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			
Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip			
FRED LANDSMAN G25 94th St.			
J. L-Italia address			
(305) 343-1481 FLANDSMA CHOTMAL. ON SURFSIDE, FL. 33154			
6. Office sought (include district, circuit, group number) 7. If a candidate for a <u>nonpartisan</u> office, check if			
Commusioner 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 LANDSMAD			
11. Mailing Address 12. Telephone			
625 94th St. (305) 343-1481			
13. City 14. County 15. State 16. Zip Code 17. E-mail address			
SURFSIDE MIDMI-DADE FL 33/54 FLANDEMA @ 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 26. Signature of Candidate			
4/5/2023 X FW La			
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)			
, do hereby accept the appointment (Please Print or Type Name)			
designated above as: Campaign Treasurer Deputy/Treasurer.			
4/5/2022 X			
Date Signature of Campaign Treasurer or Deputy Treasurer			

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

R 5 PM 2:48

FRED LANDSMAN

candidate for the office of COMMISSIONER

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

Signature of Candidate

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).

X

MAY 25 PM 1:59 SMC

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)



APR 5 PH 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) 3. Address (include post office box or street, city, state, zip
FRED LANDSMAN 625 94th St.
4. Telephone 5. E-mail address
(305) 343-1481 FLANDINA CHOTMUL. ON DONEST DE, FC. 33154
6. Office sought (include district, circuit, group number) 7. If a candidate for a <u>nonpartisan</u> office, check if
Commusioner 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 AffiliationParty candidate.
9. I have appointed the following person to act as my 🔀 Campaign Treasurer 🔲 Deputy Treasurer
10. Name of Treasurer or Deputy Treasurer FRED LANDS MAD
11. Mailing Address 12. Telephone
625 94th St. (305) 343-1481
13. City 14. County 15. State 16. Zip Code 17. E-mail address
SUNFSIDE MIBMI-DADE FL 33/54 FLANDEMA @ HOTMAIL COM
18. I have designated the following bank as my Primary Depository Secondary Depository
19. Name of Bank BANIC OF AMENICA 20. Address 1108 KANE (ONCOURSE 1ST FLOOR
19. Name of Bank BANIC OF AMENICA 20. Address 108 KANE (ONCOUNCE 1ST FLOOR 21. City 22. County 23. State 24. Zip Code 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 FW La
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)
, do hereby accept the appointment (Please Print or Type Name)
designated above as: Campaign Treasurer Deputy/Treasurer.
4/5/2022 X LIV
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 Ca	andidate <u>Fred</u> Landsr	nan		
Office Soug	Office Sought Commissioner			
Phone No.:	Cell Phone No: (30	05) 343-149	51	
E-Mail Add	Iress: FLANDSMA @ HOTMAIL.	Com		
Contents		Date Received	<u>Initials</u>	
1. Qualifyi	ng as a candidate:			
	Appointment of Campaign Treasurer and Designation of Campaign Depository	4 5 2023	te	
	Nominating Petition			
j	Statement of Candidate	4 5 2023	The	
	Sworn Statement of Qualification			
Ì	Candidate Oath		_	
	Form 1 – Statement of Financial Interest (2022)			
	Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practice			
ì	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: Middle Name Phone No.: Fax No.: (305) 343-1481 E-Mail Address: FLANDSMA @ Hotman. 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 V Date: 5/25/2023 Received by:

Candidate Signature

•	* * .	n .	
XT	Voter	Reme	tration
c	VOLCI	TCE13	uanon

- 2. Important Dates to Remember
- 3. Campaign Activities Memorandum

5 25	2023	H
5 25	2023	Te

Candidate's Signature	Date

	CAMPAIGN TREASURER'S REPORT SUMMARY			
(1)	Fred Landsman	OFFICE USE ONLY		
	Name	JUN 5 PM 2:58		
(2)	625 94th Street	Ma Code N		
	Address (number and street) Surfside, FL 33154	Millating		
	City, State, Zip Code			
	☐ Check here if address has changed	(3) ID Number:		
(4)	Check appropriate box(es):			
	 ✓ Candidate Office Sought: ☐ 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		
Cov	ver Period: From 05 / 01 / 2023 To	05 / 31 / 2023 Report Type: 2023 MS		
T C	Driginal Amendment Spe	cial Election Report		
(6)	Contributions This Report	(7) Expenditures This Report		
Cas	sh & Checks \$, , <mark>2_</mark> <u>\</u>	Monetary Expenditures \$, ,		
Loa	sins \$,,	Transfers to Office Account \$, ,		
Tot	al Monetary \$, ,2෭෭ . ෭෭	Total Monetary \$, ,		
In-ł	Kind \$,,			
		(8) Other Distributions \$, ,		
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date		
	\$, <u>200</u> . <u>00</u>	\$, , <u>\</u>		
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)				
	certify that I have examined this report and it is true, corr	rect, and complete:		
	Type name) FRED LAPOSNA?	(Type name) Frep LANDSMAP		
	☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)		
	x LW La	x FWX		
	Signature	Signature		

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Thep LAMPS M AP			(2)	I.D. Number			
(3) Cover Period	5/1/2023	throug	gh <u>5</u> /	31 /202	3 (4) Page		of
(5)	(7) Full Name		(8)	(9)	(10)	(11)	(12)
Date (6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
5,25,13	FRED LANDSMOP 625 94 th st. Sunkside, Kl 33151	S	OR. NECHWAER	LOA			200.00
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Fac	CAMPAIGN TREASURER'S REI	PORT – ITEMIZED	EXPENDIT 2) I.D. Number	URES	
(3) Cover Period	5 <u>/ 1 /2023</u> through <u>5 /</u>	31 / 2023 (4	4) Page	of	
(5) Date (6) Sequence Number	(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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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



Name FRED LAMBEMBE	OFFICE USE ONLY
I.D. Number	
Address (number and street)	JUN 5 pm 2:58
City, State, Zip Code	_
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor ☐ Commissioner, District ☐ Property Appraiser	-
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Sub	
REPORT IDEN	
Report Name 2023 M5 Cover Period	5/1 223 through 5/31 2023
Report Type \square Original Amendment	
CERTIFIC	
	I certify that I have examined this report and it is true, correct, and complete.
Knep LAMPSMAR	FUED LANDEMAR
(Type name) Treasurer Deputy Treasurer	(Type name) Candidate
X JU Q	X TW PO

