

CONFIDENTIAL

FORM 6**FULL AND PUBLIC DISCLOSURE****2020**

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

MAILING ADDRESS:

400 South 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 ☐**HAND DELIVERED****FLORIDA
COMMISSION ON ETHICS****SEP 01 2021****RECEIVED****69154****PROCESSED****PART A -- NET WORTH**Please enter the value of your net worth as of December 31, 2020 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 20 was \$ 970,244.52**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 \$ 235,000.00**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See attached for breakdown	\$1,333,618.78

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See attached for breakdown	\$598,374.26

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
None	\$0.00

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 2020 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 2020 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2020 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 Street, Tallahassee, FL	\$126,814.47

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

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

☒ 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 Fried

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA

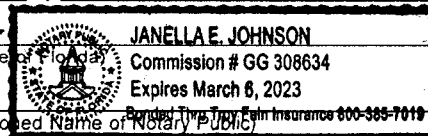
COUNTY OF Leon

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 18 day of

September, 2021 by Nicole Fried

Janelle E. Johnson

(Signature of Notary Public, State of Florida)



(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, _____, 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 ☒

NICOLE HEATHER FRIED
FORM 6
FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS
As of December 31, 2020

PART B ASSETS INDIVIDUALLY VALUED AT OVER \$1,000

DESCRIPTION OF ASSETS	VALUE OF ASSETS
REAL PROPERTY	
(Value shown at estimated fair market value)	
RESIDENCE	\$ 745,000.00
ADDRESS REDACTED FOR PRIVACY REASONS	
TOTAL REAL PROPERTY	\$ 745,000.00
CASH AND EQUIVALENTS	
CASH - BANK OF AMERICA CHECKING - [REDACTED]	\$ 168,290.79
CASH - BANK OF AMERICA CHECKING - [REDACTED]	\$ 22,178.66
CASH - BANK OF AMERICA SAVINGS - [REDACTED]	15,089.74
HEALTH SAVINGS ACCOUNT - [REDACTED]	5,122.51
TOTAL CASH AND EQUIVALENTS	\$ 210,681.70
RETIREMENT ACCOUNTS	
ROTH IRA - ROYAL ALLIANCE - [REDACTED]	\$ 58,912.34
(Externally managed)	
FESGX-\$22,359.95	
GFACX-\$36,552.39	
IRA (Roll over) - ROYAL ALLIANCE - [REDACTED]	26,833.25
(Externally managed)	
BALCX-\$26,833.25	
401(K) - SCHWAB ONE - [REDACTED]	36,714.63
(Externally managed)	
Cash, Bank Sweep and Money Market	
IRA (Roll over) - Fidelity - [REDACTED]	42,355.76
FDRXX-\$0.59	
FFFGX-\$42,355.17	
ROTH IRA - FIDELITY - [REDACTED]	30,964.23
FDRXX-\$5,744.08	
FFFGX-\$25,220.15	
FRS 2040 Retirement Fund	26,692.87
TOTAL RETIREMENT ACCOUNTS	\$ 222,473.08
OTHER ASSETS	
LIFE INSURANCE - SECURIAN (Cash out value)	\$ 25,000.00
IGNITE HOLDINGS, LLC	130,464.00
Harvest Health & Recreation, Inc.	
TOTAL OTHER ASSETS	\$ 155,464.00
TOTAL ASSETS INDIVIDUALLY VALUED AT OVER \$1,000	\$ 1,333,618.78

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FORM 6
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As of December 31, 2020

PART C **LIABILITIES IN EXCESS OF \$1,000**

<u>NAME AND ADDRESS OF CREDITOR</u>	<u>AMOUNT OF LIABILITIES</u>
AUTO LOAN - BANK OF AMERICA, N.A. - [REDACTED] PO BOX 15220, WILMINGTON, DE 19886-5220	\$ 21,350.67
STUDENT LOAN - NELNET, INC. - [REDACTED] PO BOX 2970, OMAHA, NE 68103-2970	68,415.29
MORTGAGE - City National Bank [REDACTED] 1 CORPORATE DRIVE 360, LAKE ZURICH, IL, 60047	508,608.30
TOTAL LIABILITIES IN EXCESS OF \$1,000	\$ 598,374.26

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NAME OF OFFICE OR POSITION HELD OR SOUGHT:

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CHECK IF THIS IS A FILING BY A CANDIDATE ☐**HAND DELIVERED**

FLORIDA

COMMISSION ON ETHICS

AUG 31 2021

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OATH

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Nicole Fried
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 30th day of

August, 20 21 by Nicole Fried

(Signature of Notary Public) Janelle E. Johnson
Commission # GG 308634
Expires March 6, 2023
(Print, Type, or Stamp Commissioned by State of Florida, Notary Public, 600-385-7019)

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, Jeffrey D. Stern, 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.

Jeffrey D. Stern
Signature

08-25-2021

Date

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