#### 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 officer before opening the campaign accoun				1	t	OFFICE	E USE O	NLY
1. CHECK APPROPRIATE BOX(ES):  Initial Filing of Form Re-filing to Cha	ange: 🔲 Tr	easurer/Depu	ty 🗀	Depositor	у 🗆	Office	F	⊃arty
2. Name of Candidate (in this order: First, Midd	lle, Last)	3. Address	(includ	e post office	box or s	treet, city,	state, zij	р
FRED LANDSMAN	······································	code) - 625					•	
4. Telephone 5. E-mail address					2-			
(305) 343-1481 FLANDIMA 61	lotman. 61	1 SUM	-SIDE	E, FL	. 33	154		
6. Office sought (include district, circuit, group		7. If		lidate for a	nonparti	san office	, check	if
COMMISSIONEN		а	pplicab	ole: My intent is	to run as	s a Write-I	n candid	ate.
8. If a candidate for a <u>partisan</u> office, check b	olock and fill	in name of pa	arty as a	applicable:	My inte	ent is to rur	n as a	
☐ Write-In ☐ No Party Affiliation [	]				Pa	rty cand	didate.	
9. I have appointed the following person to a	ct as my	📝 Campaig	ın Treas	surer 🔲	Deput	y Treasure	er	
10. Name of Treasurer or Deputy Treasurer								
11. Mailing Address					12. Telep	hone		
625 auth st.					(305)	343-	-1481	
13. City 14. County	15. Sta			17. E-mail	and the second			
SURFSIDE MOMI-DAG	FL	33120	(	FLANDSI	H9 41	otmaic.	COM	
18. I have designated the following bank as r	my 🗌	Primary De	epositor	у 🔲	Seconda	ry Deposit	ory	
19. Name of Bank		20. Address						
21. City 22. County	/	23	. State			24. Zip C	ode	
	DHIAL THE WAY AND A SHIP THE	SSIACON CHANGE THE PROPERTY OF THE	2015 AVE (1827 H					THE OWNER WHEN BEING
UNDER PENALTIES OF PERJURY, I DECLARE THAT I I DESIGNATION OF CAMPAIG							EASURER	AND
25. Date		26. Signature	of Cano	didate				
4/5/2023		X fu	12	a			and the second second second second	
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)								
I, FRED LANDSMAP (Please Print or T	vne Name)			_ , do here	by accep	t the appoi	intment	
	ign Treasurer	☐ De	puty/Trea	asurer.				
11/(12.22		1	$\mathcal{L}$					
Date	_ X	Signature of C	amnain	in Treasurer	or Denu	ty Treasur	er	
Date	)	orginature of C	ampaig	jii i i <del>c</del> asuiei	or Debu	ty i leasur	O1	

### 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 ELANDIMA EHOTMUL. ON 20 NEST 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	ght <u>Commission</u>	ner		
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

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XT	Voter	Reme	tration
c	V OLCI	regio	uanon

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

5 25	2023	H
5 25	2023	Te

Candidate's Signature	Date

	CAMPAIGN TREASURE	R'S REPORT SUMMARY			
(1)	Fred Landsman	OFFICE USE ONLY			
	Name	JUN 5 PM 2:58			
(2)	625 94th Street Address (number and street)	- Mariana Mariana			
	Surfside, FL 33154	Milletta			
	City, State, Zip Code				
	☐ Check here if address has changed	(3) ID Number:			
(4)	Check appropriate box(es):				
	<ul> <li>✓ Candidate Office Sought:</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> </ul>	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	Driginal ☐ Amendment ☐ Spe	ecial Election Report			
(6)	Contributions This Report	(7) Expenditures This Report			
Cas	sh & Checks \$ , , <mark>2_</mark>	Monetary Expenditures \$ , ,			
Loa	sns \$,,	Transfers to Office Account \$ , ,			
Tot	al Monetary \$,, 200	Total Monetary \$ , , <u>\Q</u>			
In-k	Kind \$,,	(0) Other Dietributions			
		(8) Other Distributions \$ , ,			
(9)	<b>TOTAL Monetary Contributions To Date</b>	(10) TOTAL Monetary Expenditures To Date			
	\$, <u>200. 00</u>	\$ , ,			
	(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)				
ı	certify that I have examined this report and it is true, corn	ect, and complete:			
	Type name) FRED LAPOSNA?	(Type name) Frep LAUDSMAP			
	☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)			
	x Liv La	x FWR			
	Signature	Signature			

### CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Truep LARPSMAP				(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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1 1							
1 1							
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1 1							
j j							

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	x
(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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11/					

