

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

DEC 17 PM 2:51

[Handwritten signature: H. Gready]

I, Fred R. Landsman,

candidate for the office of COMMISSIONER;

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

X *[Handwritten signature]*
Signature of Candidate

12/17/2024
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)

DEC 17 PM 2:51

[Handwritten Signature]

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)

FRED R. LANDSMAN

3. Address (include post office box or street, city, state, zip code)

625 94th ST.
SUNDSIDE, FL. 33154

4. Telephone

(305) 343-1481

5. E-mail address

FLANDSMA@hotmail.com

6. Office sought (include district, circuit, group number)

COMMISSIONER

7. If a candidate for a nonpartisan office, check if 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 Affiliation ☐ _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

FRED R. LANDSMAN

11. Mailing Address

625 94th ST.

12. Telephone

(305) 343-1481

13. City

SUNDSIDE

14. County

MIAMI-DADE

15. State

FL.

16. Zip Code

33154

17. E-mail address

FLANDSMA@hotmail.com

18. I have designated the following bank as my

☐ 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 APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

12/17/2021

26. Signature of Candidate

X *[Handwritten Signature]*

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

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

designated above as:

☒

Campaign Treasurer

☐

Deputy Treasurer.

12/17/2021

Date

X

[Handwritten Signature]
Signature of Campaign Treasurer or Deputy Treasurer

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 qualifying
officer before opening the campaign account.

DEC 20 PM 2:25

DEC 17 PM 2:51

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)

FRED R. LANDSMAN

3. Address (include post office box or street, city, state, zip
code)

625 94th ST.
SUNSID, FL. 33154

4. Telephone

(305) 343-1481

5. E-mail address

FLANDSMA@hotmail.com

6. Office sought (include district, circuit, group number)

COMMISSIONER

7. If a candidate for a nonpartisan office, check if
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 Affiliation ☐ _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

FRED R. LANDSMAN

11. Mailing Address

625 94th ST.

12. Telephone

(305) 343-1481

13. City

SUNSID

14. County

MIAMI-DADE

15. State

FL.

16. Zip Code

33154

17. E-mail address

FLANDSMA@hotmail.com

18. I have designated the following bank as my

☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

SUN TRUST

20. Address

9600 COLLINS AVE.

21. City

BAL HARBOR

22. County

MIAMI-DADE

23. State

FL.

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

12/17/2021

26. Signature of Candidate

X 

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

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

designated above as:

☒ Campaign Treasurer ☐ Deputy Treasurer.

12/17/2021

Date

X


Signature of Campaign Treasurer or Deputy Treasurer

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) FRED R. LANDSMAN
Name

(2) 625 QUIN ST.
Address (number and street)

Suwannee, FL 33154
City, State, Zip Code

OFFICE USE ONLY

JAN 5 PM 2:24

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: COMMISSIONER

☐ 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

Cover Period: From 12 / 1 / 2021 To 12 / 31 / 2021 Report Type: 2021M12

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , 100 . 00

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . 00

Transfers to Office Account \$ _____ , _____ , _____ . 00

Total Monetary \$ _____ , _____ , _____ . 00

(8) Other Distributions

\$ _____ , _____ , _____ . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 100 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , _____ . 00

(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, correct, and complete:

(Type name) FRED R. LANDSMAN

☐ Individual (only for IE or electioneering comm.)

☒ Treasurer

☐ Deputy Treasurer

X [Signature]
Signature

(Type name) FRED R. LANDSMAN

☒ Candidate

☐ Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name

FRED R. LANDSMOR

(2) I.D. Number

JAN 5 PM 2:24

9

(3) Cover Period

12 / 1 / 2021 through 12 / 31 / 2021

(4) Page

1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
12/22/2021 / /	FRED R. LANDSMOR 625 94th st. Surtside, IL 3354	S	COMP. RECEIVED LOA			100.00
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name FRED R. LANDSMAN

(2) I.D. Number _____

(3) Cover Period 12 / 1 / 2024 through 12 / 31 / 2024

(4) Page 1 of 1

(5) Date	(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
(6) Sequence Number					
//	NONE				0
//					
//					
//					
//					
//					
//					

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



OFFICE USE ONLY

Name Fred R. LANDSMAN

I.D. Number _____


Address (number and street)

625 9th St.

