

FORM 6**FULL AND PUBLIC DISCLOSURE****2019**

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

69154

PROCESSEDFLORIDA
COMMISSION ON ETHICS

JUN 30 2020

RECEIVED

HAND DELIVERED

LAST NAME — FIRST NAME — MIDDLE NAME: FRIED NICOLE HEATHER		
MAILING ADDRESS: 400 S. MONROE STREET		
CITY: TALLAHASSEE	ZIP: 32399	COUNTY: LEON
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 <input type="checkbox"/>		

PART A -- NET WORTHPlease enter the value of your net worth as of December 31, 2019 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 19 was \$ 1,448,972.03.**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 \$ 230,000**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
NONE	NONE

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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2019 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

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			
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.

Nicole Bruel
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
 COUNTY OF Leon

Sworn to (or affirmed) and subscribed before me by means of:
 physical presence or online notarization, this 29th day of

June, 2020 by Nicole H. Fried
Janella E. Johnson
 (Signature of Notary Public - State of Florida) **JANELLA E. JOHNSON**
 Commission # **GG 308634**
 Expires **March 6, 2023**
 Bonded Thru Troy Fain Insurance 800-385-7019
 (Print, Type, or Stamp Commission and Name of Notary Public)

Personally Known OR Produced Identification _____
 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, 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.

Jason B. Blank
 Signature


May 29, 2020
 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

NICOLE HEATHER FRIED
 FORM 6
 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS
 2019

PART B- ASSETS

<u>DESCRIPTION</u>	<u>VALUE OF ASSETS</u>
<u>REAL PROPERTY</u>	
(Value shown at estimated fair market value)	
RESIDENCE-	\$ 719,500.00
	
TOTAL REAL PROPERTY	<u>\$ 719,500.00</u>
<u>CASH AND EQUIVALENTS</u>	
CASH- BANK OF AMERICA CHECKING ACCT	\$ 160,997.94
CASH- BANK OF AMERICA SAVINGS ACCT	50,067.05
HEALTH SAVINGS ACCOUNT ACCT	3,620.25
TOTAL CASH AND EQUIVALENTS	<u>\$ 214,685.24</u>
<u>RETIREMENT ACCOUNTS</u>	
ROTH IRA- ROYAL ALLIANCE	\$ 47,523.51
(externally managed)	
FESGX- \$20,805.87	
GFACX- \$26,717.64	
IRA (ROLL OVER)- ROYAL ALLIANCE	22,149.30
(externally managed)	
BALCX- \$21,650.76	
401(K)- SCHWAB	36,685.99
(externally managed)	
Cash/Bank Sweep for Benefit Plans	
IRA (ROLL OVER)- FIDELITY	35,849.38
FFFGX- \$35,848.79	
ROTH IRA- FIDELITY	27,074.31
FDRXX- \$5,728.34	
FFFGX- \$21,345.97	
TOTAL RETIREMENT ACCOUNTS	<u>\$ 169,282.49</u>

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OTHER ASSETS

LIFE INSURANCE- Securian (Cash out value)	\$	25,000.00
IGNITE HOLDINGS, LLC		190,260.00
Harvest Health & Recreation, Inc.		

TOTAL OTHER ASSETS	\$	<u>215,260.00</u>
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PART C- LIABILITIES

AUTO LOAN- BANK OF AMERICA, N.A., PO BOX 15220, WILMINGTON, DE 19886-5220	\$	26,328.99
STUDENT LOAN- NELNET, INC. PO BOX 2970, OMAHA, NE 68103-2970		73,584.88

TOTAL LIABILITIES	\$	<u>99,913.87</u>
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