

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

JAN 2 AM 9:40

*JMO*

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

Fred Lan

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).

JAN 2 AM 9:40

GMC

COPY

**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 LANDSMA

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

625 94th St.

SUNNSIDE, FL. 33154

4. Telephone:

(305) 343-1481

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

FLANDSMA@HOTMAIL.COM

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

SUNNSIDE 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 LANDSMA

12. Telephone:

(305) 343-1481

13. Email Address:

FLANDSMA@HOTMAIL.COM

14. Mailing Address:

625 94th St.

15. City:

SUNNSIDE

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:

1/2/2026

26. Signature of Candidate:

X FRED LANDSMA

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

I, FRED LANDSMA  
(Please Print or Type Name)

do hereby accept the appointment designated above as:

 Campaign Treasurer. Deputy Treasurer.

28. Date:

1/2/2026

29. Signature of Campaign Treasurer or Deputy Treasurer

X FRED LANDSMA

**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.

JAN 2 AM 9:40

gmc

JAN 2 PM 12:32 SMC

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 LANDSMA

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

625 9th St.

SUNNSIDE, FL. 33154

**4. Telephone:**

(305) 343-1481

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

(not required for qualifying purposes)

**6. Email Address:**

FLANDSMA @ HOTMAIL.COM

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

SUNNSIDE 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 LANDSMA

**12. Telephone:**

(305) 343-1481

**13. Email Address:**

FLANDSMA @ HOTMAIL.COM

**14. Mailing Address:**

625 9th St.

**15. City:**

SUNNSIDE

**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:**

1/2/2026

**26. Signature of Candidate:**

X FRED LANDSMA

**27.**

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

I, FRED LANDSMA  
(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

**28. Date:**

1/2/2026

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

X FRED LANDSMA



# *Town of Surfside*

9293 Harding Avenue  
Surfside, Fl 33154

## 2026 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate FRED LANDSMA

Office Sought COMMISSIONER

Phone No.: \_\_\_\_\_ Cell Phone No: (305) 343-1451

E-Mail Address: FLANDSMA @ HOTMAIL. COM

<u>Contents</u>	<u>Date Received</u>	<u>Initials</u>
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### 1. Qualifying as a candidate:

Appointment of Campaign Treasurer and  
Designation of Campaign Depository

1/2/2026. FL

Nominating Petition

\_\_\_\_\_

Statement of Candidate

1/2/2026. FL

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  
3. Campaign Activities Memorandum

1/2/2024 TL  
1/2/2024 TL

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Candidate's Signature Date



## TOWN OF SURFSIDE

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 17, 2026

### RECEIPT OF DOCUMENTS

Candidate:

Fried

Ross

Landsman

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First Name

Middle Name

Last name

Commissioner

Office Sought (Mayor or Commissioner)

Phone No.: \_\_\_\_\_

Cell Phone: (365) 343-1481

E-Mail Address: FLANDSM@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:

T. Ross

Candidate Signature

Date:

1/2/2026