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

(1) Name	FRED LANDIMAN		JUN 5 PM 2:5 (2) I.D. Number	8
(3) Report	Name 2023 M S		511 2023 through 53	12023
(5) Report	Type P Original Amendment	(6) Page	of	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
				/
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	<u> </u>			
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	CAMPAIGN TREASURER'S REPORT SUMMARY			
(1)	Fred Landsman	OFFICE USE ONLY		
	Name			
(2)	625 94th Street	\JUL 10 AM11:32		
	Address (number and street) Surfside, FL 33154			
	City, State, Zip Code	Mittenay		
	☐ Check here if address has changed	(3) ID Number:		
(4)	Check appropriate box(es):			
	□ Candidate Office Sought: □ 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		
Cov	er Period: From 6 / 1 / 2023 To	6 /30 /2022 Report Type: 2023 Mb		
7 C	original Amendment Spe	cial Election Report		
(6)	Contributions This Report	(7) Expenditures This Report		
Cas	h & Checks \$, , <u>\</u>	Monetary		
Loai	ns \$,,	Transfers to Office Account \$, , ,		
Tota	Monetary \$,,	Total Monetary \$,		
In-K	ind \$,,			
		(8) Other Distributions \$,		
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date		
	\$,, 200 . 00	\$,,		
	(11) Cert It is a first degree misdemeanor for any pers			
1	certify that I have examined this report and it is true, corr			
_(1	Type name) FRED LANDSMAR	(Type name) FRED LANDIMA?		
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Chairperson (only for PC and PTY)		
Х	10.180	x Fu La		
	ignature	Signature		

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS JUL 10 AM11:32

(1) Name FR	eo LANDSNA?			(2)	I.D. Number	. IV MMLL:	
100 100	6 / 1 / 2023	throu	gh 6 /				of _
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Fr	CAMPAIGN TREASURER'S REI	PORT – ITEMIZED (2	EXPENDIT I.D. Number	URES	
(3) Cover Period	d <u>(, , 1 ,)2023</u> through <u>(, , , , , , , , , , , , , , , , , , ,</u>	30,2023) Page	of	
(5) Date (6) Sequence Number	(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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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



Name	OFFICE USE ONLY
Name Fred LANDSMAR	_
I.D. Number	
Address (number and street)	JUL 10 AM11:32
City, State, Zip Code SURSIDE, FL. 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor	
Commissioner, District	
☐ Property Appraiser	_
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Sul	b-Area
REPORT IDE	NTIFIERS
Report Name 2023 M 6 Cover Period	611 223 through 6130 2023
Report Type	
CERTIF	ICATION
	on 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.	I certify that I have examined this report and it is true, correct, and complete.
FRED LANDSMAD	FRED LAFOSMAN
(Type name) Treasurer Deputy Treasurer	(Type name)
x Two	x Tw X
Signature	Signature

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

(1) Name	FRED LANDSMAR		(2) I.D. Number	
(3) Report	Name 2023 N 6	(4) Cover Period	6/1/2023 through 6/30	1223
(5) Report	Type	(6) Page	of	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
				/
*				
			JUL 10 AM11:3	2
	BONE	/		
	7			

	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Fred Landsman	OFFICE USE ONLY
	Name	
(2)	625 94th Street Address (number and street)	OCT 10 PM 2:52
	Surfside, FL 33154	
	City, State, Zip Code	
	☐ Check here if address has changed	(3) ID Number:
(4)	Check appropriate box(es):	
	□ Candidate Office Sought: □ 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
	, , ,	Identifiers
Cov	er Period: From 1 / 1 / 2023 To	9 130 12023 Report Type 2023 93
M	Original Amendment Spe	cial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
Cas	h & Checks \$, , <u>\Q</u>	Monetary Expenditures \$, , <u>32</u> . <u>∞</u>
Loa	ns \$,,	Transfers to Office Account \$, ,
Tota	Il Monetary \$, ,	Total Monetary \$, 32.00
In-K	ind \$, , \(\subseteq	
		(8) Other Distributions \$, ,
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
	\$,, 20000	\$
	(11) Cert It is a first degree misdemeanor for any pers	cification on to falsify a public record (ss. 839.13, F.S.)
1	certify that I have examined this report and it is true, corr	
_(Type name) KRED LANDS M 32	(Type name) FRED LANDSMAR
0	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	Candidate Chairperson (only for PC and PTY)
	electioneering comm.)	
)	Jul La	x Fiw Le

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

OCT 10 PH 2:52

(1) Name <u>F</u>	RED LANDEMI	7		(2)	I.D. Number	2023 0	3
(3) Cover Period	7/1/2023	throu	gh 9 /	30 /2023	(4) Page		of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	Co	(8)	(9) Contribution	(10) In-kind	(11)	(12)
Number / /	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1							
/ /							
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<i>J J</i>	Hori						
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name	CAMPAIGN TREASURER'S REI	PORT – ITEMIZED	EXPENDIT 2) I.D. Number	URES 023	43
(3) Cover Period	d	30 , 2023	Page	of	
(5) Date (6) Sequence Number	(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)
8/1/23	BANKOR AMENICA 1108 KNEE CONCOUNTE BAN HORBON ISCHOOL	BANIC KEE	(AA)		16.00
9/1/23	BANLER AMERICA 1108 KANE CONCE BAY DRIBU ISCAPPS	BADIC FEE	CD4)		(6.00
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



Name Fred LANDSMAD	OFFICE USE ONLY
I.D. Number	
Address (number and street)	OCT 10 PM 2:52
City, State, Zip Code SORTSIDE, FL. 33154	_
CHECK IF ADDRESS HAS CHANGED Candidate for:	
☐ Mayor ☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Sul	o-Area
REPORT IDEI	and an extraordinal
Report Name 2623 Q3 Cover Period	7/1/2023 through 9/30/2023
Report Type III Original III Amendment	
CERTIFI	
It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
FRED LANDSMAY	Free LANDEMD?
(Type name) Treasurer Deputy Treasurer	(Type name) Candidate
x Tw	x Lw La
Signature	Signature

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

(1) Name	FRED LANDSM	44	(2) I.D. Number	
(3) Report	Name Sos3 03	(4) Cover Period	TIIWI3 through 913	850 los
	Type ☐ Original ☐ Amendment		of	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
			/	
			/	
			OCT 10 PM 2:5	2
	6/			- ac
	2022			
- V				



Town of Surfside

9293 Harding Avenue Surfside, Fl 33154

2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate	Fred	Landsr	nan	
Office Sought _	Cor	nmission	ner	
Phone No.:	Cel	1 Phone No: (3	05) 343-148	1
E-Mail Address:	LANDSMA @	HOTMAIL.	Com	
Contents			Date Received	<u>Initials</u>
1. Qualifying as a can	didate:			
	ent of Campaign Trea n of Campaign Depo		4 5 2023	te
Nominatin	g Petition		11/7/2023.	Lex
Statement	of Candidate		9 5 2023	The
Sworn Stat	ement of Qualification	on	11/4/2023	10
Candidate	Oath		11/7/2023	Le
Form 1 – S	tatement of Financia	l Interest (2022)	11/7/2023	16
	n and First Amendme Statement of Fair Ca		11/7/2023	te
Qualifying	Fee \$25.00		11/7/2023	SL
L & A Sch	edule			_
Proof of R	esidency			

