

# 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 DK

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

Dauly DK

**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

---

Candidate's Signature

Date

---



## 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



## TOWN OF SURFSIDE

MUNICIPAL BUILDING  
9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154

JAN 26 AM 9:38

### 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 Jocelyn Kinzer, 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 8834 Carlyle Ave, Surfside, FL 33154, my occupation is Development of Operations Associate; that I have been a resident of the Town of Surfside since 1980; 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.

Opulock

Opulock

Signature of Candidate

1/26/26

Date

Sworn to and subscribed before me this 26 day of January, 20 26.



Sandra N. McCreedy  
NOTARY PUBLIC

Sandra N. McCreedy  
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 26 AM 9:38

**OFFICE USE ONLY****Candidate Oath**

Name to appear on ballot:

Jocelyn KinzerCheck 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 #)

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 Opalyn K.

Signature of Candidate

(305) 318-1090

Telephone Number

jocelynk@gmail.com

Email Address

8834 Carlyle Ave, Surfside, FL

Address of Legal Residence

City

33154

State

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 26 day of January, 20 26

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: Jocelyn Kinzer

Organization	Suborganization	Title
N/A		

**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	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
Women's International Zionist Organization	1150 Kane Concourse, 5th Fl, Bay Harbor Islands, FL 33154	Fundraising

### 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
N/A	

### 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

### Signature of Filer

*Jocelyn Kinzer*

Digitally signed: 01/26/2026

**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, Abelyn Kinzer  
please print your name  
Commissioner  
elective office sought in Surfside,  
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.

\* Abelyn Kinzer  
Signature

1/26/20  
Date



# Cashier's Check

No. 6384101467

Notice to Purchaser • In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

BAY HARBOR ISLANDS

715 0109377 042

Pay \* \* \* BANK OF AMERICA \$2500 TWO FIVE CTS CTS

\*\*Twenty Five and 00/100 Dollars\*\*  
To The TOWN OF SURFSIDE  
Order Of

Remitter (Purchased By): JOCELYN BARA KINZER CAMPAIGN

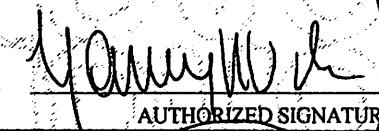
Bank of America, N.A.  
SAN ANTONIO, TX

Void After 90 Days

10-171140  
NFL

Date 01/16/26 02:18:15 PM

\*\$25.00\*

  
AUTHORIZED SIGNATURE

00-53-3364B 06-2019

©2000 CAPTURED™ AUTHENAL™ PROTECTION

THE ORIGINAL DOCUMENT HAS A WHITE REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENTS.

## TOWN OF SURFSIDE

9293 Harding Ave.  
SURFSIDE, FL 33154

Receipt

No 155459

RECEIVED OF

Jocelyn Barakincer Campaign

DATE

1-96-2006

Twenty Five 00/100

DOLLARS \$

25.00

HOW PAID

Campaign Fee

CASH

CHECK

EXECUTIVE

CHECK #

POLICE

MONEY  
ORDERPARK &  
RECREATIONCREDIT  
CARD

OTHER

BY

Dan

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**

JAN 26 AM 9:38

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Jocelyn Niles 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: Sarah J.

Address of Circulator: 8834 Carlyle Ave, Surfside, FL 33154

Email address of Circulator: \_\_\_\_\_

## **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: Darly D

Date: 1/19/2021

**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**

JAN 26 AM 9:38

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Stacey Riner 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: Agusti

Address of Circulator: 8834 Carlyle Ave. Surfside, FL 33154

Email address of Circulator: joefieldhz@gmail.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: Joe M. K. Date: 1/17/20

