

**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

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

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 Date: 1/2/2026

Candidate Signature



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 }

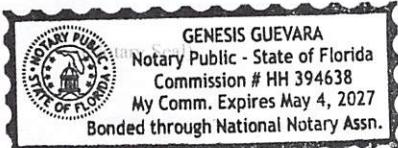
I solemnly swear (or affirm) under oath, that my name is FRED LANDSMAN, that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of Surfside, Florida; that my address is 625 94th ST, SURFSIDE, FL 33154, my occupation is CORPORATE RECRUITER; that I have been a resident 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 of Candidate

1/22/2026

Date

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



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

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

X 1/18
 Signature of Candidate 625 9th St Telephone Number (305) 343-1481 Email Address FLANDSMAN@HOTMAIL.COM
 Address of Legal Residence SURFSIDE City FL State 33154 ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

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

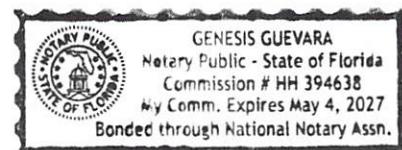
this 22 day of January, 2026.

Personally Known OR Produced Identification

Type of Identification Produced: _____

Signature of Notary Public

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



2025 Form 1 - Statement of Financial Interests

General Information

Name: Mr Fred Landsman

PID 287236

AGENCY INFORMATION**Organization****Suborganization****Title****CANDIDATE FOR****Position**

City, Town or Village (Commission or Council), Governing Board - Form 1 (Effective 6/10/2024)

Agency Name

Town of Surfside, Florida

Position sought or held

Commissioner

Disclosure Period

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

Primary Sources of IncomePRIMARY 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.

2025 Form 1 - Statement of Financial Interests

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
Twenty Five And No/100 ← \$ 25.00
DOLLARS 

BANK OF AMERICA 

ACH R/T 063100277

FOR Qualifying Fee

Fred L

TOWN OF SURFSIDE

9293 Harding Ave.
SURFSIDE, FL 33154

Receipt

Nº 155455

RECEIVED OF

Fred Landsman, Campaign ~~TEE~~

DATE

1-22-2026

Twenty Five %/100

DOLLARS \$

25.00

Qualifying Fee

HOW PAID

CASH

1001

CHECK

EXECUTIVE

CHECK #

POLICE

MONEY
ORDERPARK &
RECREATIONCREDIT
CARD

OTHER

BY

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 LANSDAM 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 Condrenzio</u>	Date: <u>1-5-26</u> D.O.B. [REDACTED]
Print Name: <u>ROBERT CONDRENZIO</u>	Address: [REDACTED]
Signature: <u>Boujean</u>	Date: <u>1-5-26</u> D.O.B. [REDACTED]
Print Name: <u>Eve TURGEON</u>	Address: [REDACTED]
Signature: <u>Rachel Turgeman</u>	Date: <u>1-5-26</u> D.O.B. [REDACTED]
Print Name: <u>Rachel Turgeman</u>	Address: [REDACTED]
Signature: <u>Jeffrey Silber</u>	Date: <u>1/5/26</u> D.O.B. [REDACTED]
Print Name: <u>Jeffrey Silber</u>	Address: [REDACTED]
Signature: <u>Rubén Bravis</u>	Date: <u>01/06/26</u> D.O.B. [REDACTED]
Print Name: <u>RUBEN BRAVIS</u>	Address: [REDACTED]
Signature: <u>Peter Zuker</u>	Date: <u>1/06/26</u> D.O.B. [REDACTED]
Print Name: <u>Peter Zuker</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>Edwin De La Cadenas</u>	Date: <u>01-10-26</u> D.O.B. [REDACTED]
Print Name: <u>EDWIN DE LA CADENAS</u>	Address: [REDACTED]
Signature: <u>Elizabeth De La Cadenas</u>	Date: <u>1-10-26</u> D.O.B. [REDACTED]
Print Name: <u>Elizabeth De La Cadenas</u>	Address: [REDACTED]
Signature: <u>Abigail Baumel</u>	Date: <u>1/11/26</u> D.O.B. [REDACTED]
Print Name: <u>Abigail Baumel</u>	Address: [REDACTED]
Signature: <u>Michelle Schuster</u>	Date: <u>1/13/26</u> D.O.B. [REDACTED]
Print Name: <u>MICHELLE SCHUSTER</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: TW L