& Voter Registration

2. Important Dates to Remember

3. Campaign Activities Memorandum

5/25/2023 HL 5/25/2023 H

Candidate's Signature

Date

CANDIDATE OATH	
NONPARTISAN OFFICE	
(Do not use this form if a Judicial or School Board Candidate)	Morro
Check box only if you are seeking to qualify as a	NOV 7PH 1:40
write-in candidate:	
Write-in candidate	OFFICE USE ONLY
Candid	ate Oath
(Section 99.021(1)	(a), Florida Statutes)
I, FRED LANDSMAN	,
hyphen, check box [] (see page 2 - Compound Last Na Although a write-in candidate's name is not printed on the b	
am a candidate for the nonpartisan office of	SIDNER
	(Office) (District #)
(Circuit #) , (Group or Seat #) ; I am a qualified elector of	MIAMI - DADE 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	f which office or any part thereof runs concurrent with the office
•	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 y	our voter information card): 109 965430
Phonetic spelling for audio ballot : Print name phonetically oballot as may be used by persons with disabilities (see instruction)	on the line below as you wish it to be pronounced on the audions on page 2 of this form): [Not applicable to write-in candidates.]
x Tw La 305 343	
Signature of Candidate Telephone Number	Email Address FL 331C4
Address City	State ZIP Code
, idea of the second of the se	217 Code
STATE OF FLORIDA	- Herringu
COUNTY OF <u>Miami-Dade</u>	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	SANDRA MCCREADY MY COMMISSION # HH 350567
this 7th day of November, 2023.	EXPIRES: May 4, 2027
Personally Known OR Produced Identification	
Type of Identification Produced:	_



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 Frep LANDIM A),
)	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 94 th st Suffsile, KL. 33154,
	my occupation is TACENT AC QUIS HOW MANAGET; that I have been
	a resident of the Town of Surfside since 2 00 9; 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) of the Town of Surfside, if elected.
	Signature of Candidate Ul 1 2023 Date
	Sworn to and subscribed before me this $\frac{7+1}{1}$ day of $\frac{1}{1}$ November , $\frac{20}{1}$.
)	SANDRA MCCREADY MY COMMISSION # HH 350667 NOTARY PUBLIC Scul) EXPIRES: May 4, 2027 Sandra V. Uc Cread
	PRINTED NAME OF NOTARY

SANGES HAV SONES

WY CAMERS HAVE A 140 350 557

EXPRESS HAVE A 140 350 557

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2	^	22	
L	U	ZZ	

Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:			
LAST NAME FIRST NAME MIDI						
	ep - Noss					
MAILING ADDRESS: 625 94th St.		1				
003 (4)(1						
CITY:	ZIP: COUNTY:					
SUNSIDE	33154 WIDMI	>9a0 -		NOV 7 PM 1:34		
NAME OF AGENCY :						
NAME OF OFFICE OR POSITION H	IELD OR SOLIGHT					
COMMISSION	ILLED ON GOOGHT.					
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OF	APPOINTEE				
	**** THIS SECTION MUS	ST BE COMPLETED) ****			
DISCLOSURE PERIOD:				DEMPED 24 2022		
THIS STATEMENT REFLECTS Y	OUR FINANCIAL INTERESTS FO	OR CALENDAR YEAR ENL	JING DE	JEINIBER 31, 2022.		
	REPORTABLE INTERESTS: USING REPORTING THRESHOL		DOLLAF	VALUES WHICH REQUIRES		
FEWER CALCULATIONS, OR U	SING COMPARATIVE THRESHO	LDS, WHICH ARE USUAL	LY BASE			
	s). CHECK THE ONE YOU ARE (PERCENTAGE) THRESHOLDS			JE THRESHOLDS		
	INCOME [Major sources of income to			THRESHOLDS		
	eport, write "none" or "n/a")	the reporting person - See inst	iructions			
NAME OF SOURCE OF INCOME		JRCE'S DRESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY		
N M	AS	DILEGO		WHOM ALL BOOMEDO ACTIVITY		
PART B - SECONDARY SOURCES [Major customers, clients (If you have nothing to	OF INCOME					
(ii you nave nothing to		sses owned by the reporting pe	erson - See	instructions]		
NAME OF	report, write "none" or "n/a") NAME OF MAJOR SOURCES	ADDRESS	erson - See	PRINCIPAL BUSINESS		
NAME OF BUSINESS ENTITY	report, write "none" or "n/a")		erson - See			
NAME OF	report, write "none" or "n/a") NAME OF MAJOR SOURCES	ADDRESS	erson - See	PRINCIPAL BUSINESS		
NAME OF BUSINESS ENTITY	report, write "none" or "n/a") NAME OF MAJOR SOURCES	ADDRESS	erson - See	PRINCIPAL BUSINESS		
NAME OF BUSINESS ENTITY	report, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
PART C - REAL PROPERTY [Land (If you have nothing to re	report, write "none" or "n/a") NAME OF MAJOR SOURCES	ADDRESS OF SOURCE	You ar	PRINCIPAL BUSINESS ACTIVITY OF SOURCE e not limited to the space on the n this form. Attach additional		
NAME OF BUSINESS ENTITY PART C – REAL PROPERTY [Land	report, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME buildings owned by the reporting person	ADDRESS OF SOURCE	You ar lines o sheets	PRINCIPAL BUSINESS ACTIVITY OF SOURCE e not limited to the space on the n this form. Attach additional , if necessary.		
PART C - REAL PROPERTY [Land (If you have nothing to re	report, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME buildings owned by the reporting person	ADDRESS OF SOURCE	You ar lines o sheets FILING and w	PRINCIPAL BUSINESS ACTIVITY OF SOURCE e not limited to the space on the n this form. Attach additional , if necessary.		
NAME OF BUSINESS ENTITY PART C - REAL PROPERTY [Land (If you have nothing to re	report, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME buildings owned by the reporting person	ADDRESS OF SOURCE	You ar lines o sheets FILING and w locate	PRINCIPAL BUSINESS ACTIVITY OF SOURCE e not limited to the space on the n this form. Attach additional , if necessary. G INSTRUCTIONS for when here to file this form are		

PART D — INTANGIBLE PERSONAL PROPERTY [Sto		of deposit, etc See ins	tructions]
TYPE OF INTANGIBLE	E	BUSINESS ENTITY TO W	VHICH THE PROPERTY RELATES
IRA	FIDELITY		
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "non NAME OF CREDITOR		ADDRES	SS OF CREDITOR
125	Line Dial.	. ^	
DEM LET	1100 VIALI		t. WASHINGTON PA.
10 Auto	P, O BUX	100795 (OLUMBIA SC.
PART F — INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "none"	" or "n/a")	s in certain types of bus SENTITY # 1	inesses - See instructions] BUSINESS ENTITY # 2
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, agency created under Part III, Chapter 163 required to c	complete annual ethics t	training pursuant to section	on 112.3142, F.S.
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE
SIGNATURE OF FILE Signature: Date Signed:	<u>R:</u>	If a certified public according good standing with the she must complete the I,	, prepared the CE with Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the e and correct.
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 <u>not</u> 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.
- 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 WATVER, TAGREE TO
•	ABIDE BY THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES,
	CVIDA COM TO TOTAL CONTINUE CO

SUBMIT TO THE COMPULSORY JURISDICTION OF THE ETHICS COMMISSION, AND

WAIVE MY FIRST AMENDMENT RIGHTS.

