

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

JAN 2 AM 9:40

*me*

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 Landsman*

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

SNC

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

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 LANOSMA  
Office Sought COMMISSIONER  
Phone No.: \_\_\_\_\_ Cell Phone No: (305) 343-1451  
E-Mail Address: FLANOSMA @ 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<br>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

---

Candidate's Signature

---

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





# TOWN OF SURFSIDE

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154

## GENERAL ELECTION – MARCH 17, 2026

### SWORN STATEMENT OF QUALIFICATION

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

STATE OF FLORIDA }

COUNTY OF MIAMI-DADE }

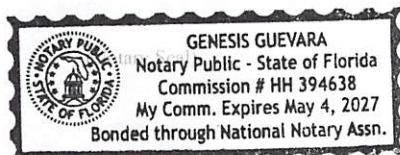
TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is FRED LANDSMAN,  
that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of  
Surfside, Florida; that my address is 625 94th ST, SURFSIDE, FL 33154,  
my occupation is CORPORATE RECRUITER; that I have been  
a resident of the Town of Surfside since 2010; that I will be at least twenty-one (21) years of  
age by February 2, 2026 and that if elected, I will willingly serve as COMMISSIONER  
(Mayor or Commissioner) of the Town of Surfside, if elected.

[Signature]  
Signature of Candidate

1/22/2026  
Date

Sworn to and subscribed before me this 22nd day of January, 2026.



[Signature]  
NOTARY PUBLIC

Genesis Guevara  
PRINTED NAME OF NOTARY

**CANDIDATE OATH****NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)  
Check box **only** if you are seeking to qualify as a write-in candidate:

☐ Write-in candidate

JAN 22 AM 11:07

OFFICE USE ONLY

**Candidate Oath**

Name to appear on ballot:

FRED LANDSMAN

Check box if two last names without hyphen. ☐ (Name cannot be changed after qualifying.)

Check box if name includes nickname. ☐ (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the nonpartisan office of

Commissioner

(Office)

(District #)

(Circuit #)

(Group or Seat #)

I am a qualified elector of

MIAMI-DADE

County, Florida

I am a qualified elector under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

**Statement of Outstanding Fines, Fees, or Penalties**

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do \_\_\_\_\_ NO, I Do Not X

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X [Signature]  
Signature of Candidate

(305) 343-1481

Telephone Number

FLANDSMAN@hotmail.com

Email Address

125 94th St

Address of Legal Residence

SUNSHINE

City

FL

State

33154

ZIP Code

STATE OF FLORIDA

COUNTY OF

Miami-Dade

[Signature]  
Signature of Notary Public

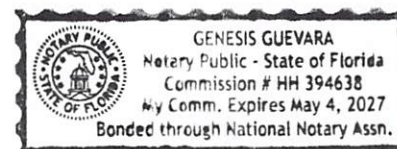
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of  
online notarization ☐ OR physical presence ☒

this 22 day of January, 2026.

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: \_\_\_\_\_





## 2025 Form 1 - Statement of Financial Interests

**General Information**

Name: Mr Fred Landsman

PID 287236

**AGENCY INFORMATION**

| Organization | Suborganization | Title |
|--------------|-----------------|-------|
|--------------|-----------------|-------|

**CANDIDATE FOR**

| Position  | Agency Name               | Position sought or held |
|---|---------------------------|-------------------------|
| City, Town or Village (Commission or Council), Governing Board - Form 1 (Effective 6/10/2024) | Town of Surfside, Florida | Commissioner            |

**Disclosure Period**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2025.

**Primary Sources of Income**

PRIMARY SOURCE OF INCOME (Over \$2,500) (Major sources of income to the reporting person)  
(If you have nothing to report, write "none" or "n/a")

| Name of Source of Income | Source's Address                         | Description of the Source's Principal Business Activity |
|--------------------------|--|---|
| Moss & Associates        | Ft. Lauderdale, FL                       | Solar and Construction Management                       |
| Social Security          | 6401 Security Blvd, Baltimore, MD. 21235 | Social Security Administration                          |

## 2025 Form 1 - Statement of Financial Interests

### Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

| Name of Business Entity | Name of Major Sources of Business' Income | Address of Source | Principal Business Activity of Source |
|-------------------------|---|-------------------|---------------------------------------|
| N/A                     |   |                   |                                       |

### Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)  
(If you have nothing to report, write "none" or "n/a")

| Location/Description |
|----------------------|
| N/A                  |

### Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over \$10,000)  
(If you have nothing to report, write "none" or "n/a")

| Type of Intangible | Business Entity to Which the Property Relates |
|--------------------|---|
| Investments        | Fred Landsman Personal                        |



