

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

LAST NAME — FIRST NAME — MIDDLE NAME:

Fresen, Erik

MAILING ADDRESS:

1500 SW 45 Avenue

CITY:

Miami

ZIP:

33134

COUNTY:

Miami-Dade

NAME OF AGENCY:

Florida House of Representatives

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

State Representative, District 114

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

72863

FLORIDA  
COMMISSION ON ETHICS

JUL 01 2015

RECEIVED

**PROCESSED**

**HAND DELIVERED**

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2014. [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, 2014 was \$ 484,057.83.

**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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 15,000.00

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Personal Residence (Home) 1500 SW 45 Avenue Miami, FL 33134	\$550,000.00
Suntrust Bank (Checking Account) 201 Alhambra Circle Coral Gables, FL 33134	\$4057.83

**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) PO Box 30531 Tampa, FL 33630-3531	\$85,000.00

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

**PART D -- INCOME**

You may **EITHER** (1) file a complete copy of your 2014 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 2014 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2014 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 #106, Doral, FL 33126	\$150,000.00
State of Florida	200 E Gaines Street allahassee, FL 32399	\$29,697.00

**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 70 Street Miami, FL 33143	Construction Management

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

**PART F - TRAINING**

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**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.

*[Handwritten Signature]*  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA  
 COUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me this 30 day of

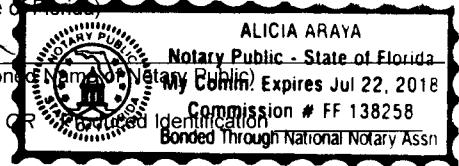
June, 2015 by ERIK FICSEN

*[Handwritten Signature]*  
 (Signature of Notary Public--State of Florida)

ALICIA ARAYA  
 Notary Public - State of Florida  
 (Print, Type, or Stamp Commission # FF 138258 Expires Jul 22, 2018)

Personally Known  OR

Type of Identification Produced \_\_\_\_\_



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 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

**Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.**

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

**PRIMARY SOURCES OF INCOME (CONTINUED)**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000

ADDRESS OF SOURCE OF INCOME

AMOUNT

Neighborhood Strategies	1500 SW 45 Avenue Miami, FL 33134	\$60,000.00
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