Ι,	FRED LAWPSMAN	, a candidate for the office of	
	COMMISSIONER	in SURFSIDE, 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.

* LW F	11/2/223
Signature	Date

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 7PH 1:26

We the undersigned electors of the Town of Surfside, for the office of	, Florida, hereby nominate + RED - AND MAN (Mayor or Commissioner) at an election to be held on March
This petition must be filed with the Town Clerk betwe	en November 3, 2023 and November 22, 2023(by 12:00pm).
Signature:,	Date: 0 - 14 - 2 3 D.O.B.
Print Name: Jose A. Romani	Address:
Signature: Style P	Date: U - (4-23 D.O.B.
Print Name: Stephanie Romani	Address:
Signature:	Date: 10/19/23 D.O.B.
Print Name: Sydney Landsman	Address:
Signature:	Date: し1221 23 D.O.B.
Print Name: ADAM SCHOCHER	Address:
Signature: Stephen Scholl	Date: 10-27-29.0.B.
Print Name: Stephen Schot	Address:
Signature: ///	Date: 10/27/23D.O.B.
Print Name: VELVA TUBAN	Address:
Signature: Thun the	Date: 10/3//73 D.Q.B.
int Name: THany Cannava	Address:
Signature: R	Date: 11/1/23 D.O.B.
Print Name: Reuven Hersigin	Address:
Signature: 4	Date: <u>Ø/~//2.3</u> D.O.B
Print Name: And BUAK	Address:
Signature:	Date: 1/3/2023 D.O.B.
Print Name: Migram Silasky8	Address:
Signature:	Date: 1/3/2033 D.O.B.
Print Name: Binkmin Silberstein	Address:
Signature:	Date: _// 5 23 _ D.O.B
Print Name: ISNAGE ELGAMIL	Address:
Signature:	Date:
Print Name: Ben Jargtoon	Address:
STATEMENT	r of circulator
The undersigned is the circulator of the foregoing paper co	ontaining 13 signatures. Each signature appended
thereto was made in my presence and is the genuine signa	ature of the person whose name it purports to be.
Signature of Circulator:	
ddress of Circulator: 625, 94 h 5+ 5	wtrue 19. 33174
mail address of Circulator: FCAVOIA-A C Hol	A CI LOW LATION
I hereby accept the nomination of The LANDIAN	E OF NOMINATION (Mayor or Commissioner) and agree to
serve if elected.	(Major of Commissionary and agree to
Signature of Condidate:	Date: [[1] 76 L3
Signature of Candidate:	Date. It if

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, here	eby nominate	RED	LANDSMAR
for the office of 60 MM SSIONER				n to be held on March
19, 2024.				
This petition must be filed with the Town Clerk between	en November :	3, 2023 and Nove	ember 22, 202	23(by 12:00pm).
10 m		12/11/2		
Signature:	Date:	10/4/23	D.O.B.	
Print Name: BOCNE C. OSFrov	Address:			
Signature:	Date:	10/4/23	D.O.B.	
Print Name: Neith Drian Coller	Address:			
Signature: COLO ROTTER	Date:	10 4 23	D.O.B.	
Print Name: ("Caranoly	Address:			
Signature:	Date:	10.4.23	_ D.O.B	
Print Name: Natali Yaacov	Address:			
Signature:	Date:	10.4.23	D.O.B.	
Print Name: YOSI YGQCOV	Address:			
Signature:	Date:	10/4/23	D.O.B.	
Print Name: BRITARY KLEIMAN	Address:			
Signature: Davil for	Date: _	10/4/23	D.O.B.	
int Name: DOTTLEY AMERICA	Address: _			
Signature:	Date: _	10-4-23	D.O.B.	
Print Name: Lhaha hakaga	Address:			
Signature:	Date:	1814173	D.O.B.	
Print Name: MATTANEL Shall	Address:		1 \	
Signature:	Date:	10/4/23	D.O.B.	
Print Name: MOSHE RUBINSEN	Address:			
Signature: /////	Date:	10/13/23	D.O.B.	
Print Name: Mathew Sglzberg	Address:	, , , , , ,		
Signature:	······ ·	0(13/23	D.O.B.	<u>.</u>
Print Name: JOB THIENE	Address:		5.0.5.	
Signature: Wall OV 197/	Date:	11-5-23	D.O.B.	
Print Name: Wana Vaz	Address:		D.O.Q.	
STATEMENT		ATOR	en kalanda kanada sa kanada da da da kanada sa kanada kanada kanada kanada kanada kanada kanada kanada kanada k	
The undersigned is the circulator of the foregoing paper con	taining 13	signature	s Fach sign	nature appended
thereto was made in my presence and is the genuine signat	ure of the pe	erson whose na	me it purpor	ts to be.
Signature of Circulator:			CO	
ddress of Circulator: 625 944st Surfs	De rec. 3	3154		
-mail address of Circulator: FLAVOSNO CHILANO	L' COM.	17101		
I hereby accept the nomination of	OFNOMINA	120		minalana National States
serve if elected.	INTERIOR	(Ma	yor or Comr	missioner) and agree to
Signature of Continue Till			וראו מוז	767.7
Signature of Candidate:			Date:	~ ~ 2

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

	TOWN OF S	SURFSIDE	FLORIDA		NOV 7PM 1:26	
We the un	ndersigned electors of the Town of Surfsi	de Florida her	ehy nominate	FRED	LANDSHAD	
for the office of	E COMMISSIONER				ion to be held on March	
19, 2024.						
This	petition must be filed with the Town Clerk bel	tween November	3, 2023 and Nove	ember 22, 2	023(by 12:00pm).	
Signature:	A Ju	Date:	9/8/2	3 D.O.B.		
Print Name:	Lourney Landona.	Address:) D.O.D.		
Signature:		Date:	9/4/2	3 D.O.B.		ľ
Print Name:	Mer Schlesser	Address:		, , , , , , ,		
Signature: _	Branz	Date:	9/11/23	D.O.B.		
Print Name:	Bhean Loina	Address:				
Signature:	Lucio, Sellen	Date:	9/11/23	D.O.B.		Ï
Print Name:	Lucia Schlesser	Address:				
Signature:	777	Date:	a/11/2023	_ D.O.B		"
Print Name:	Faven Engle	Address:				_
Signature:	la Sull to	Date:	00/4/23	D.O.B.		
Print Name:	KADAEL PEKETZ	Address:	4			
Signature:		Date:	10/10/23	D.O.B.		
nt Name: 7	WBEN BRAVO	Address:				
Signature:	aroun Burnel	Date:	10/11/23	D.O.B.		
Print Name:	CARULYN BAUMEL	Address:				
Signature:	C	Date:	16/11/23	D.O.B.		
Print Name:	CAITLIN BAUMEL	Address:				
Signature:	Morriel	Date:	10/11/23	D.O.B.		
Print Name:	· B. BAUMEL	Address:				
Signature:	JL de la	Date:	10 /14/23	D.O.B		
Print Name:	JOHN HEALY	Address:			, , , , , , , , , , , , , , , , , , ,	
Signature:	le Myye	Date:	10/14/23	D.O.B.		
Print Name:	Change Dancinger	Address:				
Signature:	FO 17 C 3-6	Date: /	0.14.23	D.O.B.		
Print Name:	DAND TOXICE	Address:	•			
		T OF CIRCUL	ATOR			
The undersigned	d is the circulator of the foregoing paper	containing		s. Each si	gnature appended	
mereto was mad	de in my presence and is the genuine sig	nature of the pe	erson whose na	me it purpo	orts to be.	
Signature of Circ	10				UPI	
dress of Circu		Sutrib. 1	-U 33154			
.nail address o		CE OF NOMIN	ATION			
I hereby accept to		DY-COMM		vor or Co~	nmissioner) and agree to	
serve if elected.	1.500	-1.1.1	wi v. c) (IVIa		imissioner / and agree to	
Signature of Car	ndidate:		Г	ate: []	1/423	