## 2025 Form 1 - Statement of Financial Interests

### Liabilities

LIABILITIES (Major debts valued over \$10,000):  
(If you have nothing to report, write "none" or "n/a")

| Name of Creditor | Address of Creditor |
|------------------|---------------------|
| N/A              |                     |

### Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)  
(If you have nothing to report, write "none" or "n/a")

| Business Entity # 1 |
|---------------------|
| N/A                 |

### Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

**Signature of Filer**

***Fred Landsman***

Digitally signed: 01/22/2026

Filed with COE:



**FRED LANDSMAN, CAMPAIGN ACCOUNT**

625 94TH ST  
SURFSIDE FL 33154-2419

1001

63-4/630 FL  
1035

DATE 1/22/2026

PAY TO THE  
ORDER OF Town OF SURFSIDE

\$ 25.00

TWENTY FIVE AND NO/100

DOLLARS



Security  
Features  
Details on  
Back

**BANK OF AMERICA** 

ACH R/T 063100277

FOR

DUPLICATION FEE

FW La

MP

TOWN OF SURFSIDE

9293 Harding Ave.  
SURFSIDE, FL 33154

Receipt

No 155455

RECEIVED OF Fred Landsman, Campaign KEE DATE 1-22-2026  
Twenty Five 0/100 DOLLARS \$ 25.00  
Qualifying Fee

HOW PAID

CASH

☐

CHECK

☒

CHECK #

☐

MONEY  
ORDER

☐

CREDIT  
CARD

☐

EXECUTIVE

☐

POLICE

☐

PARK &  
RECREATION

☐

OTHER

☐

BY

DM

THANK YOU

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

## NOMINATING PETITION FOR MAYOR OR COMMISSIONER

### TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Fred Landsman for the office of COMMISSIONER (Mayor or Commissioner) at an election to be held on March 17, 2026.

This petition must be filed with the Town Clerk between January 12, 2026 and February 2, 2026 (by 12:00pm).

|   |                        |                   |
|---|------------------------|-------------------|
| Signature: <u>Robert Condenzio</u>        | Date: <u>1-5-26</u>    | D.O.B. [REDACTED] |
| Print Name: <u>ROBERT CONDENZIO</u>       | Address: [REDACTED]    |                   |
| Signature: <u>Eric Tourgeman</u>          | Date: <u>1-5-26</u>    | D.O.B. [REDACTED] |
| Print Name: <u>ERIC TOURGEMAN</u>         | Address: [REDACTED]    |                   |
| Signature: <u>Rachel Tourgeman</u>        | Date: <u>1-5-26</u>    | D.O.B. [REDACTED] |
| Print Name: <u>RACHEL TOURGEMAN</u>       | Address: [REDACTED]    |                   |
| Signature: <u>Alan Silber</u>             | Date: <u>1/5/26</u>    | D.O.B. [REDACTED] |
| Print Name: <u>ALAN SILBER</u>            | Address: [REDACTED]    |                   |
| Signature: <u>Ruben Berman</u>            | Date: <u>01/06/26</u>  | D.O.B. [REDACTED] |
| Print Name: <u>RUBEN BERMAN</u>           | Address: [REDACTED]    |                   |
| Signature: <u>Peter Zuckerman</u>         | Date: <u>1/06/26</u>   | D.O.B. [REDACTED] |
| Print Name: <u>PETER ZUCKERMAN</u>        | Address: [REDACTED]    |                   |
| Signature: <u>Eric Stupel</u>             | Date: <u>1/10/26</u>   | D.O.B. [REDACTED] |
| Print Name: <u>ERIC STUPEL</u>            | Address: [REDACTED]    |                   |
| Signature: <u>Pirello Stupel</u>          | Date: <u>01-10-26</u>  | D.O.B. [REDACTED] |
| Print Name: <u>PIRELLO STUPEL</u>         | Address: [REDACTED]    |                   |
| Signature: <u>Edwido De La Cadena</u>     | Date: <u>1/10/2026</u> | D.O.B. [REDACTED] |
| Print Name: <u>EDWIDO DE LA CADENA</u>    | Address: [REDACTED]    |                   |
| Signature: <u>Elizabeth De La Cadena</u>  | Date: <u>1-10/26</u>   | D.O.B. [REDACTED] |
| Print Name: <u>ELIZABETH DE LA CADENA</u> | Address: [REDACTED]    |                   |
| Signature: <u>B. Bauml</u>                | Date: <u>1/11/26</u>   | D.O.B. [REDACTED] |
| Print Name: <u>B. BAUMEL</u>              | Address: [REDACTED]    |                   |
| Signature: <u>Michelle Schuchter</u>      | Date: <u>1/13/26</u>   | D.O.B. [REDACTED] |
| Print Name: <u>MICHELLE SCHUCHTER</u>     | Address: [REDACTED]    |                   |
| Signature: _____                          | Date: _____            | D.O.B. _____      |
| Print Name: _____                         | Address: _____         |                   |

#### STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 12 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

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

#### ACCEPTANCE OF NOMINATION

I hereby accept the nomination for the office of COMMISSIONER (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 1/21/2026



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

## NOMINATING PETITION FOR MAYOR OR COMMISSIONER

### TOWN OF SURFSIDE, FLORIDA

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This petition must be filed with the Town Clerk between January 12, 2026 and February 2, 2026 (by 12:00pm).

|                                       |  |
|---------------------------------------|--|
| Signature: <u>[Signature]</u>         | Date: <u>1/2/26</u> D.O.B. <u>[Redacted]</u>   |
| Print Name: <u>Fred Landsman</u>      | Address: <u>[Redacted]</u>                     |
| Signature: <u>[Signature]</u>         | Date: <u>1/2/26</u> D.O.B. <u>[Redacted]</u>   |
| Print Name: <u>Jana Landsman</u>      | Address: <u>[Redacted]</u>                     |
| Signature: <u>[Signature]</u>         | Date: <u>01/02/26</u> D.O.B. <u>[Redacted]</u> |
| Print Name: <u>Sydney Landsman</u>    | Address: <u>[Redacted]</u>                     |
| Signature: <u>[Signature]</u>         | Date: <u>1/3/26</u> D.O.B. <u>[Redacted]</u>   |
| Print Name: <u>Melissa Schlessler</u> | Address: <u>[Redacted]</u>                     |
| Signature: <u>[Signature]</u>         | Date: <u>1/6/2026</u> D.O.B. <u>[Redacted]</u> |
| Print Name: <u>LUCIA Schlessler</u>   | Address: <u>[Redacted]</u>                     |
| Signature: <u>[Signature]</u>         | Date: <u>1/6/2026</u> D.O.B. <u>[Redacted]</u> |
| Print Name: <u>Lynette Schlessler</u> | Address: <u>[Redacted]</u>                     |
| Signature: <u>[Signature]</u>         | Date: <u>1/6/26</u> D.O.B. <u>[Redacted]</u>   |
| Print Name: <u>Jenny Horn</u>         | Address: <u>[Redacted]</u>                     |
| Signature: <u>[Signature]</u>         | Date: <u>1/6/26</u> D.O.B. <u>[Redacted]</u>   |
| Print Name: <u>Jonathan Horn</u>      | Address: <u>[Redacted]</u>                     |
| Signature: <u>[Signature]</u>         | Date: <u>1/6/2026</u> D.O.B. <u>[Redacted]</u> |
| Print Name: <u>Karen Koffler</u>      | Address: <u>[Redacted]</u>                     |
| Signature: <u>[Signature]</u>         | Date: <u>1/6/2026</u> D.O.B. <u>[Redacted]</u> |
| Print Name: <u>Rafael Perete</u>      | Address: <u>[Redacted]</u>                     |
| Signature: <u>[Signature]</u>         | Date: <u>1/7/2026</u> D.O.B. <u>[Redacted]</u> |
| Print Name: <u>Robert Lisman</u>      | Address: <u>[Redacted]</u>                     |
| Signature: <u>[Signature]</u>         | Date: <u>1/9/2026</u> D.O.B. <u>[Redacted]</u> |
| Print Name: <u>Stephanie Romani</u>   | Address: <u>[Redacted]</u>                     |
| Signature: <u>[Signature]</u>         | Date: <u>1/9/2026</u> D.O.B. <u>[Redacted]</u> |
| Print Name: <u>Jorge A. Romani</u>    | Address: <u>[Redacted]</u>                     |

#### STATEMENT OF CIRCULATOR

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

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

#### ACCEPTANCE OF NOMINATION

I hereby accept the nomination for the office of COMMISSIONER (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 1/22/2026



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

## NOMINATING PETITION FOR MAYOR OR COMMISSIONER

### TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate FRED LANDSMAN for the office of COMMISSIONER (Mayor or Commissioner) at an election to be held on March 17, 2026.