Address of Circulator: 623 94th St, Surfside, FL 33154

Email address of Circulator: FLANDSAM@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: TW L 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

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>Fred Landsman</u>	Date: <u>1/2/26</u> D.O.B. [REDACTED]
Print Name: <u>Fred Landsman</u>	Address: [REDACTED]
Signature: <u>Donna Landsman</u>	Date: <u>1/2/26</u> D.O.B. [REDACTED]
Print Name: <u>Donna Landsman</u>	Address: [REDACTED]
Signature: <u>Sydney Landsman</u>	Date: <u>01/02/26</u> D.O.B. [REDACTED]
Print Name: <u>Sydney Landsman</u>	Address: [REDACTED]
Signature: <u>Melvyn Schlesser</u>	Date: <u>1/3/26</u> D.O.B. [REDACTED]
Print Name: <u>Melvyn Schlesser</u>	Address: [REDACTED]
Signature: <u>Lucia Schlesser</u>	Date: <u>1/6/2026</u> D.O.B. [REDACTED]
Print Name: <u>Lucia Schlesser</u>	Address: [REDACTED]
Signature: <u>Linda Schlesser</u>	Date: <u>1/6/2026</u> D.O.B. [REDACTED]
Print Name: <u>Linda Schlesser</u>	Address: [REDACTED]
Signature: <u>Jenny Horn</u>	Date: <u>1/6/2026</u> D.O.B. [REDACTED]
Print Name: <u>Jenny Horn</u>	Address: [REDACTED]
Signature: <u>Jonathan Horn</u>	Date: <u>1/6/2026</u> D.O.B. [REDACTED]
Print Name: <u>Jonathan Horn</u>	Address: [REDACTED]
Signature: <u>Karen Koffler</u>	Date: <u>1/6/2026</u> D.O.B. [REDACTED]
Print Name: <u>Karen Koffler</u>	Address: [REDACTED]
Signature: <u>Rafael Perez</u>	Date: <u>1/6/2026</u> D.O.B. [REDACTED]
Print Name: <u>Rafael Perez</u>	Address: [REDACTED]
Signature: <u>Robert Lisman</u>	Date: <u>1/7/2026</u> D.O.B. [REDACTED]
Print Name: <u>Robert Lisman</u>	Address: [REDACTED]
Signature: <u>Stephanie Romani</u>	Date: <u>1/9/2026</u> D.O.B. [REDACTED]
Print Name: <u>Stephanie Romani</u>	Address: [REDACTED]
Signature: <u>Jorge A. Romani</u>	Date: <u>1/9/2026</u> D.O.B. [REDACTED]
Print Name: <u>Jorge A. Romani</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: JN Ha

Address of Circulator: 625 9th 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: JN Ha

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 LANDSMER 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).

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:

Address of Circulator: 625 94th st SUNSIDE, FL 33154

Email address of Circulator: FLANDSFMA @ HUMANIC.COM

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: P.N. Date: 12/22/2026



Town of Surfside

9293 Harding Avenue
Surfside, Fl 33154

2026 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate FREP LANDSMA

Office Sought COMMISSIONER

Phone No.: _____ Cell Phone No: (305) 343-1481

E-Mail Address: FLANDSMA @ HOTMAIL. COM

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Date Received

Initials

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Declaration and First Amendment Waiver 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
3. Campaign Activities Memorandum

1/2/2024 TC
1/2/2024 TC

TJ Lan
Candidate's Signature

1/21/2026
Date