

# Florida Commission on Ethics

P. O. Drawer 15709, Tallahassee, Florida 32317-5709 "A Public Office is a Public Trust"

# **COMPLAINT**

1. PERSON BRINGING COMPLAINT:  Name: Evan Power  Address: P.O. Box 1385	TelephoneNumber: (850) 511 - 1062)
	State: FL Zip Code: 32762
2. PERSON AGAINST WHOM COMPL	AINT IS BROUGHT:
Use a separate complaint form for each	person you wish to complain against:
Name: Nicole Heather Fried	Telephone Number: 850-617-7700
Address: 400 South Monroe Street,	
City: Tallahassee	County: Leon Zip Code: 32399
Title of office or position held or sought:	Commissioner of Agriculture and Consumer Services
person named above and why you belied the names and addresses of persons whomeone than 15 pages, including this form.	eve he or she violated the law. Include relevant dates and nom you believe may be witnesses. Please do not submit a Please do not submit video or audio tapes, CDs, DVDs, such material will not be considered part of the complaint STATE OF
I, the person bringing this complaint, do swear or affirm that the facts set forth in the foregoing complaint and attachments thereto are true and correct to the best of my knowledge and belief.  SIGNATURE OF COMPLAINANT	day of Jane
CE FORM 50—Effective January 9, 2017 Incorporated by reference in Rule 34-7.010(1)(b), F.A.C.	Personally Known X OR Produced Identification  Type of Identification Produced:

#### BEFORE THE STATE OF FLORIDA COMMISSION ON ETHICS

In re: Nicole "Nikki" Fried,	
Respondent.	Complaint No. 21-XXX
/	

#### COMPLAINT

#### **Statement of Facts**

Complainant, files this Complaint against Respondent, Nicole "Nikki" Fried, for violation of Article II, Section 8 of the Florida Constitution and Florida's Code of Ethics for Public Officers and Employees, Part III, Chapter 112, Florida Statutes, and alleges:

- 1. Respondent currently serves as Florida's Commissioner of Agriculture and Consumer Services, and therefore is subject to the provisions of the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, Florida Statutes and Article II, Section 8 of the Florida Constitution.
- 2. Article II, Section 8 of the Florida Constitution requires that, "All elected constitutional officers and candidates for such offices and, as may be determined by law, other public officers, candidates, and employees shall file full and public disclosure of their financial interests."
- 3. Respondent has served as Florida's Commissioner of Agriculture and Consumer Services since January 2019. As a candidate and now Commissioner, Respondent has been required to file an annual CE Form 6, "Full and Public Disclosure of Financial Interests" as required by Article II, Section 8, of the Florida Constitution, and section 112.3144, Florida Statutes for the years 2017-2019.
- 4. Respondent has violated Article II, Section 8 of the Florida Constitution and Section 112.3144, Florida Statutes by not *fully and accurately* completing her 2017, 2018, and 2019 CE FORM 6s.
- 5. Respondent has not publicly disclosed or properly accounted for the exponential increase in her net worth and value of household goods and personal effects since taking public office or Respondent has failed to quarterly report gifts received in excess of \$100 in violation of section 112.3148(8), Florida Statutes.

#### COUNT I

Respondent Failed for Years to Publicly Disclose More than \$400,000 in Lobbying Income Earned in 2017 and 2018 in Violation of Article II, Section 8 of the Florida Constitution.

- 6. Respondent, prior to winning her election, was a registered Legislative Branch lobbyist who was the sole owner of the lobbying firm "Igniting Florida, LLC" located at 3980 W. Broward Blvd., 215, Fort Lauderdale, FL 33312 and phone number (954) 734-3799. In 2018, she was listed as registered for three principals (clients):
  - Florida's Children First, Inc.
  - San Felasco Nurseries, Inc.
  - School Board of Broward County
- 7. Respondent's 2017 CE Form 6 reported \$84,000 in income from Igniting Florida, LLC.
- 8. On May 28, 2021, Respondent filed a 2017 CE Form 6X amendment to report \$165,761 in income from Igniting Florida, LLC—revealing that Respondent had failed to report \$81,761 in income on her 2017 CE Form 6.
- 9. Respondent's 2018 CE Form 6 reported <u>no</u> income from Igniting Florida, LLC.
- 10. On January 30, 2020, Respondent filed a 2018 CE Form 6X amendment to report \$72,000 in new income from Igniting Florida, LLC.
- 11. On May 28, 2021, Respondent filed another 2018 CE Form 6X amendment to report \$351,480 in income from Igniting Florida, LLC—revealing that Respondent had failed to report \$351,480 in income on her 2018 CE Form 6.
- 12. The CE Form 6 directions, incorporated by reference in Rule 34-8.002(1), F.A.C., provide the following mandatory instructions:

"Income" means the same as "gross income" for federal income tax purposes, even if the income is not actually taxable, such as interest on tax-free bonds. Examples of income include: compensation for services, gross income from business, gains from property dealings, interest, rents, dividends, pensions, IRA distributions, distributive share of partnership gross income, and alimony, but not child support.

Where income is derived from a business activity you should report the income to you, as calculated for income tax purposes, rather than the income to the business. (emphasis added).

- 13. Respondent has reported that her largest source of income in 2017 and 2018 came from San Felasco Nursery, which was acquired by Harvest Health & Recreation, Inc. in November 2018 for over \$60 million. San Felasco Nursery—at the time Respondent received income—held a Florida medical marijuana dispensary license.
- 14. Respondent still reports owning a stake in Harvest Health & Recreation, Inc., raising conflict of interest questions regarding her involvement and her agency's involvement in medical marijuana and the public's right to know which is embodied in Article II, Section 8, of the Florida Constitution and the primary purpose for requiring public officials to complete a CE Form 6, Full and Public Disclosure of Financial Interests.

#### COUNT II

Respondent Failed to Amend Her Net Worth Reported on her 2017 and 2018 CE Form 6 in Violation of Article II, Section 8(a)(i)(1), of the Florida Constitution.

- 15. Article II, Section 8 of the Florida Constitution states that "Full and public disclosure of financial interests shall mean filing with the custodian of state records by July 1 of each year a sworn statement showing net worth and identifying each asset and liability in excess of \$1,000...."
- 16. Respondent filed multiple amendments to her 2017 and 2018 CE Form 6 to report more than \$400,000 in additional income from her lobbying firm, but failed to amend her reported net worth in Part A of her 2017 CE Form 6 and 2018 CE Form 6 to reflect the additional income.

#### COUNT III

Respondent Failed to Report any Lobbying Income from Colodny Fass on her 2017 or 2018 CE Form 6 despite being Registered to Lobby for Colodny Fass in both years in Violation of Article II, Section 8 of the Florida Constitution.

17. Respondent, in 2017, was a registered executive branch lobbyist with the firm Colodny Fass, 100 SE 3<sup>rd</sup> Avenue, One Financial Plaza 23<sup>rd</sup> Floor, Fort Lauderdale FL 33394, (954) 492-4010 for the entire year. She was a

- registered legislative branch lobbyist with Colodny Fass until October 2017.
- 18. Respondent's 2017 CE Form 6 (as amended) fails to report any income received from Colodny Fass.
- 19. Respondent, in 2018, was a registered executive branch lobbyist with the firm Colodny Fass, 100 SE 3<sup>rd</sup> Avenue, One Financial Plaza 23<sup>rd</sup> Floor, Fort Lauderdale FL 33394, (954) 492-4010. She did not withdraw until May 4, 2018.
- Respondent's 2018 CE Form 6 (as amended) fails to report any income received from Colodny Fass.
- 21. Section 112.3215(1)(h), Florida Statutes, defines a registered "lobbyist" as:
  - (h) "Lobbyist" means <u>a person who is employed and</u> receives payment, or who contracts for economic consideration, for the purpose of lobbying, or a person who is principally employed for governmental affairs by another person or governmental entity to lobby on behalf of that other person or governmental entity. . . .

#### **COUNT IV**

Respondent Failed to Properly Account for the Exponential Increases in her Net Worth and her Household Gifts and Personal Effects since Taking Public Office or Failed to Report Gifts in Excess of \$100 in Violation of Section 112.3148(8), Florida Statutes.