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SU	RFSIDE, FLORIDA NOV 7 PM 1:26
We the undersigned electors of the Town of Surfside,	FORM I ANDOMAR
for the office of COMMISSINEL	(Mayor or Commissioner) at an election to be held on March
19, 2024.	
This petition must be filed with the Town Clerk between	en November 3, 2023 and November 22, 2023(by 12:00pm).
Signature:	Date: 9-1(-2023 D.O.B.
Print Name: LINDEN) Nelson	Address
Signature: Make	Date: 9 1 - 23 D.O.B.
Print Name: M. Chelle Nelson	Address'
Signature: willing the	Date: <u> </u>
Print Name: William Blumen Kranz	Address:
Signature: Burbare Chen	Date: <u>9-28-23</u> D.O.B.
Print Name: BARSHRA COREN	Address:
Signature:	Date: <u> </u>
Print Name: Shlomo Danzinger	Address:
Signature:	Date: 09 - 28 - 23 D.O.B.
Print Name: ABRUDSKY MARU	Address:
Signature: MS lave	Date: 9-28-2 3 D.O.B.
int Name: Mareni Starre	Address.
Signature: Jang Karp	Date: $9-28-27$ D,Q.B.
Print Name: David Of Karp	Address:
Signature:	Date: <u>\$ 23/23</u> D.O.B
Print Name: Alon Davoudpour	Address:
Signature: Mandy Palissani	Date: <u>9/29/23</u> D.O.B.
Print Name:	Address:
Signature: Seffth of Ferre	Date: 9/19/13 D.O.B.
Print Name: St His Chose	Address:
Signature:	Date: _/9/2/2023 D.O.B
Print Name: PETER M. ZUCKERMAN	Address:
Signature:	Date: 10/2/2023 D.O.B
Print Name: Kathnan Tsing	Address
STATEMENT	OF CIRCULATOR
The undersigned is the circulator of the foregoing paper co	ontaining signatures. Each signature appended
thereto was made in my presence and is the genuine signa	ature of the person whose name it purports to be.
Signature of Circulator:	
ddress of Circulator: 625 Pun St.	Sylvide Re- 33154
-mail address of Circulator: FLANDSMA CHOTANC	E OF NOMINATION
I hereby accept the nomination of	MDP-COMMISSIONET (Mayor or Commissioner) and agree to
serve if elected.	(mayor or commonant) and agree to

Signature of Candidate: _

	T Surrous Williams
FRED LANDSMAN, CAMPAIGN ACCOUNT 625 94TH ST SURFSIDE, FL 33154-2419 63-4/630 FL	1001 3-4/630 Ft.
DATE ULI (1013)	3
ORDER OF SURFRING \$ 25,00	CONTROL OF THE STATE OF THE STA
AMERICA	Security Features Details on Back
FOR QUALITY WE FEE	<u> </u>
	76

Receipt No 155622		dandsman campaign 11-7003	1 FI 100 out 10/100 mile 1/2	Color in the followist and the		(THANK YOU
SURF:	E FL 33	de	20	-	>]	
TOWN OF SURFSIDE 9293 Harding Ave.	SURESIDE, FL 33154	7	-	3	. 7	ЕСПЕХЕСОТІЛЬЕ	POLICE	PARK & BECREATION		OTHER
_		ÆD OF			<u> </u>	ž	ם)	(
		RECEIVED OF.		HOW PAID			MONEY	ORDER	CREDIT	CARD



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

miamidade.gov

TTY: 305-499-8480

November 13, 2023

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

Dear Mrs. McCready:

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.

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 <u>46</u> signatures submitted by <u>Fred Landsman</u> for the office of <u>Commissioner</u> for the <u>Town of Surfside</u> matched the signatures on the voter files.

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



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 fruly yours,

Sandra N. McCready, MPA, MMC

Town Clerk

CAMPAIGN TREASURE	R'S REPORT SUMMARY			
(1) Fred Landsman	OFFICE USE ONLY			
Name				
(2) 625 94th Street Address (number and street) Surfside, FL 33154 City, State, Zip Code	JAN 9 AM 11:50			
Check here if address has changed	(3) ID Number:			
(4) Check appropriate box(es):				
☐ Candidate Office Sought: ☐ MM\\$\forall 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 2023			
Cover Period: From Oct / 1 / 2023 To	DEC / 31 / 2023 Report Type: Q4			
Original Amendment Sp	ecial Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
Cash & Checks \$,, \ \	Monetary Expenditures \$,,597 . 58			
Loans \$,, <u>Q</u>	Transfers to Office Account \$, ,			
Total Monetary \$,, \frac{1}{2} \cdot \frac{\psi}{2} \cdot	Total Monetary \$, , <u>597</u> . <u>58</u>			
	(8) Other Distributions			
(9) TOTAL Monetary Contributions To Date \$,,,	(10) TOTAL Monetary Expenditures To Date \$,, 629.			
(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, cor				
(Type name) FRED LANDIMAN	(Type name) FREP LAMPINA?			
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)			
Signature	Signature			

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name _	FRED	LANDEMAR	JAN (2) I.D. Number	9 AM 11:50 5
(3) Cover Pe	eriod Oct	// 2023 through PEC_/_3	3) / <u>202</u> 3 (4) Page	of

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
11,30,23	DAVID KARP 9341 Collins # 1288 Solfsid, Fi	I	Retired School Teacher	CHE)	,	50.00
12,14,23	COROLYA BOOMA 9481 BOY DR. SUHSIDL, KL		REAL GST cte Resignar Bildu	COK	1	1	150,00
12,12,23	ALLER DAVENPOOR SULLSIA, KL	£	Nepe Citate Agent	CUE	,)	1000,00
12,18,23	PETER ZUCHERNON 9272 Bay DR SUHSIN, KL.	I	Z-MERIA	R(+ (2016))	_	200,00
1 1							
1 1							
1 1							

JAN 9 AM 11:50 Smc

(1) Name CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES
(2) I.D. Number
(3) Cover Period OCT/ 1/2023 through OCC/ /31 /2023 (4) Page _____ of ______

