

**FORM 6X AMENDMENT TO FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS**

AUG 31 2021

RECEIVED

LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Form 6):  
**FRIED, NICOLE HEATHER**

MAILING ADDRESS:  
**400 SOUTH MONROE STREET**

CITY: ZIP: COUNTY:  
**TALLAHASSEE 32399 LEON**

◆ **THIS FORM AMENDS THE (Choose one)**

**FORM 6 I FILED FOR THE YEAR: 2019**  
 (Use a separate Form 6X for each Form 6 you are amending.)

**FORM 6F I FILED FOR THE PERIOD**  
 January 1, \_\_\_\_\_ THROUGH \_\_\_\_\_  
 (Must be between January 1 of the last year in which you held public office or employment and the last date you held that office or employment.)

◆ **DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF:** CIVIL ENGINEER

◆ **WITH THIS GOVERNMENTAL AGENCY:** FL DEPT OF AGRICULTURE AND CONSUMER SERVICES

**PROCESSED**

**PART A – NET WORTH**

[Instructions on page 3] If your reported net worth will change because of this amendment, please enter the corrected value of your net worth as of the date used on the original Form 6 or 6F you are seeking to amend, together with that date:

My net worth as of December 31, 20 19 was \$ 1,460,186.91

**PART B – ASSETS**

**HOUSEHOLD GOODS AND PERSONAL EFFECTS (Instructions on page 3):**  
 If you are amending the value originally reported for household goods and personal effects, please enter the amended value below:  
 The aggregate value of my household goods and personal effects as of the above date was \$ \_\_\_\_\_

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

DESCRIPTION OF ASSET	VALUE OF ASSET
FRS 2040 Retirement Fund	11,214.88

**PART C – LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

**PART D – INCOME**

If you are filing an amended copy of your federal income tax return, including all W2's, schedules, and attachments, please check here:

**PRIMARY SOURCES OF INCOME (Instructions on page 4):**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

**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 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
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.

**PART G — EXPLANATION OF CHANGES**

IF ANY OF PARTS A THROUGH G 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.

Michele Fried  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA  
COUNTY OF Leon

Sworn to (or affirmed) and subscribed before me this 31<sup>st</sup> day of August, 2021 by Nicole Fried

Janelle Johnson  
(Signature of Notary Public, State of Florida)  
**JANELLE E. JOHNSON**  
Commission # GG 308634  
Expires March 6, 2023  
Banded Thru They Pain Insurance 800-306-7919

(Print, Type, or Stamp Commissioned 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 6X 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]  
Signature

08/31/2021  
Date

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

**INSTRUCTIONS FOR COMPLETING and FILING FORM 6X:**

**PARTS A through F:**

Use these sections of the form to report the new information you believe should have been reported on your original Form 6 or 6F, continuing on a separate sheet if necessary. **Instructions for individual sections are found on pages 3-5, attached.**

**PART G:**

Use this section of the form to explain the changes in your original Form 6 or 6F.

**OATH:**

All information on this form should be submitted under oath.

**WHERE TO FILE:**

If you are amending a Form 6 you filed as a candidate, file the Form 6X at the office where you filed your qualifying papers. All other persons should file Form 6X with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, Florida 32303.

**Originals are required. Photocopies, faxed copies and emailed copies will not be accepted.**