This petition must be filed with the Town Clerk between January 12, 2026 and February 2, 2026 (by 12:00pm).

|  |                           |                   |
|--|---------------------------|-------------------|
| Signature: <u>Marissa Melohn</u>           | Date: <u>1/2/26</u>       | D.O.B. [REDACTED] |
| Print Name: <u>Marissa Melohn</u>          | Address: [REDACTED]       |                   |
| Signature: <u>[Signature]</u>              | Date: <u>1/2/26</u>       | D.O.B. [REDACTED] |
| Print Name: <u>Joseph Melohn</u>           | Address: [REDACTED]       |                   |
| Signature: <u>[Signature]</u>              | Date: <u>1/2/26</u>       | D.O.B. [REDACTED] |
| Print Name: <u>ISRAEL ELAMIL</u>           | Address: [REDACTED]       |                   |
| Signature: <u>[Signature]</u>              | Date: <u>1/2/25</u>       | D.O.B. [REDACTED] |
| Print Name: <u>Alan Davidgrou</u>          | Address: [REDACTED]       |                   |
| Signature: <u>[Signature]</u>              | Date: <u>1/2/25</u>       | D.O.B. [REDACTED] |
| Print Name: <u>Daniel Amram</u>            | Address: [REDACTED]       |                   |
| Signature: <u>[Signature]</u>              | Date: <u>Jan 2nd 2026</u> | D.O.B. [REDACTED] |
| Print Name: <u>Mandy Davidgrou</u>         | Address: [REDACTED]       |                   |
| Signature: <u>[Signature]</u>              | Date: <u>1/2/26</u>       | D.O.B. [REDACTED] |
| Print Name: <u>Ilya Braz</u>               | Address: [REDACTED]       |                   |
| Signature: <u>[Signature]</u>              | Date: <u>1/2/26</u>       | D.O.B. [REDACTED] |
| Print Name: <u>David Karp</u>              | Address: [REDACTED]       |                   |
| Signature: <u>[Signature]</u>              | Date: <u>"</u>            | D.O.B. [REDACTED] |
| Print Name: <u>CHARLES McHBAEN</u>         | Address: [REDACTED]       |                   |
| Signature: <u>[Signature]</u>              | Date: <u>1/2/26</u>       | D.O.B. [REDACTED] |
| Print Name: <u>Yisroel Et. S. Ginsburg</u> | Address: [REDACTED]       |                   |
| Signature: <u>[Signature]</u>              | Date: <u>1/3/26</u>       | D.O.B. [REDACTED] |
| Print Name: <u>Dina Goldstein</u>          | Address: [REDACTED]       |                   |
| Signature: <u>[Signature]</u>              | Date: <u>01/04/26</u>     | D.O.B. [REDACTED] |
| Print Name: <u>William Blumenkranz</u>     | Address: [REDACTED]       |                   |
| Signature: <u>[Signature]</u>              | Date: <u>1/5/26</u>       | D.O.B. [REDACTED] |
| Print Name: <u>CAROLYN BAUMEL</u>          | Address: [REDACTED]       |                   |

#### STATEMENT OF CIRCULATOR

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

Signature of Circulator: [Signature]

Address of Circulator: 625 94th St SURFSIDE, FL 33154

Email address of Circulator: FLANDSMAN @ HOTMAIL . COM

#### ACCEPTANCE OF NOMINATION

I hereby accept the nomination for the office of COMMISSIONER (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature]

Date: 1/22/2026



## Town of Surfside

9293 Harding Avenue  
Surfside, FL 33154

### 2026 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

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

| <u>Contents</u> | <u>Date Received</u> | <u>Initials</u> |
|-----------------|----------------------|-----------------|
|-----------------|----------------------|-----------------|

1. Qualifying as a candidate:

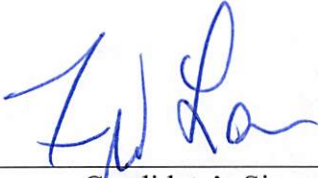
|   |                  |           |
|---|------------------|-----------|
| Appointment of Campaign Treasurer and Designation of Campaign Depository                | <u>1/2/2026.</u> | <u>FL</u> |
| Nominating Petition   | <u>1/22/26</u>   | <u>FL</u> |
| Statement of Candidate  | <u>1/2/2026.</u> | <u>FL</u> |
| Sworn Statement of Qualification  | <u>1/22/26</u>   | <u>FL</u> |
| Candidate Oath  | <u>1/22/26</u>   | <u>FL</u> |
| Form 1 – Statement of Financial Interest (2025)   | <u>1/22/26</u>   | <u>FL</u> |
| Declaration and First Amendment Waiver<br>Volunteer Statement of Fair Campaign Practice | <u>—</u>         | <u>FL</u> |
| Qualifying Fee \$25.00  | <u>1/22/26</u>   | <u>FL</u> |
| L & A Schedule  | <u>1/22/26</u>   | <u>FL</u> |

2. Important Dates to Remember

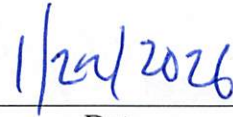
1/2/2026 HL

3. Campaign Activities Memorandum

1/2/2026 HL



Candidate's Signature



Date