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
10/2/23	BANK OF DIMENIE 1108 KANE CONCOUNTE BAY WINBOR ISCAMO	BANIC FEE	44)		16.00
10/19/13	BOX A 1108 ICONE CONCOUNE BOY HANDER ISCAMA	ONDEN	CAA		36.17
11/1/23	BOF A 1108 ICANE CONCOURSE Bay Hando Iscands	BANG KEE	(4)		16.00
11/9/23	Town Of Sonfring 9293 Handing AVE. Soffia, Co. 33154	QUICINIM KEE	C \$3		25.00
12/1/23	BOX A. 1108 ICape Contide Bay Harber Islands.	BANN KEE	Con		16,00
12/22/13	SIGNS. COM PICHAL ROOM 1493, CACIFA St. #30, SUERMAN BAKE, CA.	LAWIZ	(4)		488.41
/ /					
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	OFFICE USE ONLY
Name FRED LANDSMOP	
I.D. Number	JAN 9 AH 11:50
Address (number and street)	
City, State, Zip Code Susfaid, CL. 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor	
Commissioner, District	
Property Appraiser	_
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Su	h Aroa
REPORT IDE	NTIFIERS
Report Name 2023 QU Cover Period	0C+1, 2023 through DEC 31, 2023
Report Type Original	
	ICATION
It is a first degree misdemeanor for any pers	on 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.	correct, and complete.
FRED LAMPS M B?	FRED LANDIMAD
(Type name)	(Type name)
x force	x Ful Ro
Signature	Signature



(1) Name	FRED LAX	4anzac			JAN 9 AH11:5 (2) I.D. Number	o Smo
	Name 2023 ((4) Cover Period _	OCT 1, 2013	through _DE(31,2023
	Type 🗖 Original 🛭			*	of	
(7) Row Number	(8) Full Name (Last, Suffix, First		(9) Employed By	Name of Organiza	0) ition Employed By red by campaign)	(11) Amendment Type
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	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Fred Landsman	OFFICE USE ONLY
(2)	Name 625 94th Street	JAN 18 PM 2:12
	Address (number and street) Surfside, FL 33154	
	City, State, Zip Code	(2) ID Number:
(4)	Check here if address has changed Check appropriate box(es):	(3) ID Number:
(4)	☐ Candidate Office Sought: ☐ 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
	er Period: From / / / / 2024 To Original Amendment Spe	2.216004
_	Contributions This Report	(7) Expenditures This Report
(6) Cas	h & Checks \$,, 1\omega	Monetary Expenditures \$, , (\omega \cdot \omega \omega \cdot \omega \cdo
Loa	ns \$,, <u>\Q</u>	Transfers to Office Account \$, , , ,
Tota	al Monetary \$,, 1 <u>\omega \omega</u>	Total Monetary \$, , ,
		(8) Other Distributions \$, ,
(9)	TOTAL Monetary Contributions To Date \$,,,	(10) TOTAL Monetary Expenditures To Date \$
	(11) Cert It is a first degree misdemeanor for any pers	
ı	certify that I have examined this report and it is true, corr	ect, and complete:
(Type name) FROD LAMPS MAD	(Type name) FILED LANDSMA?
	Individual (only for IE Treasurer Deputy Treasurer electionegring comm.)	Candidate Chairperson (only for PC and PTY)
_>	TWX	x Tw La
9	Signature	Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

	(1) Name FRED LANDIMAR				JAN I.D. Number	18 pm 2:1	12 GMC
	1 1 1 2020		gh /	12/202	(4) Page		of —
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Typo	ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12)
1,3,2024	JOHA HEACY III S. POINTE WAY HENDYSON, M8907U	t	RETINOP POLICE CHIEF	CHE			100.00
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DS-DE 13 (Rev. 11/13)

(1) Name	CAMPAIGN TREASURER'S RE		EXPENDIT 2) I.D. Number		
(3) Cover Period	d//_/2024 through/_	1/2/2024 (4) Page	of	
(5) Date (6) Sequence Number	(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)	(11)
1/2/2024	BANK OF SMERICO 1108 KANE CONCOUNTE BAY LONGON ISLANDS.	BANK KEE	640		16.00
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	OFFICE USE ONLY
Name FRED LAMPSMAR	
I.D. Number	JAN 18 pm 2:13
Address (number and street)	Smo
City, State, Zip Code	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor	
Commissioner, District	
	_
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Sul	b-Area
REPORT IDE	destruction as the service of the se
Report Name 202460 DP Cover Period	1 11 2024 through 112 2024
Report Type 🛱 Original 🔲 Amendment	
	CATION on 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.	I certify that I have examined this report and it is true, correct, and complete.
FRED LANDING?	FRED LANDSMA?
(Type name)	(Type name) Candidate
X Lu La Signature	X Lu La Signature



TH	is report must be filed by applicable ca	andidates running for I	JAN 18 PM 2:1 (2) I.D. Number	3 SMO
(1) Name	FRED LANDSMAR		(2) I.D. Number	1
3) Report I	Name 202960 PP	(4) Cover Period	(11) 1/024 through [[] 7	1024
(5) Report	Type 🖫 Original 🗖 Amendment	(6) Page	of	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
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		/		
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	2020			
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	CAMPAIGN TREASURE	R'S REPORT SUMMARY			
(1)	Fred Landsman	OFFICE USE ONLY			
	Name	FEB 1 pm 2:29			
(2)	625 94th Street Address (number and street)				
	Surfside, FL 33154	STATE			
	City, State, Zip Code				
	☐ Check here if address has changed	(3) ID Number:			
(4)	Check appropriate box(es):				
	Candidate Office Sought: (0 MM/SS)	ONER			
	☐ 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☐ Check here if no other IE or EC reports will be filed			
	Independent Expenditure (IE) (also covers an individual making electioneering communications)	_ Check here if no other iz or zo reports will be med			
	/E\ Donard	Identifiere "			
Cove	(5) Report er Period: From / / [3 / 2024 To	Identifiers 202481			
		ecial Election Report			
(6)	Contributions This Report	(7) Expenditures This Report			
Cas	h & Checks \$,, <u>5</u> \omega . <u>\omega</u>	Monetary Expenditures \$, ,			
Loar	ns \$,, <u>\&</u>	Transfers to Office Account \$, , ,			
Tota	sl Monetary \$, <u>5</u> ω . <u>ω</u>	Total Monetary \$,			
In-K	ind \$, , 🔍 .				
		(8) Other Distributions			
		\$, ,			
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date			
8	\$, 2 , 2 \omega_ \cdot 00	\$, <u>W5</u> . <u>58</u>			
	(11) Certification				
It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)					
1	certify that I have examined this report and it is true, corr	ect, and complete:			
(7	Type name) FAXP LANDS m D?	(Type name) + MP LAMPINA?			
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	Candidate Chairperson (only for PC and PTY)			
0,000	410	tul La			
$\frac{x}{s}$	Signature	X Signature			