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



Name Fred LAMBIMAR	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-	-Area
REPORT IDEN	
Report Name 2023 M5 Cover Period	5/1/223 through 5/21/2023
Report Type Original	
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 July Signature	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_2023MS		511 2023 through 531	12023
(5) Report	Type  Original	(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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	2	<b>े</b> र		
	Y			

	CAMPAIGN TREASURE	R'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	March			
	City, State, Zip Code	Allthur			
	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			
<b>7</b> C	Priginal Amendment Spe	cial Election Report			
(6)	Contributions This Report	(7) Expenditures This Report			
Cas	h & Checks \$ , , <u>\Q</u>	Monetary Expenditures \$ , , <u>\Q</u>			
Loai	ns \$,,	Transfers to Office Account \$,,			
Tota	I Monetary \$ , ,	Total Monetary \$ , ,			
In-K	ind \$,,				
		(8) Other Distributions \$ ,			
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date			
	\$,, 20000	\$ , , <u>\</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				
	Type name) FRED LANDSMAP	(Type name) FRED LANDIMA?			
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	Candidate			
Х	tul La	x Ful Rac			
	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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1 1							

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 (seember and stored)	JUL 10 AM11:32
Address (number and street)	
City, State, Zip Code SURSIDE, FL. 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor	
Commissioner, District	
	_
☐ Property Appraiser ☐ Clerk of the Circuit Courts	
	Area
Community Council, Area, Sul	
REPORT IDE	
Report Name 2023 M 6 Cover Period	611/223 through 6/31/2023
Report Type	
	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 LANDSMAD	FRED LAFOSMAN
(Type name) Treasurer Deputy Treasurer	(Type name)
X TW C	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	12
				**Dane
	Bose	/		
	~			

	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 PTY has disbanded     ☐ Check here if no other IE or EC reports will be filed						
	, , ,	Identifiers					
Cove	er Period: From 1 / 1 / 2823 To	9 130 12023 Report Type 2023 93					
Mo	riginal Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
Cash	n & Checks \$ , , <u>\Q</u>	Monetary Expenditures \$ , , <u>32</u> . <u>∞</u>					
Loar	s \$,, <u>Q</u>	Transfers to Office Account \$ , ,					
Tota	I Monetary \$ , ,	Total Monetary \$, 32.00					
In-Ki	ind \$,, \ <u>\</u>	(0)					
		(8) Other Distributions \$ , ,					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$,, 20000_	\$					
	(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)						
lo	certify that I have examined this report and it is true, corr						
	ype name) KNED LANDS M DZ	(Type name) FRP LANDSMAP					
or	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	Candidate Chairperson (only for PC and PTY)					
v	Tu Lan	x tow he					
Si	ignature	Signature					

#### 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 &		(8)	(9)	(10) In-kind	(11)	(12)
Number / /	City, State, Zip Code	Type	Occupation	Туре	Description	Amendment	Amount
1 1							
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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 (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)
8/1/23	BANKOR AMENICA 1108 KNEE CONCOUNTE BAY HORLON IS CHOPS	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 Sont SIDE, KL. 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	Frep 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
	<b>Type</b> ☐ 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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	-08×			
	*/			
1				



# Town of Surfside

9293 Harding Avenue Surfside, Fl 33154

### 2024 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of C	andidate Fred Landsr	nan	
Office Sou	ght Commission	ner	
Phone No.:	: Cell Phone No: (3	05) 343-148	1
E-Mail Ad	dress: FLANDSMA @ HOTMAIL.	Com	
Contents		Date Received	<u>Initials</u>
1. Qualify	ing as a candidate:		
	Appointment of Campaign Treasurer and Designation of Campaign Depository	4 5 2023	te
	Nominating Petition	11/7/2023.	Lex
	Statement of Candidate	4 5 2023	The
	Sworn Statement of Qualification	11 7 2023	10
	Candidate Oath	11/7/2023	Le
	Form 1 – Statement of Financial Interest (2022)	11/7/2023	10
	Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practice	11/7/2023	te
	Qualifying Fee \$25.00	11/7/2023	L
	L & A Schedule		_
	Proof of Residency		

### & 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 <b>only</b> 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
<b>Phonetic spelling for audio ballot</b> : 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
Address	21F Code
STATE OF FLORIDA	The religing
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 November, $\frac{20}{23}$ .
)	SANDRA MCCREADY MY COMMISSION # HH 350567 EXPIRES: Mey 4, 2027  Scall Expires: Mey 4, 2027  Sandra V. Hc 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

