

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

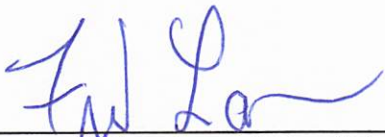
OFFICE USE ONLY

JAN 2 AM 9:40

I, FRED LANDSMAN,  
candidate for the office of COMMISSIONER;

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

X



Signature of Candidate

1/2/2026

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

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

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

(PLEASE PRINT OR TYPE)

JAN 2 AM 9:40

SNC

**COPY**

NOTE: This form must be on file with the filing officer before opening the campaign account.

**OFFICE USE ONLY**

**1. CHECK APPROPRIATE BOX(ES):**

☒ Initial Filing of Form    ☐ Re-filing to Change:    ☐ Treasurer/Deputy    ☐ Depository    ☐ Office    ☐ Party

**2. Name of Candidate** (in this order: First, Middle, Last):  
(Please Print or Type Name)

FRED ROSS LANDSMAN

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

625 94th St.  
SUNNYSIDE, FL. 33154

**4. Telephone:**

(305) 343-1481

**5. Candidate's Voter Registration #:**

(not required for qualifying purposes)

**6. Email Address:**

FLANDSMAN@HOTMAIL.COM

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

SUNNYSIDE COMMISSIONER.

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

☐ I intend to run as a Write-In Candidate.

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

☐ Write-In Candidate.    ☐ No Party Affiliation Candidate.    ☐ \_\_\_\_\_ Party candidate.

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

**11. Name of Treasurer or Deputy Treasurer:**

FRED LANDSMAN

**12. Telephone:**

(305) 343-1481

**13. Email Address:**

FLANDSMAN@HOTMAIL.COM

**14. Mailing Address:**

625 94th St.

**15. City:**

SUNNYSIDE

**16. State:**

FL

**17. Zip Code:**

33154

**18. I have designated the following bank as my** (check appropriate box):    ☐ 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 THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date:**

1/2/2006

**26. Signature of Candidate:**

X *FW La*

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

I, FRED LANDSMAN do hereby accept the appointment designated above as:  
(Please Print or Type Name)

☒ Campaign Treasurer.

☐ Deputy Treasurer.

**28. Date:**

1/2/2006

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X *FW La*



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

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the filing officer before opening the campaign account.

OFFICE USE ONLY

**1. CHECK APPROPRIATE BOX(ES):**

☒ Initial Filing of Form ☐ Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

**2. Name of Candidate** (in this order: First, Middle, Last):  
(Please Print or Type Name)

FRED ROSS LANDSMAN

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

625 94th St.  
SUNNYSIDE, FL. 33154

**4. Telephone:**

(305) 343-1481

**5. Candidate's Voter Registration #:**

(not required for qualifying purposes)

**6. Email Address:**

FLANDSMAN@HOTMAIL.COM

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

SUNNYSIDE COMMISSIONER.

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

☐ I intend to run as a Write-In Candidate.

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

☐ Write-In Candidate. ☐ No Party Affiliation Candidate. ☐ \_\_\_\_\_ Party candidate.

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

**11. Name of Treasurer or Deputy Treasurer:**

FRED LANDSMAN

**12. Telephone:**

(305) 343-1481

**13. Email Address:**

FLANDSMAN@HOTMAIL.COM.

**14. Mailing Address:**

625 94th St.

**15. City:**

SUNNYSIDE

**16. State:**

FL

**17. Zip Code:**

33154

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

**19. Name of Bank:**

BANK OF AMERICA

**20. Address:**

1108 KANE CONCOURSE

**21. City:**

BAY HARBOR ISLANDS

**22. County:**

MIDMI-DADE

**23. State:**

FL

**24. Zip Code:**

33154

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

**25. Date:**

1/2/2006

**26. Signature of Candidate:**

X *[Signature]*

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

I, FRED LANDSMAN do hereby accept the appointment designated above as:

(Please Print or Type Name)

☒ Campaign Treasurer.

☐ Deputy Treasurer.

**28. Date:**

1/2/2006

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X *[Signature]*

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



## *Town of Surfside*

9293 Harding Avenue  
Surfside, FL 33154

### 2026 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate FRED LANDSMAN  
Office Sought COMMISSIONER  
Phone No.: \_\_\_\_\_ Cell Phone No: (305) 343-1451  
E-Mail Address: FLANDSMAN @ HOTMAIL. COM

<u>Contents</u>	<u>Date Received</u>	<u>Initials</u>
1. Qualifying as a candidate:		
Appointment of Campaign Treasurer and Designation of Campaign Depository	<u>1/2/2026.</u>	<u>FL</u>
Nominating Petition	_____	_____
Statement of Candidate	<u>1/2/2026.</u>	<u>FL</u>
Sworn Statement of Qualification	_____	_____
Candidate Oath	_____	_____
Form 1 – Statement of Financial Interest (2025)	_____	_____
Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practice	_____	_____
Qualifying Fee \$25.00	_____	_____
L & A Schedule	_____	_____

2. Important Dates to Remember

1/2/2026 HL

3. Campaign Activities Memorandum

1/2/2026 HL

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Candidate's Signature

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Date





## TOWN OF SURFSIDE

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 17, 2026

### RECEIPT OF DOCUMENTS

Candidate:

FRED

ROSS

FLANDSMAN

First Name

Middle Name

Last name

Commissioner

Office Sought (Mayor or Commissioner)

Phone No.:

Cell Phone: (305) 343-1481

E-Mail Address: FLANDSMAN@HOTMAIL.COM

This is to acknowledge my receipt of the following documents:

- ☒ The Florida Election Code (2024) – Available on the Town's website
- ☒ Candidate and Campaign Treasurer Handbook (2024) – Available on the Town's website
- ☒ Guide to the Sunshine Amendment and Code of Ethics (2025) – Available on the Town's website
- ☒ Reporting Dates Schedule (Election Date: March 17, 2026)
- ☒ Campaign Activities Memorandum

Received by:

*[Signature]*

Candidate Signature

Date:

1/2/2026