS CHANGED

Candidate for:

Mayor

Commissioner, District _____

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 11 P1 Cover Period 2/23/2024 through 3/7/2024

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

FRED LANDSMAN

(Type name) Treasurer Deputy Treasurer

[Signature]

Signature

I certify that I have examined this report and it is true, correct, and complete.

FRED LANDSMAN

(Type name) Candidate

[Signature]

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Fred Landsman
 Name
 (2) 625 94th Street
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

MAR 13 PM 1:58

Com

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: COMMISSIONER
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 3 / 8 / 2024 To 3 / 15 / 2024 Report Type: 4PI

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0 . _____

Loans \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 0 . _____

In-Kind \$ _____, _____, 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 0 . _____

Transfers to Office Account \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 0 . _____

(8) Other Distributions

\$ _____, _____, 0 . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 3 , 200 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 2 , 416 . 50

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Fred Landsman

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X *Fred Landsman*
 Signature

(Type name) Fred Landsman

Candidate Chairperson (only for PC and PTY)

X *Fred Landsman*
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MAR 13 PM 1:58

(1) Name FRED LANDSMAN (2) I.D. Number _____

(3) Cover Period 3 / 8 / 2024 through 3 / 15 / 2024 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
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/ /							
/ /							
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/ /							
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/ /							

NONE

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name FRED LANDSMAN (2) I.D. Number _____
(3) Cover Period 3 / 8 / 2024 through 3 / 15 / 2024 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
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NONE

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name FRED LANDSMAN

I.D. Number _____

Address (number and street) 625 94th St.

City, State, Zip Code SUNNYSIDE, FL 33154

CHECK IF ADDRESS HAS CHANGED

SMC

MAR 13 PM 1:58

Candidate for:

- Mayor
- Commissioner, District _____
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name UPI Cover Period 3/8/2024 through 3/15/2024

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

FRED LANDSMAN
(Type name) Treasurer Deputy Treasurer

X [Signature]
Signature

I certify that I have examined this report and it is true, correct, and complete.

FRED LANDSMAN
(Type name) Candidate

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Fred Landsman
 Name
 (2) 625 94th Street
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

APR 12 PM 12:55

GMC

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: COMMISSIONER
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 3 / 19 / 2024 To 6 / 17 / 2024 Report Type: RTRG

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0 . _____

Loans \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 0 . _____

In-Kind \$ _____, _____, 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 783 . 50

Transfers to Office Account \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 0 . _____

(8) Other Distributions

\$ _____, _____, 0 . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 3 , 200 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 3 , 200 . 00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Fred Landsman

- Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X *[Signature]*

Signature

(Type name) Fred Landsman

- Candidate Chairperson (only for PC and PTY)

X *[Signature]*

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

APR 12 PM 12:55

(1) Name Fred LANDSMAN (2) I.D. Number _____

(3) Cover Period 3 / 19 / 2024 through 6 / 17 / 2024 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
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NONE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name FRED LANDSMAN (2) I.D. Number _____
 (3) Cover Period 3 / 19 / 2024 through 6 / 17 / 2024 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
3 / 25 / 2024	FRED LANDSMAN 625 94th ST. SUNSHINE, FL 33154	REPAYMENT OF LOAN	DIS		200.00
1					
4 / 1 / 2024	BANK OF AMERICA 1108 KANE CONCOURSE BAY HARBOR ISLANDS	BANK FEE	CAN		16.00
2					
4 / 2 / 2024	AMERICAN CANCER SOCIETY 270 REDWATER ST. ATLANTA, GA. 30303	DONATION TO CLARITY	DIS		567.50
3					
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Fred Landsman

I.D. Number _____

Address (number and street) 625 9th St.

City, State, Zip Code Sunrise, FL 33154

APR 12 PM 12:55

CHECK IF ADDRESS HAS CHANGED

Candidate for:

- Mayor
- Commissioner, District _____
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 18 TRG Cover Period 3/19/2024 through 6/17/2024

Report Type Original Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Fred Landsman

(Type name) Treasurer Deputy Treasurer

X Fred Landsman

Signature

I certify that I have examined this report and it is true, correct, and complete.

Fred Landsman

(Type name) Candidate

X Fred Landsman

Signature

