

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

FRIED, NICOLE HEATHER

PROCESSED

MAILING ADDRESS:

400 SOUTH MONROE STREET

FLORIDA
COMMISSION ON ETHICS

JUL 01 2019

CITY :

TALLAHASSEE

ZIP :

32399

COUNTY :

LEON

RECEIVED
HAND DELIVERED
69154

NAME OF AGENCY :

FL DEPT OF AGRICULTURE AND CONSUMER SERVICES

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

COMMISSIONER

CHECK IF THIS IS A FILING BY A CANDIDATE **PART A -- NET WORTH**Please enter the value of your net worth as of December 31, 2018 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 JUNE 24, 2019 was \$ 1,401,563.31.**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 \$ 40,000.00**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
SEE ATTACHED	SEE ATTACHED

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SEE ATTACHED	SEE ATTACHED

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	N/A

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2018 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2018 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2018 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
STATE OF FLORIDA	200 EAST GAINES ST., TALLAHASSEE	\$128,972.00

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
N/A	N/A	N/A	N/A

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

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

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.

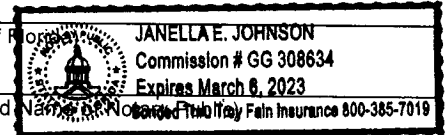
OATH

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.

STATE OF FLORIDA
 COUNTY OF Leon

Sworn to (or affirmed) and subscribed before me this 25th day of June, 2019 by Nicole Fried

Janelle E. Johnson
 (Signature of Notary Public--State of Florida)



(Print, Type, or Stamp Commissioned Name, Title, and Expiration Date)

Personally Known OR Produced Identification

Type of Identification Produced _____

Nicole Fried
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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, JASON B. BLANK, Esq., 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.

JB
 Signature

06/25/2019
 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

06/25/2019

NICOLE HEATHER FRIED
FORM 6
FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS
2018

PART B- ASSETS

<u>DESCRIPTION</u>	<u>VALUE OF ASSETS</u>
<u>REAL PROPERTY</u>	
(Value shown at estimated fair market value)	
RESIDENCE- [REDACTED]	\$ 701,000.00
TOTAL REAL PROPERTY	<u>\$ 701,000.00</u>
<u>CASH AND EQUIVALENTS</u>	
CASH- BANK OF AMERICA CHECKING ACCT	\$ 196,102.62
CASH- BANK OF AMERICA SAVINGS ACCT	50,052.00
HEALTH SAVINGS ACCOUNT ACCT	1,575.76
TOTAL CASH AND EQUIVALENTS	<u>\$ 247,730.38</u>
<u>RETIREMENT ACCOUNTS</u>	
ROTH IRA- ROYAL ALLIANCE	\$ 42,943.32
IRA (ROLL OVER)- ROYAL ALLIANCE	22,149.30
401(K)- SCHWAB	36,589.81
IRA (ROLL OVER)- FIDELITY	31,076.84
ROTH IRA- FIDELITY	24,174.91
TOTAL RETIREMENT ACCOUNTS	<u>\$ 156,934.18</u>
<u>OTHER ASSETS</u>	
NICOLE FRIED BLIND TRUST	\$ 360,588.00
TOTAL OTHER ASSETS	<u>\$ 360,588.00</u>

06/25/2019

**NICOLE HEATHER FRIED
FORM 6
FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS
2018**

PART C- LIABILITIES

AUTO LOAN- BANK OF AMERICA, N.A., PO BOX 15220, WILMINGTON, DE 19886-5220	\$	28,749.64
STUDENT LOAN- NELNET, INC. PO BOX 2970, OMAHA, NE 68103-2970		76,097.78
TOTAL LIABILITIES	\$	<u>104,847.42</u>

CONFIDENTIAL

PROCESSED

FORM 6

FULL AND PUBLIC DISCLOSURE

2018

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FORM 6
FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS
2018

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DESCRIPTION

VALUE OF ASSETS

REAL PROPERTY

(Value shown at estimated fair market value)

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TOTAL REAL PROPERTY

\$ 701,000.00

CASH AND EQUIVALENTS

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CASH- BANK OF AMERICA SAVINGS ACCT

50,052.00

HEALTH SAVINGS ACCOUNT ACCT

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TOTAL CASH AND EQUIVALENTS

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RETIREMENT ACCOUNTS

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IRA (ROLL OVER)- ROYAL ALLIANCE

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36,589.81

IRA (ROLL OVER)- FIDELITY

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OTHER ASSETS

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TOTAL OTHER ASSETS

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06/25/2019

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