

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

JAN 14 AM 9:38

SM

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 Jocelyn Kinzer  
Signature of Candidate

1/13/20  
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:**

jociekinze@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:**

mjkinze@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:**

**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:**

X Jocelyn Kinzer

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

I, Mitchell Kinzer do hereby accept the appointment designated above as:

(Please Print or Type Name)

☒ Campaign Treasurer.

☐ Deputy Treasurer.

**28. Date:**

1/13/26

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

X [Signature]



**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

JAN 16 PM 3:09 GG

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

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☐ 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

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**11. Name of Treasurer or Deputy Treasurer:**

Mitchell Jay Kinzer

**12. Telephone:**

(561) 914-1502

**13. Email Address:**

mkinze@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:**

MIAMI

**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 Jocelyn Kinzer

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

I, Mitchell Kinzer do hereby accept the appointment designated above as:

(Please Print or Type Name)

☒ Campaign Treasurer.

☐ Deputy Treasurer.

**28. Date:**

1/13/26

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

X Mitchell Kinzer



## *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

<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>01/16/26</u>	<u>JK</u>
Nominating Petition	<u>                    </u>	<u>                    </u>
Statement of Candidate	<u>01/14/26</u>	<u>JK</u>
Sworn Statement of Qualification	<u>                    </u>	<u>                    </u>
Candidate Oath	<u>                    </u>	<u>                    </u>
Form 1 – Statement of Financial Interest (2025)	<u>                    </u>	<u>                    </u>
Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practice	<u>                    </u>	<u>                    </u>
Qualifying Fee \$25.00	<u>                    </u>	<u>                    </u>
L & A Schedule	<u>                    </u>	<u>                    </u>

2. Important Dates to Remember

1/16/26 JK

3. Campaign Activities Memorandum

1/16/26 JK

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Candidate's Signature

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Date





## TOWN OF SURFSIDE

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 17, 2026

### RECEIPT OF DOCUMENTS

Candidate:

Jocelyn Bara Kinzer  
First Name Middle Name Last name

Commissioner  
Office Sought (Mayor or Commissioner)


Phone No.: 305-318-6090

Cell Phone: same

E-Mail Address: jpciekinze@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:  Date: 1/12/26  
Candidate Signature