City, State, Zip Code

Southside, FL 33154

☐ CHECK IF ADDRESS HAS CHANGED

JAN 5 PM 2:24 

Candidate for:

☐ Mayor

☒ Commissioner, District _____

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2021 M12 Cover Period 12/1/2021 through 12/31/2021

Report Type ☒ Original ☐ Amendment

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, correct, and complete.

Fred R. LANDSMAN

(Type name)

☒ Treasurer

☐ Deputy Treasurer

X



Signature

I certify that I have examined this report and it is true, correct, and complete.

Fred R. LANDSMAN

(Type name)

☒ Candidate

X



Signature

This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

[illegible]

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Fred R. LANDSMAN

Name

(2) 625 94th St.

Address (number and street)

Southside, FL. 33154

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: COMMISSIONER

☐ 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

Cover Period: From 12 / 1 / 2021 To 12 / 31 / 2021 Report Type: 2021 M12

☐ Original

☒ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , 100 . 00

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 87 . 72

Transfers to Office Account \$ _____ , _____ , _____ . 0

Total Monetary \$ _____ , _____ , _____ . 0

(8) Other Distributions

\$ _____ , _____ , _____ . 0

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 100 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 87 . 72

(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, correct, and complete:

(Type name) Fred R. LANDSMAN

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X

Signature

(Type name) Fred R. LANDSMAN


☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name FRED R. LANDSMAN

(2) I.D. Number JAN 10 AM 8:47 

(3) Cover Period 12 / 1 / 2021 through 12 / 31 / 2021 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
<u>12, 22, 2021</u>	<u>FRED R. LANDSMAN</u>		<u>COMP.</u>				
<u>1</u>	<u>625 94th ST.</u>	<u>S</u>	<u>RECENTER</u>	<u>LOA</u>			<u>100.00</u>
<u>/</u>							
<u>/</u>							
<u>/</u>							
<u>/</u>							
<u>/</u>							
<u>/</u>							



(1) Name Fred R. Landsman **CAMPAIGN TREASURER**

(2) I.D. Number _____

(4) Page 1 of 1

[illegible]

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) FRED R. LANDSMAN
Name

(2) 625 9th St.
Address (number and street)

Suwanee, GA 33154
City, State, Zip Code

☐ Check here if address has changed

OFFICE USE ONLY
FEB 18 PM 2:32

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: COMMISSIONER

☐ 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

Cover Period: From 1 / 1 / 2022 To 1 / 31 / 2022 Report Type: 2022 M1

☐ Original

☒ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 500 . 00

Loans \$ _____ , _____ , 100 . 00

Total Monetary \$ _____ , _____ , 600 . 00

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 205 . 00

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 205 . 00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 700 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 292 . 72

(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, correct, and complete:

(Type name) FRED R. LANDSMAN

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X [Signature]
Signature

(Type name) FRED R. LANDSMAN

☒ Candidate ☐ Chairperson (only for PC and PTY)