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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 MIDD						
	ep - Noss					
MAILING ADDRESS: 625 94th St.						
003 14 311						
CITY:	ZIP: COUNTY:					
SUNSIDE	33154 MIDMI	- 900 -		NOV 7 PM 1:34		
NAME OF AGENCY :						
NAME OF OFFICE OR POSITION H	ELD OR SOLIGHT:					
COMMISSI + PEN	ELD ON GOODIN .					
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OF	RAPPOINTEE				
	**** THIS SECTION MUS	ST BE COMPLETED	) ****			
DISCLOSURE PERIOD:	<del>)</del>			CEMPER 31 2022		
THIS STATEMENT REFLECTS Y	OUR FINANCIAL INTERESTS FO	OR CALENDAR YEAR EN	DING DE	JEMBER 31, 2022.		
MANNER OF CALCULATING FILERS HAVE THE OPTION OF			DOLLAF	R VALUES WHICH REQUIRES		
FEWER CALCULATIONS, OR US	SING COMPARATIVE THRESHO	LDS, WHICH ARE USUAL	LY BASE			
(see instructions for further details  COMPARATIVE (	PERCENTAGE) THRESHOLDS			JE THRESHOLDS		
PART A PRIMARY SOURCES OF				JE THRESHOLDS		
	NCOME [Major sources of income to	the reporting person - See ins	li uctions]			
(If you have nothing to re	port, write "none" or "n/a")	5 Paragram				
NAME OF SOURCE	l so	URCE'S	DE	SCRIPTION OF THE SOURCE'S		
	l so		DE	SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY		
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NAME OF SOURCE OF INCOME	l so	URCE'S	DE			
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PART B - SECONDARY SOURCES [Major customers, clients, (If you have nothing to r	OF INCOME and other sources of income to busine eport, write "none" or "n/a")	URCE'S DRESS sses owned by the reporting pe	DE Pi	RINCIPAL BUSINESS ACTIVITY		
PART B - SECONDARY SOURCES [Major customers, clients, (If you have nothing to r	OF INCOME and other sources of income to busine eport, write "none" or "n/a")  NAME OF MAJOR SOURCES	URCE'S DRESS  sses owned by the reporting per	DE Pi	instructions)  PRINCIPAL BUSINESS		
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PART B - SECONDARY SOURCES [Major customers, clients, (If you have nothing to r  NAME OF BUSINESS ENTITY	OF INCOME and other sources of income to busine eport, write "none" or "n/a")  NAME OF MAJOR SOURCES OF BUSINESS' INCOME	SSES OWNED BY THE REPORTING PROPERTY OF SOURCE	DE Pi	instructions)  PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
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PART B - SECONDARY SOURCES [Major customers, clients, (If you have nothing to r  NAME OF BUSINESS ENTITY  PART C - REAL PROPERTY [Land,	OF INCOME and other sources of income to busine eport, write "none" or "n/a")  NAME OF MAJOR SOURCES OF BUSINESS' INCOME	SSES OWNED BY THE REPORTING PROPERTY OF SOURCE	Person - See	instructions)  PRINCIPAL BUSINESS ACTIVITY OF SOURCE  e not limited to the space on the		
PART B - SECONDARY SOURCES [Major customers, clients, (If you have nothing to r  NAME OF BUSINESS ENTITY  PART C - REAL PROPERTY [Land, (If you have nothing to re	OF INCOME and other sources of income to busine eport, write "none" or "n/a")  NAME OF MAJOR SOURCES OF BUSINESS' INCOME	SSES OWNED BY THE REPORTING PROPERTY OF SOURCE	You ar lines o sheets FILING and w	instructions]  PRINCIPAL BUSINESS ACTIVITY OF SOURCE  e not limited to the space on the n this form. Attach additional , if necessary.		
PART B - SECONDARY SOURCES [Major customers, clients, (If you have nothing to r  NAME OF BUSINESS ENTITY  PART C - REAL PROPERTY [Land, (If you have nothing to re	OF INCOME and other sources of income to busine eport, write "none" or "n/a")  NAME OF MAJOR SOURCES OF BUSINESS' INCOME	SSES OWNED BY THE REPORTING PROPERTY OF SOURCE	You ar lines o sheets	instructions)  PRINCIPAL BUSINESS ACTIVITY OF SOURCE  e not limited to the space on the n this form. Attach additional , if necessary.  B 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 V	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	1100 VIAL	. ^	t. WASHINGOS. PA.
Dew ret	1100 VIALO		
ID ANTO	P, O BUX	100295 (	COLUMBIA St.
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	15 10		
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:		Date Signed:	
TIDING 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 SURPSIDE, 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.