- 22. Respondent as Florida's Commissioner of Agriculture and Consumer Services is considered a "Reporting Individual" under section 112.3148(2)(d), Florida Statutes, and is thus required by law to report quarterly on a FORM 9 any "gift" she receives in excess of \$100.
- 23. Respondent's reported net worth on her CE Form 6 has increased exponentially since taking public office as follows:
  - <u>June 2018</u>: \$271,613.10
  - June 2019: \$1,401,563.31
  - <u>December 2019</u>: \$1,448,972.03
- 24. The aggregate value of Respondent's "household goods and personal effects" has increased exponentially since taking public office:

<u>December 2017</u>: \$10,000
<u>December 2018</u>: \$40,000
<u>December 2019</u>: \$230,000

- 25. Respondent reportedly acquired a residence valued at \$701,000+ that was reported on her 2018 and 2019 CE Form 6 with no dip in her net worth or increase in her income reported to substantiate such a purchase. If this was a "gift" from a non-family member and was permissible, it would be required to be reported on a FORM 9, quarterly gift disclosure, and it was not.
- 26. Respondent acquired a new residence, exponentially increased her net worth, and exponentially increased the value of her household goods and personal effects since becoming a candidate and/or taking public office but has failed to account for such increases on her Financial Disclosure Form or report any gift received in excess of \$100 as required by section 112.3148(8), Florida Statutes.

#### COUNT V

Respondent Failed to Report Assets within her IRAs and 401K valued at over \$1,000 in Violation of Article II, Section 8, of the Florida Constitution and Section 112.3144, Florida Statutes.

- 27. Article II, Section 8 of the Florida Constitution states that "Full and public disclosure of financial interests shall mean filing with the custodian of state records by July 1 of each year a sworn statement showing net worth and identifying each asset and liability in excess of \$1,000...."
- 28. Respondent on her 2018 CE Form 6 PART B-- ASSETS (Assets Individually Valued at Over \$1,000) reported the assets:
  - 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
- 29. Respondent on her 2018 CE Form 6 failed to report the individual assets within her IRAs and 401Ks that were valued at over \$1,000, as required by Florida law, the CE Form 6 directions, and CEO 12-10.
- 30. Page 4 of the CE Form 6 provides directions under Part B that are underlined and clearly state: "Note that the product contained in a

brokerage account, **IRA**, or the Florida College Investment Plan, is your asset—not the account or plan itself."

- 31. In CEO 12-10, the Commission on Ethics advised a CE Form 6 filer that the proper method of reporting assets held in an IRA, on a CE Form 6, is to separately report the individual investment products held *within* the IRA, which exceed \$1,000. The Commission borrowed from previous advice it gave in CEO 11-11 to a CE Form 1 filer and stated, "IRA' and '401(k)' are simply names given to certain types of retirement savings plans created pursuant to federal law,... it is not the IRA or 401(k), but the property held *within* these plans, which is the intangible personal property."
- 32. Respondent reported a total amount within her "Nicole Fried Blind Trust" that did <u>not</u> include her IRAs or 401Ks.

#### Summary

Respondent, Nikki Fried, has violated the public trust, Article II, Section 8 of the Florida Constitution and section 112.3144, Florida Statutes by not fully and accurately completing her 2017, 2018, and 2019 CE FORM 6s including failing to publicly disclose for years over \$400,000 of income directly tied to a medical marijuana lobbying client. She has also failed to report any income received as a legislative or executive branch lobbyist for Colodny Fass in 2017 or 2018, despite being registered as a lobbyist for them during those years. In addition, Nikki Fried has not publicly disclosed or properly accounted for the exponential increase in her net worth and value of household goods and personal effects since taking public office or she has failed to quarterly report gifts received in excess of \$100 in violation of section 112.3148(8), Florida Statutes.

#### **Potential Witnesses**

- 1. Commissioner Nicole "Nikki" Fried, 400 S. Monroe Street, Tallahassee, FL 32399.
- 2. Jake Bergmann, address unknown.
- 3. Michael Colodny, Esq., Colodny Fass, 1401 NW 136th Ave, Suite 200, Sunrise, FL 33323-2825
- 4. Steven White, Founder and CEO, Harvest Health & Recreation, Inc., 1155 W. Rio Salado Pkwy #201, Tempe, AZ.