X [Signature]
Signature

**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
15, 2022. JAN 12 PM 12:56
SNM

This petition must be filed with the Town Clerk between January 10, 2022 and January 29, 2022 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>12/20/21</u> D.O.B. <u> </u>
Print Name: <u>Courtney Landsman</u>	Address: <u> </u>
Signature: <u>[Signature]</u>	Date: <u>12/21/21</u> D.O.B. <u> </u>
Print Name: <u>Moussa Schlessner</u>	Address: <u> </u>
Signature: <u>[Signature]</u>	Date: <u>12/21/21</u> D.O.B. <u> </u>
Print Name: <u>LUCIA SCHLESSER</u>	Address: <u> </u>
Signature: <u>[Signature]</u>	Date: <u>12/21/21</u> D.O.B. <u> </u>
Print Name: <u>Brian Lima</u>	Address: <u> </u>
Signature: <u>[Signature]</u>	Date: <u>12/22/21</u> D.O.B. <u> </u>
Print Name: <u>CAROLYN BAUMEL</u>	Address: <u> </u>
Signature: <u>[Signature]</u>	Date: <u>12/22/21</u> D.O.B. <u> </u>
Print Name: <u>Jeffrey A. Rose</u>	Address: <u> </u>
Signature: <u>[Signature]</u>	Date: <u>12/28/21</u> D.O.B. <u> </u>
Print Name: <u>PETER H. ZUCKERMAN</u>	Address: <u> </u>
Signature: <u>[Signature]</u>	Date: <u>12/28/21</u> D.O.B. <u> </u>
Print Name: <u>Kate Ising</u>	Address: <u> </u>
Signature: <u>[Signature]</u>	Date: <u>12/28/21</u> D.O.B. <u> </u>
Print Name: <u>Michael Dahan</u>	Address: <u> </u>
Signature: <u>[Signature]</u>	Date: <u>12-28-21</u> D.O.B. <u> </u>
Print Name: <u>Sharon halman</u>	Address: <u> </u>
Signature: <u>[Signature]</u>	Date: <u>12/28/21</u> D.O.B. <u> </u>
Print Name: <u>B. BAUMEL</u>	Address: <u> </u>
Signature: <u>[Signature]</u>	Date: <u>12/30/21</u> D.O.B. <u> </u>
Print Name: <u>DANIEL DIAM</u>	Address: <u> </u>
Signature: <u>[Signature]</u>	Date: <u>1/2/22</u> D.O.B. <u> </u>
Print Name: <u>MICHAEL SCHUCHER</u>	Address: <u> </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 GULF ST SURFSIDE FL 33154

Email address of Circulator: FLANDSMAN@HOTMAIL.COM

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature]

Date: 1/12/2022

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate FILED LANDSMAN
for the office of COMMISSIONER (Mayor or Commissioner) at an election to be held on March
15, 2022.

JAN 12 PM12:56 *gjm*

This petition must be filed with the Town Clerk between January 10, 2022 and January 29, 2022 (by 12:00pm).

Signature:	[Signature]	Date:	1/2/22	D.O.B.	
Print Name:	ADAM SCHUCHER	Address:			
Signature:	[Signature]	Date:	1/2/22	D.O.B.	
Print Name:	Dorit Weintraub	Address:			
Signature:	[Signature]	Date:	1/2/77	D.O.B.	
Print Name:	Samuel Weintraub	Address:			
Signature:	[Signature]	Date:	1/2/22	D.O.B.	
Print Name:	Leah Weintraub	Address:			
Signature:	[Signature]	Date:	1/2/22	D.O.B.	
Print Name:	Allen Blumstein	Address:			
Signature:	[Signature]	Date:	1/2/22	D.O.B.	
Print Name:	Joel Blumstein	Address:			
Signature:	[Signature]	Date:	1/2/22	D.O.B.	
Print Name:	Nadmi Weintraub	Address:			
Signature:	[Signature]	Date:	1/2/22	D.O.B.	
Print Name:	Dana B Blumstein	Address:			
Signature:	[Signature]	Date:	01/02/22	D.O.B.	
Print Name:	Rene Navratil	Address:			
Signature:	[Signature]	Date:	1/2/21	D.O.B.	
Print Name:	Joel Ruth Navratil	Address:			
Signature:	[Signature]	Date:	1-3-21	D.O.B.	
Print Name:	Saul Rosen	Address:			
Signature:	[Signature]	Date:	1-3-21	D.O.B.	
Print Name:	Rosen	Address:			
Signature:	[Signature]	Date:	1/5/22	D.O.B.	
Print Name:	Reuben Hersen	Address:			

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 9th St S, Suite 101, K1. 33154
Email address of Circulator: FLANDERS@HOTMAIL.COM

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: _____ Date: 11/1/20

**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 Lampson
for the office of COMMISSIONER (Mayor or Commissioner) at an election to be held on March
15, 2022.