* LWY	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: Stal P	Date: U - (4-23 D.O.B.
Print Name: Stephanie Romani	Address:
Signature:	Date: 19/19/23 D.O.B.
Print Name: Sydney Landsman	Address:
Signature:	Date: (0122/27D.O.B.
Print Name: ADAM SCHOCHER	Address:
Signature: Stephen Scholl	Date: 10-27-29.0.B.
Print Name: Stephen Schott	Address:
Signature: ///	Date: 10/27/23 D.O.B.
Print Name: VELVA TUBAN	Address:
Signature: ////////////////////////////////////	Date: 10/3//73 D.Q.B.
int Name: THany Cannava	Address:
Signature: R	Date: 11/1/23 D.O.B.
Print Name: Reven Hersign	Address:
Signature: M	Date:
Print Name: Anthon BUAK	Address:
Signature:	Date: 1/3/2023 D.O.B.
Print Name: Miggan Silagers	Address:
Signature:	Date: 1/3/2033 D.O.B.
Print Name: Bilberstein	Address:
Signature:	Date: 1/5/23 D.O.B.
Print Name: ISBAEL ELGAMIL	Address:
Signature:	Date:
Print Name: Blv Jagber	Address:
STATEMENT	OF CIRCULATOR
The undersigned is the circulator of the foregoing paper co	ontaining <a>IS</a> signatures. Each signature appended
thereto was made in my presence and is the genuine sign:	ature of the person whose name it purports to be.
Signature of Circulator:	
ddress of Circulator: 625, 94 1 5+ 5	while 19. 33154
mail address of Circulator: FCAVOIA-A C Hol	pacifical
W A I	E OF NOMINATION  COMMITTO WY  (Mayor or Commissioner) and agree to
I hereby accept the nomination of the Larbinstern serve if elected.	(Mayor of Commissioner) and agree to
	2000 11/2/2018
Signature of Candidate:	Date: [[[] WU

### 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 J		12/11/20		
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: BRHANY 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:	1014173	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	n terretario de la companya del companya de la companya del companya de la companya del la companya de la compa	
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 Fic. 3	3154		
-mail address of Circulator: FLAVOSNA C HOLANGE	L' COM.	ATION		
I hereby accept the nomination of	anns		wor or Com-	niccioner) and care t
serve if elected.	Note in 10.1	(IVIa	1 1	missioner) and agree to
Signature of Candidate:		Г	Date: ((17)	ELZ

## NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF S	SURFSIDE, FLORIDA NOV 7PM 1:26
We the undersigned electors of the Town of Surfsice for the office of	de, Florida, hereby nominate FRED LANDSNAD  (Mayor or Commissioner) at an election to be held on March
This petition must be filed with the Town Clerk betw	ween November 3, 2023 and November 22, 2023(by 12:00pm).
Signature:	Date: 9/8/23 D.O.B.
Print Name: Journey Can Buck	↑ Address:
Signature:	Date: 9 / (23 D.O.B.
Print Name: Wei Schlesser	Address:
Signature: Brooks	Date: 9/11/23 D.O.B.
Print Name: Bhyan Lina	Address:
Signature: Jucion Schem	Date: <u>タ / ル / さ</u> 3 D.O.B
Print Name: Lucia Schlesser	Address:
Signature:	Date: 4 11 2023 D.O.B.
Print Name: Faven fergle	Address:
Signature: Joseph Two	Date: <u>00/4</u> /23 D.O.B.
Print Name: KADAEL PERE17	Address: 4
Signature:	Date: 10/10/23 D.O.B.
Int Name: RUBEN BIZAVS	Address:
Signature: Cayoun Buunul	Date: <u>/0/11/23</u> D.O.B.
Print Name: CAROLYN BAUMEL	Address:
Signature:	Date: <u>16////23</u> D.O.B.
Print Name: (AITCLN) BAUMEC	Address:
Signature: /////	Date:(0/µ/23 D.O.B.
Print Name: B, BAUMEL	Address:
Signature: 12	Date: 10 /14/23 D.O.B.
Print Name: JOHN HEAL!	Address:
Signature: Yei Myije	Date: 16/14/23 D.O.B.
Print Name: Change Dancinger	Address:
Signature:	Date: 0.14.23 D.O.B.
Print Name: DAUD (TOTRES	Address:
STATEMEN'	T OF CIRCULATOR
The undersigned is the circulator of the foregoing paper of	containing 13 signatures. Each signature appended
thereto was made in my presence and is the genuine sign	nature of the person whose name it purports to be
Signature of Circulator:	COPY
nail address of Circulator: FLANDSAR PHTM	50thile, KU 33154
	CE OF NOMINATION
I hereby accept the nomination of serve if elected.	(Mayor or Commissioner) and agree to
Signature of Candidate:	Date: 11/2/223

