

FORM 6 FULL AND PUBLIC DISCLOSURE OF**2012**

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

FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

FRESEN, ERIK

MAILING ADDRESS:

1500 SW AVENUE

CITY:

MIAMI

ZIP:

33134

COUNTY:

MIAMI-DADE

NAME OF AGENCY:

STATE REPRESENTATIVE, DISTRICT 114

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

CHECK IF THIS IS A FILING BY A CANDIDATE ☒COMMISSION ON ETHICS
DATE RECEIVED

JUN 28 2013

72863

PROCESSED

PART A -- NET WORTHPlease enter the value of your net worth as of December 31, 2012, or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]My net worth as of DECEMBER 31, 20 12 was \$ 394,500.**PART B -- ASSETS****HOUSEHOLD GOODS AND PERSONAL EFFECTS:**

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 512,000**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
PERSONAL RESIDENCE 1500 SW 45 AVENUE MIAMI, FL 33134	500,000
HOUSEHOLD GOODS (FURNITURE, ELECTRONICS, CLOTHING, ETC)	10,000
SUNTRUST BANK (CHECKING)	2000

PART C -- LIABILITIES**LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SALLIE MAE STUDENT LOANS	98,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2012 federal income tax return, *including all W2's, schedules, and attachments*, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

- ☐ I elect to file a copy of my 2012 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2012 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
CIVICA LLC	8323 NW 12 STREET	\$150,000
NEIGHBORHOOD STRATEGIES	1500 SW 45 AVENUE	\$40,000
STATE OF FLORIDA		\$29,697

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NEIGHBORHOOD STRATEGIES	MCM INC.	6201 SW 70TH STREET	Construction Management
NEIGHBORHOOD STRATEGIES	PTC	13980 SW 47TH STREET	Higher Education

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NEIGHBORHOOD STRATEGIES		
ADDRESS OF BUSINESS ENTITY	1500 SW 45 AVENUE		
PRINCIPAL BUSINESS ACTIVITY	Land Use/Business Consulting		
POSITION HELD WITH ENTITY	PRESIDENT		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES		
NATURE OF MY OWNERSHIP INTEREST	100%		

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

OATH

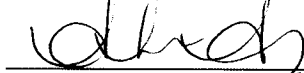
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.


SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF

Miami Dade

Sworn to (or affirmed) and subscribed before me this 27 day of

June, 2013 by ERIK FRESSEN


(Signature of Notary Public--State of Florida)

Alicia Araya
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.

