FULL AND PUBLIC DISCLOSURE FORM 6 2020 OF FINANCIAL INTERESTS FOR OFFICE USE ONLY: Please print or type your name, mailing address, agency name, and position below: HAND DELIVERED LAST NAME - FIRST NAME - MIDDLE NAME: Fried Nicole Heather MAILING ADDRESS: FLORIDA 400 South Monroe Street COMMISSION ON ETHICS SEP 0 1 2021 CITY ZIP COUNTY: Tallahassee 32399 Leon RECEIVED NAME OF AGENCY 69154 FL Dept of Agriculture and Consumer Services NAME OF OFFICE OR POSITION HELD OR SOUGHT: Commissioner **PROCESSED** 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, 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 3.1 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: VALUE OF ASSET DESCRIPTION OF ASSET (specific description is required - see instructions p.4) 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

\$598,374.26 See attached for breakdown

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR AMOUNT OF LIABILITY \$0.00 None

		PART D INC	COME		
Identify each separate source and copy of your 2020 federal income attaching your returns as the law	tax return, including all W2	s, schedules, and at	achments. Please redact any so		
	2020 federal income tax re attach a copy of your 2020		hedules, and attachments. not complete the remainder of	Part D]	
PRIMARY SOURCES OF INCOM	IE (See instructions on pa	ge 5):			
NAME OF SOURCE OF INCO	ME EXCEEDING \$1,000		RESS OF SOURCE OF INCOM		AMOUNT
State of Florida		200 East Gain	es Street, Tallahassee, I	FL	\$126,814.47
SECONDARY SOURCES OF INC	COME [Major customers, cli	ents, etc., of busines	ses owned by reporting person-	-see instruction	ns on page 5]:
NAME OF	NAME OF MAJOR		ADDRESS		PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS	INCOME	OF SOURCE	A	CTIVITY OF SOURCE
PA	ART E INTERESTS I	N SPECIFIED BU	SINESSES [Instructions or	ı page 6	
	BUSINESS ENTITY	¥ 1	BUSINESS ENTITY # 2	BUSIN	ESS ENTITY # 3
NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5%			***************************************		
NATURE OF MY				ļ	· · · · · · · · · · · · · · · · · · ·
OWNERSHIP INTEREST					
		PART F - TRA	INING		
This section applies only to o			* ·		
L VZL I	CERTIFY THAT I H	AVE COMPLE	TED THE REQUIRED	TRAINING	
OA	TH	STATE OF F	100.0		
I, the person whose name appea		COUNTY OF Sworn to (or	affirmed) and subscribed before	e me by means	Silof
beginning of this form, do depos		Dhysical	presence or online notariza	tion, this	day of
and say that the information disc		Sinter	nber 20 21 by	licolo F	ried
and any attachments hereto is to	rue, accurate,	1/1	ela la l		
and complete		(Signature o	Notary Public State of Floada	JANELLA E. Commission	JOHNSON # GG 308634
	<i>•</i>	U	` l	Expires Marc	h 6, 2023
I AMAR MAR	1/4	(Print, Type,	or Stamp Commissioned Name	of Notary Put	y Egin insurance 600-365-7019
THULL VIL	<i>y</i> (X	Personally K	nown OR Prod	duced Identific	ation
SIGNATURE OF REPORTING	OFFICIAL OR CANDIDATE		tification Produced		
If a certified public accountant I she must complete the following		3, or attorney in go	ood standing with the Florida E	Bar prepared t	his form for you, he or
Section 112.3144, Florida Statu and correct.	utes, and the instructions t	, prepared the C o the form. Upon m	E Form 6 in accordance with a reasonable knowledge and	Art. II, Sec. 8, belief, the dis	Florida Constitution, closure herein is true
Signature	· · · · · · · · · · · · · · · · · · ·			Date	
Preparation of this form b	y a CPA or attorney d	oes not relieve tl	ne filer of the responsibili	ty to sign th	e 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 -	\$	168,290.79	
CASH - BANK OF AMERICA CHECKING -	\$	22,178.66	
CASH - BANK OF AMERICA SAVINGS -		15,089.74	
HEALTH SAVINGS ACCOUNT -		5,122.51	
TOTAL CASH AND EQUIVALENTS	\$	210,681.70	
RETIREMENT ACCOUNTS			
ROTH IRA - ROYAL ALLIANCE -	\$	58,912.34	
(Externally managed)			
FESGX-\$22,359.95			
GFACX-\$36,552.39			
IRA (Roll over) - ROYAL ALLIANCE -		26,833.25	
(Externally managed)			
BALCX-\$26,833.25			
401(K) - SCHWAB ONE -		36,714.63	
(Externally managed)		. 4 662	
Cash, Bank Sweep and Money Market			
IRA (Roll over) - Fidelity -		42,355.76	
FDRXX-\$0.59		12,333.70	
FFFGX-\$42,355.17			
ROTH IRA - FIDELITY -		30,964.23	
FDRXX-\$5,744.08		30,304.23	
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	

NICOLE HEATHER FRIED FORM 6 IBUC DISCLOSURE OF FINANCI

FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS As of December 31, 2020

PART C

LIABILITIES IN EXCESS OF \$1,000

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

FORM 6 2020 OF FINANCIAL INTERESTS Please print or type your name, mailing FOR OFFICE USE ONLY: address, agency name, and position below: LAST NAME — FIRST NAME — MIDDLE NAME: Fried HAND DELIVERED Nicole Heather MAILING ADDRESS: **FLORIDA** 400 South Monroe Street COMMISSION ON ETHICS AUG 3 1 2021 CITY: COUNTY: ZIP: Tallahassee 32399 Leon RECEIVED 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, 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 $\frac{20}{}$ was \$ $\frac{970,244.52}{}$ 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 \$ 235,000.00ASSETS 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