### 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: Machine	Date: 9 1 - 23 D.O.B.
Print Name: M. Welle Nelson	Address'
Signature: wulling shape	Date: <u> </u>
Print Name: William Blumen Kranz	Address:
Signature: Burbara 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: Dassi O Karp	Address:
Signature:	Date: <u>\$ 23/23</u> D.O.B
Print Name: Alon Davoudpour	Address:
Signature: Mandy P Nissani	Date: <u>9/29/23</u> D.O.B.
Print Name:	Address:
Signature: Sept fee	Date: 911913 D.O.B.
Print Name: Je 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:	22
ddress of Circulator: 625 Pun St.	Sylvide Re- 33154
Email address of Circulator: LANDSMA CHONN	E OF NOMINATION
I hereby accept the nomination of	MDP-GMMS(OUT) (Mayor or Commissioner) and agree to
serve if elected.	

Signature of Candidate: \_

|--|

Receipt NIO 4 TT A	2Z9GGT EN Minor	1/34	rdsman stupatonii 11. 2003	1 00/100 DATE II	LIND TEK BOLLARS & OD. CO			THANK YOU
TOWN OF SURFSIDE	9293 Harding Ave.	SURKSIDE, FL 33154	RECEIVED OF TOO OR	Twowth	HOW PAID SUCH : (C) U.R.	EXECUTIVE	ORDER PARK & RECREATION	CARD OTHER



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 13<sup>th</sup> 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 94<sup>th</sup> 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 TREASURER'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 AH11:50			
Check here if address has changed	(3) ID Number:			
(4) Check appropriate box(es):				
<ul> <li>✓ Candidate Office Sought:</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (Ed.)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covered individual making electioneering communications)</li> </ul>	☐ Check here if PTY has disbanded ers an ☐ Check here if no other IE or EC reports will be filed			
	5) Report Identifiers 2023			
Cover Period: From Oct / 1 / 2	023 To DEC / 31 / 2023 Report Type: Q4			
Original Amendment	☐ Special 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}{\sqrt{\omega}} \tag{\omega}.				
III-KIIU	(8) Other Distributions \$ , ,			
(9) TOTAL Monetary Contributions To D \$,,,,	(10) TOTAL Monetary Expenditures To Date \$,,62958			
It is a first degree misdemeanor fo	(11) Certification or any person to falsify a public record (ss. 839.13, F.S.)			
I certify that I have examined this report and it				
(Type name) FRED LA MOSMAN	(Type name) FARP LAMPINA)			
☐ Individual (only for IE ☐ Treasurer ☐ Deputy or electioneering comm.)	Treasurer 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_/_	31 / 2023 (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	CUK	-	_	150,00
12,12,23	ALLER DAVENPOOR SULLSID, KL	ť	Ness litate Agent	CUE	,	•	1001,00
12,18,23 4	PETER ZUCHERMON 9272 Bay DR SUHSIN, KL.	I	Z-Mepu	R(+ (2016)	)	,	200,00
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	QUICIMINI KEE	C \$5		25.00
12/1/23	BOX A. 1108 ICape Contide Bay Hailes Islands.	BANN KEE	Con		16,00
12/22/13	SIGNS. COM PICHAL ROOM 1493, CACIFA St. #30, SUERMAN BAKE, CA.	LAWIZ	(4)		488.41
/ /					
//					



	OFFICE USE ONLY
Name FRED LANDSMOP	
I.D. Number	JAN 9 AH 11:50
Address (number and street)	
City, State, Zip Code Susfix W. K.L. 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor	
Commissioner, District	
Property Appraiser	_
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Su	h Aroa
Community Council, Area, 3d	D-NI-64
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 la
Signature	Signature



(1) Name	FRED LA	4am 2auf			JAN 9 AM11:5 (2) I.D. Number	o Smo
	Name 2023		(4) Cover Period	OCT 1, 2023	through _DE(	31,2023
	Type 🗖 Original				of	
(7) Row Number	(8) Full Na (Last, Suffix, Fi		(9) Employed By	Name of Organiza	l0) ation Employed By red by campaign)	(11) Amendment Type
	·					
					Andrew Market and Andrew Market	
					_/	
				/		
			***************************************			
-						
		20/				
	2	5/				
	7					
/					PATRAL RUS (DRIPATE) STATE TO THE TOTAL STATE OF THE STAT	