JAN 12 PM 12:55
sum

This petition must be filed with the Town Clerk between January 10, 2022 and January 29, 2022 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>1/5/21</u> D.O.B. <u> </u>
Print Name: <u>IRIS HERSSEIN</u>	Address: <u> </u>
Signature: <u>[Signature]</u>	Date: <u>1/5/21</u> D.O.B. <u> </u>
Print Name: <u>Ronit Bliska</u>	Address: <u> </u>
Signature: <u>Alba Baiza</u>	Date: <u>1/5/22</u> D.O.B. <u> </u>
Print Name: <u>ALBA BAIZA</u>	Address: <u> </u>
Signature: <u>[Signature]</u>	Date: <u>1/5/22</u> D.O.B. <u> </u>
Print Name: <u>JONATHAN RUBINSTEIN</u>	Address: <u> </u>
Signature: <u>[Signature]</u>	Date: <u>1/5/22</u> D.O.B. <u> </u>
Print Name: <u>JOE RUBINSTEIN</u>	Address: <u> </u>
Signature: <u>[Signature]</u>	Date: <u>1/5/22</u> D.O.B. <u> </u>
Print Name: <u>Jessica Kanengser</u>	Address: <u> </u>
Signature: <u>[Signature]</u>	Date: <u>1/8/22</u> D.O.B. <u> </u>
Print Name: <u>Arman Anton</u>	Address: <u> </u>
Signature: <u>[Signature]</u>	Date: <u>1/8/22</u> D.O.B. <u> </u>
Print Name: <u>Martien Thumber</u>	Address: <u> </u>
Signature: <u>[Signature]</u>	Date: <u>1.8.22</u> D.O.B. <u> </u>
Print Name: <u>KRIS DOUGHERTY</u>	Address: <u> </u>
Signature: <u>[Signature]</u>	Date: <u>1/9/22</u> D.O.B. <u> </u>
Print Name: <u>Stephanie Romani</u>	Address: <u> </u>
Signature: <u>[Signature]</u>	Date: <u>1/9/22</u> D.O.B. <u> </u>
Print Name: <u>Mara Oliver</u>	Address: <u> </u>
Signature: <u>[Signature]</u>	Date: <u>1-9-22</u> D.O.B. <u> </u>
Print Name: <u>George A. Romani</u>	Address: <u> </u>
Signature: <u> </u>	Date: <u> </u> D.O.B. <u> </u>
Print Name: <u> </u>	Address: <u> </u>

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 9th St Surfside, FL 33154
Email address of Circulator: FLAMPSON@HOTMAIL.COM

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 1/12/22

FRED R LANDSMAN

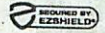
CAMPAIGN ACCOUNT

625 94TH ST

SURFSIDE, FL 33154

1001

1/12/2022
date



Pay to the order of TOWN OF SUNTIDE

\$25.00

TWENTY FIVE AND NO/100

dollars



Security Features
included.
Details on Back.



SUNTRUST

ACH RT 061000104

for QUOTING FEE

FW

RP

**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 12 PM 1:16

Some

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, FRED R. LANDSMAN,

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box ☐ (see page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of COMMISSIONER,
(Office) (District #)

, ; I am a qualified elector of TOWN OF SOUTHSIDE County, Florida;
(Circuit #) (Group or Seat #)

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 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.

