

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

JAN 14 AM 9:38

smh

I, Jocelyn Kinzer,

candidate for the office of Commissioner;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X OpenlyOK  
Signature of Candidate

1/13/26  
Date

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

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

(PLEASE PRINT OR TYPE)

JAN 14 AM 9:38

SME

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)

Jocelyn Bara Kinzer

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

8834 Carlyle Ave, Surfside,  
FL 33154

4. Telephone:

(305) 318-6090

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

Jociekinz@gmail.com

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

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:

Mitchell Jay Kinzer

12. Telephone:

(561) 914-1502

13. Email Address:

mjkinz@gmail.com

14. Mailing Address:

8834 Carlyle Ave

15. City:

Surfside

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:

1/13/20

26. Signature of Candidate:

Dauly

27.

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

I, Mitchell Kinzer  
(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

28. Date:

1/13/26

29. Signature of Campaign Treasurer or Deputy Treasurer

Dauly

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

JAN 14 AM 9:38

SMC

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

JAN 16 PM 3:09

6G

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)

Jocelyn BARA Kinzer

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

8834 Carlyle Ave, Surfside,  
FL 33154

**4. Telephone:**

(305) 318-6090

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

(not required for qualifying purposes)

**6. Email Address:**

Jociekinz@gmail.com

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

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:**

Mitchell Jay Kinzer

**12. Telephone:**

(561) 914-1502

**13. Email Address:**

mjkinz@aol.com

**14. Mailing Address:**

8834 Carlyle Ave.

**15. City:**

Surfside

**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:**

990 NE 125th Street

**21. City:**

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

**25. Date:**

1/13/20

**26. Signature of Candidate:**

X Carlyle J. Kinzer

**27.**

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

I, Mitchell Jay Kinzer  
(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

**28. Date:**

1/13/26

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

X



# *Town of Surfside*

9293 Harding Avenue  
Surfside, FL 33154

## 2026 GENERAL MUNICIPAL ELECTION QUALIFYING PACKET

Name of Candidate Jocelyn Kinzer

Office Sought Commissioner

Phone No.:    — Cell Phone No: 305318-6090

E-Mail Address: jociekinz@gmail.com

## Contents

Date Received

### Initials

## 1. Qualifying as a candidate:

Appointment of Campaign Treasurer and  
Designation of Campaign Depository

01/16/26 UK

## Nominating Petition

—  
—

### Statement of Candidate

01114126 (1K)

### Sworn Statement of Qualification

## Candidate Oath

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Form 1 – Statement of Financial Interest (2025)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Declaration and First Amendment Waiver

\_\_\_\_\_

2. Important Dates to Remember  
3. Campaign Activities Memorandum

1/16/26 JK  
1/16/26 JK

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Candidate's Signature

Date

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## TOWN OF SURFSIDE

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 17, 2026

### RECEIPT OF DOCUMENTS

Candidate:

Jocelyn  
First Name

Bara  
Middle Name

Kinzer  
Last name

Commissioner

Office Sought (Mayor or Commissioner)

Phone No.: 305-318-0090

Cell Phone: Same

E-Mail Address: jpciekinz@gmail.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:

Opelyn OX  
Candidate Signature

Date:

1/10/2026