			- INCOME		
copy of your 2020 federal income attaching your returns, as the law	: tax return, including all VV2	s, schedules, a	during the year, including second attachments. Please redact and Commission's website	ary sources of inc y social security	come. Or attach a complete or account numbers before
l —					
[If you check this box and	attach a copy of your 2020	tax return, you	's, schedules, and attachments. need not complete the remainder	of Part D.]	
PRIMARY SOURCES OF INCOM		ge 5):			
NAME OF SOURCE OF INCO	ME EXCEEDING \$1,000		ADDRESS OF SOURCE OF INC		AMOUNT
State of Florida		200 East C	Gaines Street, Tallahasse	e, FL	\$126,814.47
SECONDARY SOURCES OF INC	COME [Major customers, clie	ents, etc., of bu	sinesses owned by reporting pers	on-see instruction	ons on page 51:
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS'	SOURCES	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PΔ	RT F INTEDESTS IN	I SDECIEIEI	DUCINECCEC II		
LA	BUSINESS ENTITY #		BUSINESSES [Instructions BUSINESS ENTITY # 2		JEGO ENTERA II O
NAME OF BUSINESS ENTITY	DOGINEOU ENTITY		BOSINESS ENTITY # 2	BOSIN	NESS ENTITY # 3
ADDRESS OF BUSINESS ENTITY			Marine Committee Com		
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST					
OWNEROIII INTEREST					
This section applies only to of	Singue manufacilità de la constitución	PART F - T			
This section applies only to of	CERTIFY THAT I HA	te annual ethi AVE COMF	cs training pursuant to section PLETED THE REQUIRE	112.3142, F.S. D TRAINING	[See instructions p. 6]
OA			OF FLORIDA		,.
		COUNT			
I, the person whose name appea		Sworn to	o (or affirmed) and subscribed be	fore me by means	s of
beginning of this form, do depose		phys	ical presence or online notari	zation, this <u>30</u>	day of
and say that the information disci		Augu	20 21 by_	Nicole F	ried
and any attachments hereto is true and complete.	ie, accurate,	*	wettal		
and complete.		(Signatu	re of Notary Pub b Right of FIAN	ELLA E. JOHNSON	:
	• /		Evol	nmission # GG 308634 ires March 6, 2023	I.
1111.10 m	100	(Print, Ty	pe, or Stamp Coning Cocked Na	60 Phraftidy Flater Meditatio	#i600-385-7019
SIGNATURE OF PERCEVING O	FFICIAL OR CANDIDATE	Persona	lly Known OR P	roduced Identifica	ation
SIGNATURE OF REPORTING O	PFICIAL OR CANDIDATE	Type of I	dentification Produced		
If a certified public accountant lic	Cancad under Chapter 472				
If a certified public accountant lice she must complete the following	statement:	, or altorney in	i good standing with the Florida	a Bar prepared t	his form for you, he or
Section 112.3144, Florida Statut	Stern	_, prepared th	e CE Form 6 in accordance wit	h Art. II, Sec. 8,	Florida Constitution,
and correct.	es, and the instructions to	тие тогті. Оро		_	
- HY6	10			18-25-2	121
Signature Preparation of this form by	o CDA constant		4. 01 02	Date	
Preparation of this form by					
IF ANY OF PARTS A T	HROUGH E ARE CON	NTINUED O	N A SEPARATE SHEET, P	LEASE CHEC	CK HERE 🔽

NICOLE HEATHER FRIED

FORM 6

FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS As of December 31, 2020

PART B

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(Value shown at estimated fair market value)			
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TOTAL REAL PROPERTY	\$	745,000.00	
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CASH - BANK OF AMERICA CHECKING -	Š	22,178.66	
CASH - BANK OF AMERICA SAVINGS -	7	15,089.74	
HEALTH SAVINGS ACCOUNT -		5,122.51	
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RETIREMENT ACCOUNTS			
ROTH IRA - ROYAL ALLIANCE -	- \$	E0 012 24	
(Externally managed)	Ş	58,912.34	
FESGX-\$22,359.95			
GFACX-\$36,552.39			
IRA (Roll over) - ROYAL ALLIANCE -		26 022 25	
(Externally managed)		26,833.25	
BALCX-\$26,833.25			
401(K) - SCHWAB ONE -		26.74.4.62	
(Externally managed)		36,714.63	
Cash, Bank Sweep and Money Market			
IRA (Roll over) - Fidelity			
• ———		42,355.76	
FDRXX-\$0.59			
FFFGX-\$42,355.17 ROTH IRA - FIDELITY			
		30,964.23	
FDRXX-\$5,744.08			
FFFGX-\$25,220.15 FRS 2040 Retirement Fund		26 602 97	
	_	26,692.87	
TOTAL RETIREMENT ACCOUNTS	\$	222,473.08	
OTHER ASSETS			
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TOTAL ASSETS INDIVIDUALLY VALUED AT OVER \$1,000	\$	1,333,618.78	

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

PART C LIABILITIES IN EXCESS OF \$1,000

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITES	
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MORTGAGE - City National Bank - 1 CORPORATE DRIVE 360, LAKE ZURICH, IL, 60047		508,608.30
TOTAL LIABILITIES IN EXCESS OF \$1,000	\$	598,374.26