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name FRED LANDSMA? (2) I.D. Number				9			
(3) Cover Period	(3) Cover Period 1 / 13 / 2024 through 1 26 / 2024 (4) Page of 1						
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
1,24,2024	MEL SCHLESSER 1300 COILUS ANE STE. 100 MIDMI BEDCH, KL	I	REDI ESTOTE DEVELOPER	СПЕ			5ω,ω
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DS-DE 13 (Rev. 11/13)

(1) Name	NED LAMPIMES		2) I.D. Number	UKES	
(3) Cover Perio	d 1 /13 / 2024through 1 /	26, 2024 14	l) Page	of _	
(5) Date (6) Sequence Number	(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)	(11)
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/ /	Pope				
/ /					8
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	OFFICE USE ONLY
Name FRED LANDSMAP	
I.D. Number	
Hullingi	
Address (number and street)	FEB 1 PM 2:30 CmC
City, State, Zip Code SURFSIDE, FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor	
Commissioner, District	_
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Su	b-Area
REPORT IDE	NTIFIERS
Report Name 2024 8 (Cover Period	1 1/13/2024 through 1/26/2024
Report Type Original	
	ICATION
	on 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.	I certify that I have examined this report and it is true, correct, and complete.
FUND THOSMOS	FRED LANDIMA?
(Type name)	(Type name) Candidate
x Tw Lc	x Tw La
Signature	Signature



(1) Name	Francourt anni		FEB 1 PH 2::	Const.
(3) Report	Name 2024 B1	(4) Cover Period	1 13 2020 through 1 2	6/2024
(5) Report	Type Original Amendment		of	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
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CAMPAIGN TREASURE	R'S REPORT SUMMARY			
(1) Fred Landsman	OFFICE USE ONLY			
Name				
(2) 625 94th Street	FEB 15 PM 2:52			
Address (number and street) Surfside, FL 33154	LEO TO LO LO SOM			
City, State, Zip Code				
Check here if address has changed	(3) ID Number:			
(4) Check appropriate box(es):				
☐ Candidate Office Sought: ☐ 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				
	t Identifiers 202482			
	2 / 9 / 2024 Report Type:			
Original Amendment Sp	ecial Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
Cash & Checks \$, , <u>\infty</u>	Monetary			
Loans \$, <u>\</u> , <u>\</u>	Transfers to Office Account \$, , ,			
Total Monetary \$,,	Total Monetary \$, , , ,			
In-Kind \$,,	(0) Other Distributions			
	(8) Other Distributions \$, ,			
(9) TOTAL Monetary Contributions To Date \$, 2 , 200 . 00	(10) TOTAL Monetary Expenditures To Date \$,, 66158			
	tification son to falsify a public record (ss. 839.13, F.S.)			
Tan I.	(Type name) FRED LANDS mar			
(Type name)	Type name) FICEP CARDS IN B. Chairperson (only for PC and PTY) X			
Signature	Signature			

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

FEB 15 PH 2:52 GAC

(1) Name FRED LANDSMAP (2) I.D. Number							
(3) Cover Period / _27 / _2024 through / _9 / _2024 (4) Page of							
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	Co	(8)	(9) Contribution	(10) In-kind	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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DS-DE 13 (Rev. 11/13)

FEB 15 PM 2:52 Smc

(1) Name CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (2) I.D. Number					
	d 1 /27 / 2024 through 2 /				
(5) Date (6) Sequence Number	(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)	(11)
2/1/2025	BADIC OF AMERICA 1108 ICAN' CONCOURSE BOY HANDIN ISCARD, CC	BANN KEL	CAP		16.00
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	OFFICE USE ONLY			
Name FRED LANDSMAD				
I.D. Number				
Address (number and street) 625 94th 5t.	FEB 15 PM 2:52			
City, State, Zip Code				
SUMSIDE, FL. 33150				
☐ CHECK IF ADDRESS HAS CHANGED				
Candidate for:				
☐ Mayor				
Commissioner, District				
☐ Property Appraiser				
☐ Clerk of the Circuit Courts				
☐ Community Council, Area, Su	b-Area			
REPORT IDE	Section 2 of Professional Association (Control of Section 2)			
Report Name 2024 B2 Cover Period	1 1/27/2029 through 2/9/2024			
Report Type 🖫 Original 🔲 Amendment				
CERTIF	ICATION			
	son 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.	I certify that I have examined this report and it is true, correct, and complete.			
FRED LANDSMD? FRED LANDSMD?				
(Type name) Treasurer Deputy Treasurer	(Type name)			
1 2	La La			
Signature	Signature			
Signature	Signature			



(1) Name	FRED LANDSMAN		(2) I.D. Number	12 Gmc
(3) Report	Name 2024 82	(4) Cover Period	127/2024 through 29	
(5) Report	Type 🔟 Original 🔲 Amendment	(6) Page	of	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
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CAMPAIGN TREASURE	R'S REPORT SUMMARY			
(1) Fred Landsman	OFFICE USE ONLY			
Name	FEB 21 AH11:09			
(2) 625 94th Street Address (number and street) Surfside, FL 33154	Gre.			
City, State, Zip Code				
☐ Check here if address has changed	(3) ID Number:			
(4) Check appropriate box(es): ☐ Candidate Office Sought: ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be file				
(5) Repor	t Identifiers			
Cover Period: From 2 / 10 / 2024 To	2 122 12024 Report Type: 25 P1			
Original Amendment Sp	ecial Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
Cash & Checks \$,,	Monetary Expenditures \$, 1_ , 138 . 92			
Loans \$, , <u>\Q</u>	Transfers to Office Account \$,,,			
Total Monetary \$,,	Total Monetary \$, , , , , ,			
	(8) Other Distributions \$, ,			
(9) TOTAL Monetary Contributions To Date \$, <u>3</u> , <u>2</u> \omega \omega_	(10) TOTAL Monetary Expenditures To Date \$, _2, 40050_			
	rtification son to falsify a public record (ss. 839.13, F.S.) rect, and complete:			
(Type name) FROD LAMOUND? ☐ Individual (only for IE or electioneering common) X	(Type name) FRED LANDSM D? Candidate Chairperson (only for PC and PTY) X W A Chairperson (only for PC and PTY)			
Signature	Signature			

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name <u></u>	AM ZAMPIMA	D		(2)	FEB I.D. Number	21 AM11:C	95mo
(3) Cover Period	2/10/2020	throu	gh <u>2</u> /	22 1202	<u>Ч</u> (4) Page		of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
2,15,2020	42488 th st. Suffile, fr. 27154		ADVERTIS	N.			
	Sufferde, Fr. 77154	I		CHE)	_	1,000,00
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DS-DE 13 (Rev. 11/13)

FEB 21 AM11:09 SmC

(1) Name CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES
(2) I.D. Number (3) Cover Period 2 / 10 / 2024 through 2 / 22/ 2024 ___of (4) Page ___ (11) (8) (7) (5) Date **Full Name** Purpose (Last, Suffix, First, Middle) (add office sought if (6) Expenditure contribution to a Street Address & Sequence Type Amount candidate) Amendment City, State, Zip Code Number 16/2024 MINUTEMAN PREST PRIVIPES Cty MIDM, Kc. 33138