	CAMPAIGN TREASURE	R'S REPORT SUMMARY			
(1)	Fred Landsman	OFFICE USE ONLY			
(2)	Name 625 94th Street	IAN 10 ~ 2-10			
	Address (number and street) Surfside, FL 33154	JAN 18 PM 2:12			
	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			
	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 \$ , , 6 . \( \infty \)			
Loai	ns \$,, <u>\</u>	Transfers to Office Account \$ , , , , ,			
Tota	ind \$ , , , & .	Total Monetary \$ , , ,			
		(8) Other Distributions \$ , , _ &			
(9)	TOTAL Monetary Contributions To Date \$,,,,	(10) TOTAL Monetary Expenditures To Date \$			
	(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:			
	Type name) Floop LANDS MAP  Individual (only for IE Treasurer Deputy Treasurer relectioneering comm.)	(Type name) Fley LANDS MA?  ☐ Chairperson (only for PC and PTY)			
_X	1119	X Lu La Signature			

#### **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

	(1) Name FRED LANDSMAR				JAN I.D. Number	√18 pm 2:1	12 GMC
	1 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)	(12)
1,3,2024	JOHA HEACY III S. POINTE WAY HENDYNSON, MY 8907U	t	RETIMP POLICE CHIEF	CHE			100.00
1 1							
1 1							
1 1							
1 1							
1 1							
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name (2) I.D. Number						
(3) Cover Period	d//_/2024 through/_	12,2024 (	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 CONCOUNSE BBY HORBOR 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	o-Area
REPORT IDE	destructions and second control of the secon
Report Name 202460 DP Cover Period	1 1 2024 through 1 1 2 2024
Report Type Diginal	
	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 LANDSMO?	FRED LANDSMA?
(Type name)	(Type name) Candidate
X La 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
				2
	<u> </u>		-	
	2020			
/				

	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	Sho
	City, State, Zip Code	
	Check here if address has changed	(3) ID Number:
(4)	Check appropriate box(es):	
	✓ Candidate Office Sought: (0 M M)(5)	ONER
	☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded
	☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an ☐	☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed
	individual making electioneering communications)	
	(5) Report	Identifiers 2 02481
Cov		1 / 26 / 2024 Report Type:
4		ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
Cas	h & Checks \$,, <u>5</u> <u>\omega\$</u>	Monetary Expenditures \$ , , \infty
Loa	ns \$,, <u>\&amp;</u> .	Transfers to Office Account \$ , , ,,
Tota	al Monetary \$, <u>5</u> \omega	Total Monetary \$,,
In-K	(ind \$,, <u>\@</u>	
		(8) Other Distributions \$ , ,
(9)	<b>TOTAL Monetary Contributions To Date</b>	(10) TOTAL Monetary Expenditures To Date
	\$, 2 , 2 \omega_ \cdot 00	\$
		tification
	It is a first degree misdemeanor for any pers	
	certify that I have examined this report and it is true, corr	
	Type name) + MCP - ANDIM D?  ☐ Individual (only for IE - Treasurer □ Deputy Treasurer	(Type name)   Chairperson (only for PC and PTY)
	or electioneering comm.)	1,0
١,	( Tw La	x tw La
_	Signature	Signature

#### **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name FRED LANDSMA? (2) I.D. Number							
(3) Cover Period	1 / 13 / 2021	throu	gh/	26/20	건식 (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
1,24,2024	MEL SCHLESSER 1300 COILING ANE STE. 100 MIDMI BEDCH, KL	I	REDI ESTOTE DEVELOPER	CTLE			5ω,ω
I I							20
<del></del>							
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name (2) I.D. Number					
(3) Cover Period	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)
/ /	8				1
/ /					
/ /					2
/ /					
/ /	Pope				
/ /					8
/ /					
//					



	OFFICE USE ONLY
Name FRED LANDSMAP	
I.D. Number	
Number	
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	
Report Name 2024 8 ( Cover Period	1 113 2024 through 126 2024
Report Type    Original	
	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.
Frup LANDIMO?	FRED LANDIMD?
(Type name)	(Type name) Candidate
x two fe	x Tw La
Signature	Signature



(1) Name	Francours Campo Mass		FEB 1 PM 2:: (2) I.D. Number	3/4/200
	Name 2024 B1	(4) Cover Period	1 13 202 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
				)
	4			
	203			
/				

CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1) Fred Landsman	OFFICE USE ONLY
Name	
(2) 625 94th Street  Address (number and street) Surfside, FL 33154	FEB 15 PM 2:52
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
	1 9   2024   Report Type:
☐ Original ☐ Amendment ☐ Spe	ecial Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$ , , <u>\infty</u>	Monetary
Loans \$, <u>\&amp;</u>	Transfers to Office Account \$ , , ,
Total Monetary \$,,  In-Kind \$ , , , .	Total Monetary \$ , , , ,
	(8) Other Distributions
(9) TOTAL Monetary Contributions To Date \$, 2 , 200 . 00	(10) TOTAL Monetary Expenditures To Date \$,, 66158
It is a first degree misdemeanor for any pers  I certify that I have examined this report and it is true, corr  (Type name)  Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	
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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1 1	hone						
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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 KOL	CAP		16.00
/ /					
/ /					
/ /					
/ /					
//					
/ /					
/ /		,			



	OFFICE USE ONLY			
Name FRED LANDSMOD				
I.D. Number				
	FEB 15 PM 2:52			
Address (number and street) 625 94th 5t.				
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	b-Area			
REPORT IDE				
Report Name 2024 B2 Cover Period	1/27/2029 through 2/9/2024			
Report Type Diginal Amendment				
	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.			
FRÉP LANDSMA? FRED LANDSMA?				
(Type name) Treasurer Deputy Treasurer	(Type name)			
1,2	41 La			
X	<u> </u>			
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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	4			
	Dos			
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CAMPAIGN TREASURE	R'S REPORT SUMMARY				
(1) Fred Landsman	OFFICE USE ONLY				
Name	FEB 21 AM11:09				
Address (number and street) Surfside, FL 33154 City, State, Zip Code	GNC.				
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)					
	Identifiers				
Cover Period: From 2 / 10 / 2024 To	2 1 22 1 2024 Report Type: 25 P1				
Original Amendment Spe	ecial Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$,,	Monetary				
Loans \$,,	Transfers to Office Account \$ , ,				
In-Kind \$ , , Q .	Total Monetary \$ ,				
	(8) Other Distributions \$ ,				
(9) TOTAL Monetary Contributions To Date \$, <u>3</u> , <u>2</u>	(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, corn	rect, and complete:				
(Type name) FROD LAND MA?  □ Individual (only for IE or electioneering comm.)  X  Treasurer □ Deputy Treasurer	(Type name) FRED LANDSMA?  (Type name) FRED LANDSMA?  (Chairperson (only for PC and PTY))				
Signature	Signature				

### CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name <u></u>	AM ZAMPS MA	D		(2)	FEB I.D. Number	21 AM11:C	19 SMO
(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.			
1	Sufficie, Fr. 77154	I		CHE	)	)	1,000,00
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1 1							
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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 LANDSMOP	OFFICE USE ONLY
I.D. Number	
Address (number and street)	FEB 21 AM 11:09
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 25 P1 Cover Period	2/10/2024 through 2/22/2024
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.
FRED LANDS MB?	FRED LANDSMOR
(Type name) Treasurer Deputy Treasurer  X Signature	(Type name)



(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
	()	,/		
	3/			
	<del></del>			

CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) Fred Landsman	OFFICE USE ONLY			
Name	WAD CAUTIFE			
(2) 625 94th Street Address (number and street)	MAR 5 PM 1:25			
Surfside, FL 33154	SNO			
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 file				
(5) Report	Identifiers			
Cover Period: From 2 / 23 / 2024 To	3 / 7 / 202V Report Type: 11 f l			
Original Amendment Spe	ecial Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
Cash & Checks \$ , , <u>\vert\underline .</u>	Monetary Expenditures \$ , , 16			
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	(4)	(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
1 1			,			
1 1						
1 1						
1 1						
1 1	20	2				
1 1						
1 1						
DS-DE 13 (Rev. 11/	13)	SEE REVERSE FOR	INSTRUCTIONS	AND CODE VAL	.UES	

(1) Name	CAMPAIGN TREASURER'S REI	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 CONCOUNTE BBY LLANGOR ISLAND	BANIC KEE	CAP		16,00
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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	223/2024 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,	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.
That LANDIMA?	KIND 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	- Conto			
	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 $\frac{3}{2}$ / $\frac{8}{2}$ / $\frac{12024}{2}$ To	3 / 15 / 2024 Report Type: 4 / 1			
<b>1</b> 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>\&amp;</u>	Transfers to Office Account \$ , ,			
Tota	al Monetary \$ , , <u>\Q</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_ , 41650			
	(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				
	Com Lamour				
-	Type name)  The property of the property Treasurer Deputy Treasurer	(Type name) ☐ Chairperson (only for PC and PTY)			
	r electioneering comm.	1.1			
)	tul X	x tw xa			
_	ignature	Signature			

#### CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

MAR 13 PM 1:58

(1) Name	FRED LANDS	4 4 M	7	(2)	I.D. Number	K 13 PM 1:	)6 
(3) Cover Period	3/8/20	throu	gh 3 /	15 1202	(4) Page		of _
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 1							)
1 1	-						
1 1							
1 1							
1 1	P	PE					
<i>I I</i>							
DS-DE 13 /Pey 11/					S AND CODE VAL		