Candidate's Florida Voter Registration Number (located on your voter information card): 109965430

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

X

Signature of Candidate

(305) 343-1481

Telephone Number

FLANDSMAN@HOTMAIL.COM

Email Address

625 94th ST

Address

Southside

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 ☒

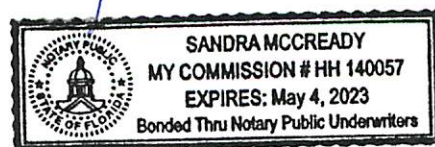
this 12th day of January, 2022.

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: DL

Signature of Notary Public

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





JAN 12 PM 1:00
Sun.

TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 15, 2022

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 }

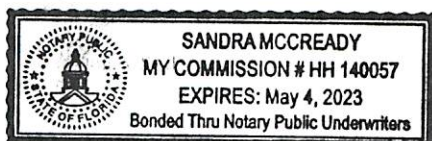
I solemnly swear (or affirm) under oath, that my name is FRED R. LANDSMOR,
that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of
Surfside, Florida; that my address is 625 94th St Surfside, FL 33154,
my occupation is LEAD G&A RECRUITER; that I have been
a resident of the Town of Surfside since 2010; that I will be at least twenty-one (21) years of
age by January 29, 2022 and that if elected, I will willingly serve as COMMISSIONER
(Mayor or Commissioner) of the Town of Surfside, if elected.

Signature of Candidate

1/12/2022

Date

Sworn to and subscribed before me this 12th day of January, 20 22.



NOTARY PUBLIC

PRINTED NAME OF NOTARY

Sandra N. McCreedy

FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2021

Please print or type your name, mailing
address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

LANDSMAN - FRED - ROSS

MAILING ADDRESS :

625 9th St.

SUNTSIDE 33154 MOUNT DIXIE

CITY :

ZIP :

COUNTY :

JAN 12 PM 1:21

SMC

NAME OF AGENCY :

TOWN OF SUNTSIDE

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

COMMISSIONER

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE**** THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

☐

COMPARATIVE (PERCENTAGE) THRESHOLDS

OR

☒

DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(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
ANADLAN	50 HOWARD AVE, SF., CA.	LEAD G4A RECRUITER

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(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.			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

N/A.

You are not limited to the space on the
lines on this form. Attach additional
sheets, if necessary.FILING INSTRUCTIONS for when
and where to file this form are
located at the bottom of page 2.INSTRUCTIONS on who must file
this form and how to fill it out
begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
401-k	VANGUARD
IRA	FIDELITY

PART E — LIABILITIES [Major debts - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
NEW REZ	1100 VIRGINIA DR. FT. WASHINGTON, PA.
TD AUTO	P.O. Box 100295 COLUMBIA, SC.

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
(If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	N/A.	
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

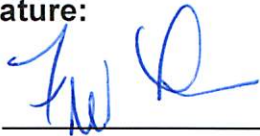
PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE OF FILER:

Signature:



Date Signed:

11/2/2022

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING 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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.

**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.
10. 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 WAIVER, I AGREE TO

- ABIDE BY THE *VOLUNTARY* STATEMENT OF FAIR CAMPAIGN PRACTICES,
- SUBMIT TO THE COMPULSORY JURISDICTION OF THE ETHICS COMMISSION, AND
- WAIVE MY FIRST AMENDMENT RIGHTS.

I, FRED LANDSMAN, a candidate for the office of
please print your name
COMMISSIONER in Town of Surfside,
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.

x

Signature

Date

January 13, 2022

Sandra McCreedy, MPA, MMC
Town Clerk
Town of Surfside
9293 Harding Ave
Surfside, FL 33154

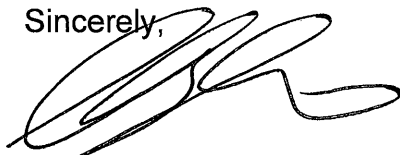
Dear Mrs. McCreedy:

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 26 petitions were reviewed for verification; of which 25 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.