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**

JAN 26 AM 9:38

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Jocelynn Kinzer 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>Janice Winger</u>	Date:	<u>1/19/26</u>	D.O.B.	
Print Name:	<u>Janice Winger</u>	Address:			
Signature:	<u>Reuben Coto</u>	Date:	<u>1-19-2026</u> D.O.B.		
Print Name:	<u>Reuben Coto</u>	Address:			
Signature:	<u>Alvin Petrice-Burrell</u>	Date:	<u>1/19/2026</u> D.O.B.		
Print Name:	<u>Alvin Petrice-Burrell</u>	Address:			
Signature:	<u>Capriada V. Zizou</u>	Date:	<u>1/19/2026</u> D.O.B.		
Print Name:	<u>Capriada V. Zizou</u>	Address:			
Signature:	<u>Reuben Coto</u>	Date:	<u>1/19/26</u> D.O.B.		
Print Name:	<u>Reuben Coto</u>	Address:			
Signature:	<u>Reuben Coto</u>	Date:	<u>01/19/26</u> D.O.B.		
Print Name:	<u>Reuben Coto</u>	Address:			
Signature:	<u>Mark Summerton</u>	Date:	<u>01/19/26</u> D.O.B.		
Print Name:	<u>Mark Summerton</u>	Address:			
Signature:	<u>Allen Blumstein</u>	Date:	<u>1/19/26</u> D.O.B.		
Print Name:	<u>Allen Blumstein</u>	Address:			
Signature:	<u>Joel Blumstein</u>	Date:	<u>1/19/26</u> D.O.B.		
Print Name:	<u>Joel Blumstein</u>	Address:			
Signature:	<u>Judy Martinez</u>	Date:	<u>1-19-26</u> D.O.B.		
Print Name:	<u>Judy Martinez</u>	Address:			
Signature:	<u>Emil Temeltas</u>	Date:	<u>1/19/26</u> D.O.B.		
Print Name:	<u>Emil Temeltas</u>	Address:			
Signature:	<u>Zach Schapira</u>	Date:	<u>1/25/26</u> D.O.B.		
Print Name:	<u>Zach Schapira</u>	Address:			
Signature:		Date:			
Print Name:		Address:			
Signature:		Date:			
Print Name:		Address:			

**STATEMENT OF CIRCULATOR**

The undersigned is the circulator of the foregoing paper containing 11 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: Opely K.

Address of Circulator: 8834 Carlyle Ave, Surfside, FL 33154

Email address of Circulator: jocelynn.kinzer@gmail.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: Opely K. Date: 1/25/2026



# *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 JK

Nominating Petition

01/26/26 JK

Statement of Candidate

01/14/26 JK

Sworn Statement of Qualification

01/26/26 JK

Candidate Oath

01/26/26 JK

Form 1 – Statement of Financial Interest (2025)

01/26/26 JK

Declaration and First Amendment Waiver

01/26/26 JK

Volunteer Statement of Fair Campaign Practice

Qualifying Fee \$25.00

01/26/26 JK

L & A Schedule

01/26/26 JK

2. Important Dates to Remember  
3. Campaign Activities Memorandum

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

Patricia J.

Candidate's Signature

1/26/26

Date

Alina Garcia  
Supervisor of Elections  
  
2700 NW 87th Ave  
Miami, FL 33172



T 305-499-VOTE(8683)  
F 305-499-8501  
TTY 305-499-8480  
  
votemiamidade.gov  
@votemiamidade

January 28, 2025

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

Dear Mrs. McCready:

The Office of the Supervisor of Elections has completed the verification of the petitions for Jocelyn Kinzer, a candidate for Commissioner for Town of Surfside. A total of 37 petitions were reviewed for verification; of which 35 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.

Best Regards,

Alina Garcia  
Supervisor of Elections  
Office of the Supervisor of Elections

Enclosure

Alina Garcia  
Supervisor of Elections  
  
2700 NW 87th Ave  
Miami, FL 33172



T 305-499-VOTE(8683)  
F 305-499-8501  
TTY 305-499-8480  
  
votemiamidade.gov  
@votemiamidade

## CERTIFICATION

### Batch 1

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Alina Garcia, Supervisor of Elections of Miami-Dade, Florida, do hereby certify that 35 signatures submitted by Jocelyn Kinzer for the office of Commissioner for the Town of Surfside matched the signatures on the voter files.

WITNESS MY HAND  
AND OFFICIAL SEAL, AT  
MIAMI, MIAMI-DADE  
COUNTY, FLORIDA,  
ON THIS 28th DAY OF  
JANUARY, 2026

Alina Garcia  
Supervisor of Elections



**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 30, 2026

Jocelyn Kinzer  
8834 Carlyle Avenue  
Surfside, FL 33154

Dear Ms. Kinzer:

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 17, 2026, 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,

A handwritten signature in blue ink that reads "Sandra N. McCready".

Sandra N. McCready, MPA, MMC  
Town Clerk