(1) Name Kn	(1) Name KNED LANDS IN AND (2) I.D. Number (2) I.D. Number					
	d 3 / 8 /2024through 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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/ /						
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/ /		×				
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	OFFICE USE ONLY
Name FRED LANDIM DZ	
I.D. Number	
Address (number and street) 625 94th St.	Smc
City, State, Zip Code SURFSIDE, CC 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, Su	 b-Area
REPORT IDE	NTIFIERS
Report Name LP P Cover Period	
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.	I certify that I have examined this report and it is true, correct, and complete.
FRED LANDS M AND	FRED LANDEMAR
(Type name)	(Type name) Candidate
x Twy	x Tw X
Signature	Signature



(1) Name	Frup LAWPS MI	2)	(2) I.D. Number	
(3) Report I	Name 4 PL	(4) Cover Period	38/2024 through 3/1	5/2024
(5) Report	Type Original Amendm	nent (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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	CAMPAIGN TREASURER'S REPORT SUMMARY				
(1)	Fred Landsman		OFFICE USE ONLY		
	Name				
(2)	625 94th Street Address (number and street)		APR 12 PM12:55		
	Surfside, FL 33154		GnC .		
	City, State, Zip Code	1	7/1.0		
	Check here if address has changed	(	3) ID Number:		
(4)	Check appropriate box(es):				
<ul> <li>☑ Candidate Office Sought:</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> </ul> <li>☐ Check here if PC or ECO has disbanded</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be individual making electioneering communications)</li>					
	(5) Report				
Cov	er Period: From 3 / 19 / 2024 To	6 1	17 / 2024 Report Type: 18 TR 6		
7 0	Original Amendment Spe	cial Electi	on Report		
(6)	Contributions This Report	(7) E	expenditures This Report		
Cas	h & Checks \$ , , <u>\vec{\vec{v}}</u>	Monetai Expendi	-109		
Loa	ns \$, <u>\</u>	Transfel Office A	A=		
	al Monetary \$, <u>\</u>	Total Mo	onetary \$ , , <u>\</u>		
In-K	ind \$,, <u>Q</u>	(0)	Other Distributions		
		1 ' '			
(9)	TOTAL Monetary Contributions To Date	1 ' '	TOTAL Monetary Expenditures To Date		
	\$, 3,2\omega\$\omega\$		$\frac{3}{2\omega}$ , $\frac{3}{2\omega}$ . $\frac{3}{2\omega}$		
(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	1	Fam Line 1		
	Type name) Thep LANDSM DA		name) FRED LANDSMA?  Ididate ,   Chairperson (only for PC and PTY)		
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	√ Car	Onaliperson (only for PC and PT1)		
)	Two La	х	tw La		
5	signature	Signa	ture		

#### CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	FRED LAMPS	mb	5	(2)	APR I.D. Number	2 12 PM12:	
(3) Cover Period 3 / 19 / 2024 through 6 / 17 / 2024 (4) Page 1 of 1							
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) potributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name	LEO LA POSMO?	PORT – ITEMIZED	EXPENDII 2) I.D. Number	URES	
(3) Cover Perio	d 3 /19 / 224through 6 /	17/2024 1	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) Amount
3 /25/200	Fred LANDSMAD 625 94th St. SURKSIDE, FL 33154	NEPSYMENT OF LYAP	015		200,W
4/1/2020	BAWIL OF BMENICA 41108 KAME CONCOUNSE BAY HANBON ISCAPA	BADIL KET	CAP		16.00
4 /2/200 3	AMENICA (ABLET SOCIETY 270 PEDCHTNUE ST. ATLANTO, CD. 30303	POBATION TO CUBRITY	PIS		567. So
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/ /					
/ /					
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Name From LANDSMAP	OFFICE USE ONLY
I.D. Number	
Address (number and street) 625 94th St.	APR 12 pm 12:55
City, State, Zip Code	
☐ 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 and the Contract of th
Report Name   18 TR6   Cover Period	3/19/2024 through 6/17/2024
Report Type   Original	
	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.
FIXP LANDEMA?	FRED LANDSMO?
(Type name) Treasurer Deputy Treasurer	(Type name)
x tw La	x Lw La
Signature	Signature



(1) Name	Fred LANDEME	75	(2) I.D. Number	
(3) Report	Name 18 TR6	(4) Cover Period	3/19/2024 through 6/17	1224
(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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		/	APR 12 PM 12:5	
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