Name FRED LANDSMOR	OFFICE USE ONLY
I.D. Number	
Address (number and street)	FEB 21 AM11:09
City, State, Zip Code SUMSIDE FL. 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor ☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Su	
REPORT IDE	NTIFIERS
Report Name 25P1 Cover Period	2/10/2024 through 2/22/2024
Report Type	
	ICATION on 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.	I certify that I have examined this report and it is true, correct, and complete.
FUED LANDS MD?	FRED LANDSMOT
(Type name) Treasurer Deputy Treasurer X Signature	(Type name) Candidate X L L Signature



(1) Name	Free LANDSMAR)	FEB 21 AM 11:05 (2) I.D. Number	Smo
(3) Report I	Name 25 P 1	(4) Cover Period	2/10/2024 through 2/1	12/2024
(5) Report	Type - ☐ Original □ Amendment	(6) Page	of	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
	<u>(</u>	,/		
	2/	/		
	——————————————————————————————————————			

CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1) Fred Landsman	OFFICE USE ONLY						
Name	WAD E 1:0E						
(2) 625 94th Street Address (number and street)	MAR 5 PM 1:25						
Surfside, FL 33154	Sho						
City, State, Zip Code							
Check here if address has changed	(3) ID Number:						
(4) Check appropriate box(es):							
☐ Candidate Office Sought: ☐ 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 / 202V Report Type: 11 P1						
Original Amendment Spe	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$, , <u>\vert</u>	Monetary Expenditures \$, , , _ CO						
Loans \$,, \	Transfers to Office Account \$,,						
Total Monetary \$,	Total Monetary \$, , &						
-K	(8) Other Distributions						
(9) TOTAL Monetary Contributions To Date \$, 3, 2\omega	(10) TOTAL Monetary Expenditures To Date \$, _2, 41650						
	(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, corr							
Ean Linear	(Type name) FRED LANDEM D?						
☐ Individual (only for IE or election eering confin.) ☐ Treasurer ☐ Deputy Treasurer	Candidate Chairperson (only for PC and PTY)						
X + W + C	X + M V V						

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Frep LANDS M	۲۵,	(2)	I.D. Number	AR 5 PM 1:2	26
(3) Cover Period	2 123 12024	through 3 /	7 1202	(4) Page		of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Contributor	(9)	(10) In-kind	(11)	(12)
Number	City, State, Zip Code	Type Occupation	Туре	Description	Amendment	Amount
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1 1	20					
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DS-DE 13 (Rev. 11/	13)	SEE REVERSE FOR	INSTRUCTIONS	AND CODE VAL	.UES	

(1) Name	CAMPAIGN TREASURER'S RE	PORT – ITEMIZED (2	EXPENDIT 2) I.D. Number	URES	
	d 2 / 23 /2024 through 3 /		l) Page		
(5) Date (6) Sequence Number	(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)	(11)
3/1/202	4 BADILOF BMENICA 1108 KANE CONCOINE BDY LLANDON ISLAND	BANK KEE	CAP		16,00
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/ /					
/ /		4.3			
/ /					



Name Fred LANDSMAD	OFFICE USE ONLY
I.D. Number	
Address (number and street) 625 QUTL ST.	MAR 5 PM 1:26
City, State, Zip Code Suffile Fc. 33154	- Gmc
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor ☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Su	 b-Area
REPORT IDE	
Report Name 1) f 1 Cover Period	2/23/2024 through 3/7/2024
Report Type 🔁 Original 🗖 Amendment	
	ICATION
It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true,	I certify that I have examined this report and it is true,
correct, and complete.	correct, and complete.
That LANDIMA?	FRO LANDEMAR
(Type name)	(Type name) Candidate
x Two	x Tw La
Signature	Signature



(1) Name _	Fred LANDSM	60	(2) I.D. Number	26
			2 23 2024 through 3	
(5) Report T	ype 🖫 Original 🔲 Amendmen	t (6) Page	of(
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
				7
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	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Fred Landsman	OFFICE USE ONLY						
	Name							
(2)	625 94th Street	MAR 13 PM 1:58						
	Address (number and street) Surfside, FL 33154	Camo.						
	City, State, Zip Code	- Chio						
	Check here if address has changed	(3) ID Number:						
(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed							
	(5) Report	Identifiers						
Cov	er Period: From $\frac{3}{2}$ / $\frac{8}{2}$ / $\frac{12024}{2}$ To	3 / 15 / 2024 Report Type: 4 / 1						
1 C	Original Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Cas	h & Checks \$, , <u>\Q</u>	Monetary Expenditures \$, ,						
Loa	ns \$,, <u>\sqrt{\sq}}}}}}}}}}} \end{\sqrt{\sq}}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sq}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq</u>	Transfers to Office Account \$, ,						
Tota	al Monetary \$, , <u>\varphi</u>	Total Monetary \$,,						
In-K	ind \$, , <u>\times</u>							
		(8) Other Distributions \$, ,						
(9)	TOTAL Monetary Contributions To Date \$, _3, _2\omega0\omega	(10) TOTAL Monetary Expenditures To Date \$, _2_ , <u>416</u> 50						
	(11) Cert It is a first degree misdemeanor for any pers	tification						
	certify that I have examined this report and it is true, corr							
	Com Lame							
-	Type name) TWP → NOSM DP Individual (only for IE □ Treasurer □ Deputy Treasurer	(Type name) N€D → AND M AP ☐ Candidate ☐ Chairperson (only for PC and PTY)						
	r electioneering comm.	1. 1						
)	Tul X	x tw Xcm						
_	Signature	Signature						

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

MAR 13 PM 1:58

(1) Name	FRED LANDS	4 M	7	(2)	I.D. Number	K IS PM III) i
(3) Cover Period	3/8/122	throu	gh 3 /	15 1202	<u>식</u> (4) Page		of —
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	Co	(8)	(9)	(10) In-kind	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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(1) Name Kn	CAMPAIGN TREASURER'S REI	PORT – ITEMIZED (2	EXPENDIT I.D. Number	URES	
	d 3 / 8 / 2024 through 3 /		l) Page	of _	-
(5) Date (6) Sequence Number	(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)
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	OFFICE USE ONLY
Name FRED LANDIM DI	
I.D. Number	
Address (number and street)	Smc
City, State, Zip Code SURFSIDE, FL 33154	MAR 13 PM 1:58
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor ☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Sul	o-Area
REPORT IDEI	MITIELEDS
Report Name LP P Cover Period	
Report Type Original	
	CATION
	on 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.	I certify that I have examined this report and it is true, correct, and complete.
FRED LANDS M AND	(Type name) (Type name) (Type name)
(Type name) Treasurer Deputy Treasurer X Signature	(Type name) X Signature Candidate



(1) Name	Fruo LANDSM	D)	(2) I.D. Number	
(3) Report I	Name 4 Pl	(4) Cover Period	38/2024 through 3/1	5/2024
(5) Report	Type Original Amendn	ment (6) Page	of	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11)
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