Sincerely,



Christina White
Supervisor of Elections

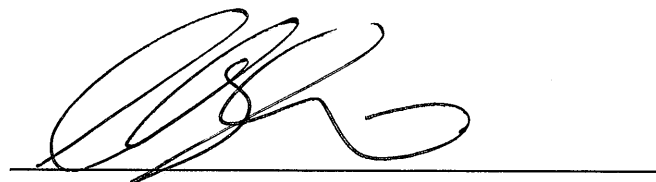
Enclosure (1)

CERTIFICATION

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Christina White, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that 25 signatures submitted by Fred Landsman for the office of Commissioner for the Town of Surfside 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 13th DAY OF
JANUARY, 2022



TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCready, MPA, MMC,
Town Clerk

January 14, 2022

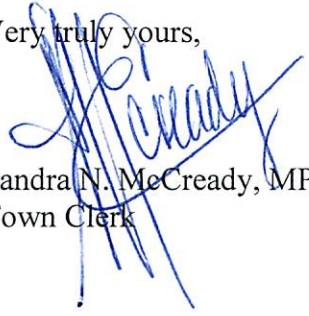
Mr. Fred R. Landsman
625 94th Street
Surfside, FL 33154

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 15, 2022 Municipal Election.

Congratulations on your qualification and if I can assist in any way throughout the process, please feel free to contact me.

Very truly yours,


Sandra N. McCready, MPA, MMC
Town Clerk

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Fred R. Landsman
Name
(2) 625 94th st.
Address (number and street)
Subside, FL 33154
City, State, Zip Code

OFFICE USE ONLY

FEB 18 PM 2:46

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: COMMISSIONER

☐ 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

Cover Period: From 2 / 1 / 2022 To 2 / 17 / 2022 Report Type: 25 P1

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ 2,000.00

Loans \$ _____

Total Monetary \$ 2,000.00

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ 773.28

Transfers to Office Account \$ _____

Total Monetary \$ 773.28

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 2,700.00

(10) TOTAL Monetary Expenditures To Date

\$ 1,066.00

(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, correct, and complete:

(Type name) Fred R. Landsman

☐ Individual (only for IE or electioneering comm) ☒ Treasurer ☐ Deputy Treasurer

X

Signature

(Type name) Fred R. Landsman

☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name FRED R. LANDSMAN (2) I.D. Number FEB 18 PM 2:46
 (3) Cover Period 2 / 1 / 2022 through 2 / 17 / 2022 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code					
2, 11 2022	LINDEN NELSON		REAL			
1	3737 COLLINGSWOOD	I	ESTATE	CHE		1,000.00
	MB, Kc. 33140		INVESTOR			
2, 15 2022	ALLEN		REAL			
2	DAKOTAPOLIS	I	ESTATE	CHE		1,000.00
	9401 COLLINGSWOOD					
	SOUTHSIDE, Kc 33154					
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Fred K. Lampson (2) I.D. Number _____
 (3) Cover Period 2 / 1 / 2022 through 2 / 17 / 2022 (4) Page 1 of 1

(5) Date	(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
2/11/2022	MINUTEMAN PRESS 921 NE 79th St. MIAMI, FL. 33138	LAW SIGNS	CAN		376.64
1					
2/16/2022	MIAMI DADE CTY ELECTORAL 270 NW 87th AVE. MIAMI, FL. 33172	ELECTION DATA.	CAN		20.00
2					
2/17/2022	MINUTEMAN PRESS 921 NE 79th St. MIAMI, FL. 33138	LAW SIGNS	CAN		376.64
3					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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



OFFICE USE ONLY

Name Fred R. Landsman

I.D. Number _____

Address (number and street)

625 Quaker St.

City, State, Zip Code

Sussex, FL 33154

☐ CHECK IF ADDRESS HAS CHANGED

FEB 18 PM 2:46

Candidate for:

☐ Mayor

☒ Commissioner, District _____

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2591 Cover Period 2/1/2022 through 2/17/2022

Report Type ☒ Original ☐ Amendment

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, correct, and complete.

