

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)
(Please print or type)

OFFICE USE ONLY

RECEIVED

OCT 03 2013

THE CITY OF WESTON

I, TOBY FEUER,

candidate for the office of CITY OF WESTON COMMISSIONER SEAT 4

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

X 
Signature of Candidate

October 3, 2013
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)

RECEIVED

OCT 03 2013

THE CITY OF WESTON

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)

TOBY FELER

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

213 LAKEVIEW DRIVE #101
WESTON FL 33326

4. Telephone

(954) 384-1335

5. E-mail address

TFELER@BELLSOUTH.NET

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

CITY OF WESTON COMMISSIONER
SEAT 4

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

TOBY FELER

11. Mailing Address

213 LAKEVIEW DRIVE #101 WESTON FL 33326

12. Telephone

(954) 384-1335

13. City

WESTON

14. County

BROWARD

15. State

FL

16. Zip Code

33326

17. E-mail address

TFELER@BELLSOUTH.NET

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

JP MORGAN CHASE

20. Address

1040 WESTON ROAD

21. City

WESTON

22. County

BROWARD

23. State

FL

24. Zip Code

33326

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

OCTOBER 3, 2013

26. Signature of Candidate

X *Toby Feler*

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

I, TOBY FELER, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

OCTOBER 3, 2013

X

Toby Feler

Date

Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

OCT 03 2013

THE CITY OF WESTON

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.

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)

Toby Feler

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

713 LAKEVIEW DRIVE #101 WESTON FL 33326

4. Telephone

(941) 384-1335

5. E-mail address

TFELER@BELLSOUTH.NET

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

CITY OF WESTON COMMISSIONER SEAT 7

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

MITCHELL FELER

11. Mailing Address

715 LAKEVIEW DRIVE #106 WESTON FL 33326

12. Telephone

(941) 384-1667

13. City

WESTON

14. County

BROWARD

15. State

FL

16. Zip Code

33326

17. E-mail address

M.FELER@COMCAST.NET

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

JPMORGAN CHASE

20. Address

1040 WESTON ROAD

21. City

WESTON

22. County

BROWARD

23. State

FL

24. Zip Code

33326

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

OCTOBER 3, 2013

26. Signature of Candidate

X Toby Feler

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

I, MITCHELL FELER, do hereby accept the appointment (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

10/3/13

Date

X Mitchell Feler

Signature of Campaign Treasurer or Deputy Treasurer

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

RECEIVED

JUN 16 2014

THE CITY OF WESTON

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, TOBY FEWER
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of CITY OF WESTON COMMISSIONER, SEAT #4,
(office) (district #)

_____ ; I am a qualified elector of BROWARD 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.

X Toby Fewer (954) 651-8892 Toby.Fewer@westonfl.net
Signature of Candidate Telephone Number Email Address

213 LAKEVIEW DRIVE WESTON FL 33326
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 101951022

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

TOBY (TOE-PE) FEWER (FOY-ER)

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 16th day of JUNE, 2014.

Personally Known: or

Produced Identification:

Type of Identification Produced: _____

Patricia A. Bates
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



Patricia A. Bates
COMMISSION # EE 167057
EXPIRES: FEB. 06, 2016
WWW.AARONNOTARY.COM

FORM 1

STATEMENT OF

2013

FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

FELER TOBY

MAILING ADDRESS :

213 LAKEVIEW DRIVE #101

CITY :

WESTON

ZIP :

33326

COUNTY :

BROWARD

NAME OF AGENCY :

CITY OF WESTON

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CITY COMMISSIONER SEAT #4

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

RECEIVED
JUN 16 2014
THE CITY OF WESTON

**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2013 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

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:

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
<i>NYC EMPLOYEE'S RETIREMENT SYSTEM</i>	<i>335 ADAMS ST SUITE 300 BROOKLYN NY 11201</i>	<i>PENSION</i>
<i>ALA INDUSTRY</i>	<i>163 P. UNIVERSITY PLACE N.Y 10003</i>	<i>PENSION</i>
<i>INTEL LOCAL PENSION FUND</i>	<i>451 HEITOE BLVD CAROL STREAM IL 60188</i>	<i>PENSION</i>
<i>SOCIAL SECURITY CITY OF WESTON</i>	<i>17200 ROYAL PALM BLVD WESTON FL 33326</i>	<i>SALARY</i>

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
<i>NONE</i>	<i>NONE</i>	<i>N/A</i>	<i>N/A</i>

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

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

CONDO - 213 LAKEVIEW DRIVE #101 WESTON FL 33326

SUMMER HOUSE - 8 COWBAY LAKE MONTICELLO, N.Y. 12901

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
BANK ACCOUNT	J.P. MORGAN CHASE

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
NONE	N/A

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")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	NONE	NONE
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		

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

SIGNATURE (required):

DATE SIGNED (required):

Noby Jensen

June 15, 2014

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.

Signature

Date

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, **including signing and dating it**, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

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.

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.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

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 for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does **not** relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.



NOVEMBER 4, 2014 MUNICIPAL GENERAL ELECTION

NOTICE OF CANDIDACY CHARTER SECTION 2.04 WESTON CODE OF ORDINANCES §21.01

I, TOBY FEUER, currently reside in the City and the Residential Area for which election is being sought. At all times during the prior twelve months, I have resided, and have had the intent to permanently reside, in the City and the Residential Area for which election is being sought. I am a registered voter in the City of Weston. My residence address is 713 LAKEVIEW DRIVE #101 Weston, Florida, 33326. I hereby announce my candidacy for the office of **Commissioner** Seat 4 to be voted for at the election to be held on the 4th day of November, 2014. I hereby agree to obey all the laws relating to my candidacy and to serve if elected.

SIGNATURE OF CANDIDATE

Sworn to and subscribed before me this 16th day of June 2014, at Broward County, Florida.

NOTARY PUBLIC OR CITY CLERK

DATE AND HOUR OF FILING:

6-16-14 @ 2:30 PM

RECEIVED BY:

CITY CLERK/ELECTION OFFICIAL



Patricia A. Bates
COMMISSION #EE 167057
EXPIRES: FEB. 06, 2016
WWW.AARONOTARY.COM



NOVEMBER 4, 2014 MUNICIPAL GENERAL ELECTION

LOGIC AND ACCURACY TEST NOTICE ACKNOWLEDGEMENT

I hereby acknowledge receipt of "Notice of Logic and Accuracy Test" pursuant to *F.S. 101.5612*.

SIGNATURE OF CANDIDATE

DATE

SIGNATURE OF WITNESSING CITY CLERK