Fred R. Landsman

(Type name)

☒ Treasurer

☐ Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

Fred R. Landsman

(Type name)

☒ Candidate

X

Signature

MIAMI-DADE
COUNTY

(1) Name Fred R. Landstrom (2) I.D. Number FEB 18 PM 2:46
(3) Report Name ZSP1 (4) Cover Period 2/1/2022 through 2/17/2022
(5) Report Type ☒ Original ☐ Amendment (6) Page 1 of 1

[illegible]

MD-ED 26 (Rev. 03/13)

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) FRED R. LANDSMAR

Name

(2) 625 GALT ST.

Address (number and street)

SUSTON BL, FL. 33154

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: COMMISSIONER

☐ 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

Cover Period: From 2 / 18 / 2022 To 3 / 3 / 2022 Report Type: 11P1

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 300 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 300 . 00

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 1 , 628 . 14

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , 1 , 628 . 14

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 3 , 000 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 2 , 694 . 14

(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, correct, and complete:

(Type name) FRED R. LANDSMAR

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X

Signature

(Type name) FRED R. LANDSMAR

☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MAR 4 AM 11:40

(1) Name FRED R. LANDSMAN (2) I.D. Number _____

(3) Cover Period 2 / 18 / 2022 through 3 / 3 / 2022 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
2, 22, 22	JOSEPH MVLAMPA		Business				
1	2301 Longleaf Blvd Lake Wales, FL 33859	I	MAN	CHE			300.00
/ /							
/ /							
/ /							
/ /							
/ /							

RR 4-11:40

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Mr. R. Landsman

(2) I.D. Number _____

(3) Cover Period 2 / 18 / 2022 through 3 / 3 / 2022

(4) Page 1 of 1

[illegible]

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



OFFICE USE ONLY

Name

FRED R. LAMPSON

I.D. Number

Address (number and street)

625 94th ST.

City, State, Zip Code

SOLFIDE, FL. 33154

☐ CHECK IF ADDRESS HAS CHANGED

MAR 4 AM 11:40

Candidate for:

☐ Mayor

☒ Commissioner, District _____

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 11P1 Cover Period 2/18/2022 through 3/3/2022

Report Type ☒ Original ☐ Amendment

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, correct, and complete.

FRED R. LAMPSON

(Type name) ☒ Treasurer ☐ Deputy Treasurer

X

[Signature]

Signature

I certify that I have examined this report and it is true, correct, and complete.

FRED R. LAMPSON

(Type name) ☒ Candidate

X

[Signature]

Signature

MIAMI-DADE
COUNTY

MAR 4 AM 11:40

(5) Report Type ☒ Original ☐ Amendment (6) Page _____ of _____

[illegible]

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) FRED R. LANDSMAN
Name

(2) 625 94th ST.
Address (number and street)

SOUTH DOR, FL. 33154
City, State, Zip Code

☐ Check here if address has changed

OFFICE USE ONLY

MAR 11 PM 3:03

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: COMMISSIONER

☐ 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

Cover Period: From 3 / 4 / 2022 To 3 / 10 / 2022 Report Type: 4P1

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ 1,250.00

Loans \$ _____

Total Monetary \$ 1,250.00

In-Kind \$ 0.00

(7) Expenditures This Report

Monetary Expenditures \$ 2.00

Transfers to Office Account \$ _____

Total Monetary \$ 2.00

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 4,250.00

(10) TOTAL Monetary Expenditures To Date

\$ 2,694.14

(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, correct, and complete:

(Type name) FRED R. LANDSMAN

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X

Signature

(Type name) FRED R. LANDSMAN

☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MAR 11 PM 3:03

(1) Name FRED R. LANDSMAN (2) I.D. Number _____

(3) Cover Period 3 / 4 / 2022 through 3 / 10 / 2022 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
3, 7 2022	DAVID SIMP	I	BUSINESS MAN	CHE			1,000.00
1	PO Box 7033 INDIANAPOLIS, IN 46207						
3, 7 2022	STEVE SCOTT	I	INVESTMENT ADVISOR	CHE			250.00
2	9111 Collins SUNFISH, FL 33591						
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name FRED R. LANDSMAN

(2) I.D. Number _____

(3) Cover Period 3 / 4 / 2020 through 3 / 10 / 2021(4) Page 1 of 1

(5) Date	(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
// /					
// /					
// /					
// /					
// /					
// /					
// /					

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



OFFICE USE ONLY

Name FRED R. LANDSMAN

I.D. Number _____

Address (number and street)
625 94th St.

City, State, Zip Code
SUBSIDY, FL. 33154

☐ CHECK IF ADDRESS HAS CHANGED

MAR 11 PM 3:03

Candidate for:

- ☐ Mayor
☒ Commissioner, District _____
☐ Property Appraiser
☐ Clerk of the Circuit Courts
☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 4P1 Cover Period 3/4/2022 through 3/10/2022

Report Type ☒ Original ☐ Amendment

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, correct, and complete.

(Type name) ☒ Treasurer ☐ Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) ☒ Candidate

X

Signature

This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

[illegible]

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) FRED R. LANDSMAN
Name

(2) 625 94th ST.
Address (number and street)

Southfield, FL 33154
City, State, Zip Code

OFFICE USE ONLY

JUN 13 AM 11:27

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- ☒ Candidate Office Sought: COMMISSIONER
- ☐ 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

Cover Period: From 3 / 11 / 2022 To 6 / 13 / 2022 Report Type: RT16

☒ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . _____

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 1 , 555 . 86

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 4 , 250 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 4 , 250 . 00

(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, correct, and complete:

(Type name)

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

Fred R. Landsman

X

Signature

(Type name)

☒ Candidate ☐ Chairperson (only for PC and PTY)

Fred R. Landsman

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name FRED R. LANDSMAN (2) I.D. Number _____
 (3) Cover Period 3 / 11 / 2022 through 6 / 13 / 2022 (4) Page 1 of 1

(5) Date	(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
(6) Sequence Number					
6/13/2022	FRED LANDSMAN	REIMBURSE			
1	625 94th ST. SOUTHSIDE, RI. 02875	LOANS	RMB		200.00
6/13/2022	AMER. CANCER SOCIETY	CHARITY			
2			DIS		132.86
6/13/2022	BANK KEER	BANK			
3	TWIST (CDS WITH CASH)	FEE	DIS		20.00
6/13/2022	MORTUARY BANK	BANK			
4	KEER	FEE	DIS		3.00
/ /					
/ /					
/ /					
/ /					
/ /					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

JUN 13 AM 11:28

(1) Name FRED R. LAMPSON (2) I.D. Number _____

(3) Cover Period 3 / 11 / 2022 through 6 / 13 / 2022 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

NONE

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



OFFICE USE ONLY

Name

Fred R. Landsman

I.D. Number

Address (number and street)

625 9th St.

City, State, Zip Code

Sunrise, FL 33150

☐ CHECK IF ADDRESS HAS CHANGED

JUN 18 AM 11:28

Candidate for:

☐ Mayor

☒ Commissioner, District Town of Sunrise

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 18TAG Cover Period 3/1/2022 through 6/13/2022

Report Type ☒ Original ☐ Amendment

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, correct, and complete.

(Type name) ☒ Treasurer ☐ Deputy Treasurer

X

Fred R. Landsman

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) ☒ Candidate

X

Fred R. Landsman

Signature

MIAMI-DADE
COUNTY

JUN 13 AM 11:28

(5) Report Type ☒ Original ☐ Amendment (6) Page _____ of _____

[illegible]

MD-ED 26 (Rev. 03/13)