FORM 6 FULL AND PUBLIC DISCLO	SURE	2017
Please print or type your name, mailing address, agency name, and position below	TS FOR OFF	ICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME		
FRIED, NICOLE HEATHER		
MAILING ADDRESS 3980 WEST BROWARD BLVD	<u> </u>	RECE 2010 JUN 20
		る 活向
UNIT #215	Ž	<b>2</b> 50
CITY ZIP COUNTY FORT LAUDERDALE 33312 BROWARD	STAISIST OF THE	
NAME OF AGENCY FL DEPT OF AGRICULTURE AND CONSUMER SVCS	E.	RECEIVELL
NAME OF OFFICE OR POSITION HELD OR SOUGHT COMMISSIONER		12: 52
CHECK IF THIS IS A FILING BY A CANDIDATE		
PARTA NET WORTH		
Please enter the value of your net worth as of December 31, 2017 or a more culated by subtracting your reported liabilities from your reported assets, so ple		
		- 7
My net worth as of JUNE 18, 20 18 was \$ 27		*1
PART B ASSETS		
HOUSEHOLD GOODS AND PERSONAL EFFECTS:  Household goods and personal effects may be reported in a lump sum if their aggregate value following, if not held for investment purposes jewelry, collections of stamps, guns, and numis furnishings, clothing, other household items, and vehicles for personal use, whether owned or le	matic items: art objects: hous	ry includes any of the ehold equipment and
The aggregate value of my household goods and personal effects (described above) is \$ 10,0	100	
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:		
DESCRIPTION OF ASSET (specific description is required - see instructions		VALUE OF ASSET 4,637.54
CASH & EQUIVALENTS (SCHEDULE ATTACHED)		1,720.33
RETIREMENT ACCOUNTS (SCHEDULE ATTACHED)		5,000.00
IGNITING FLORIDA, LLC		
HOUSEHOLD FURNISHINGS & PERSONAL EFFECTS		00.000,0
PART C LIABILITIES		
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):  NAME AND ADDRESS OF CREDITOR	ı Al	WOUNT OF LIABILITY
STUDENT LOAN (SCHEDULE ATTACHED)	81	.563.23
AUTO LOAN (SCHEDULE ATTACHED)	8.	,181.54
		**************************************
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:		
NAME AND ADDRESS OF CREDITOR	Al	MOUNT OF LIABILITY
	1	

		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 2017 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 2017 federal income tax return and all W2's, schedules, and attachments [If you check this box and attach a copy of your 2017 tax return, you need not complete the remainder of Part D.]				
PRIMARY SOURCES OF INCO	THE PROPERTY OF THE PROPERTY O	page 5):		L AMOUNT
NAME OF SOURCE OF INC		10000 11/ 5	ADDRESS OF SOURCE OF INCOME	AMOUNT D. FL 84,000.00
IGNITING FLORIDA,	LLC	3980 W. E	BROWARD BLVD. FT LAUI	), FL 84,000.00
SECONDARY SOURCES OF II	NCOME [Major customers,	clients, etc., of bu	usinesses owned by reporting person-sec	e instructions on page 5].
NAME OF BUSINESS ENTITY	NAME OF MAJO OF BUSINES	OR SOURCES	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
IGNITING FLORIDA, LL	C SAN FELASCO	NURSERY	7315 NW 126TH STREET, GAINESVILLE, FL	PLANT NURSERY
legation of the second of the	ART F _ INTERESTS	IN SPECIFIE	D BUSINESSES [Instructions on page	age 6
	BUSINESS ENTIT		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	IGNITING FLORID	A, LLC		
ADDRESS OF BUSINESS ENTITY	3980 W BROWARD BLVD, #215			
PRINCIPAL BUSINESS ACTIVITY	CONSULTING			
POSITION HELD WITH ENTITY	PRESIDENT			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%			
NATURE OF MY OWNERSHIP INTEREST	SOLE OWNER			
PART F - TRAINING				
		PART F -	TRAINING	
For office	ers required to comple	ete annual eth	nics training pursuant to section 1	112.3142, F.S.
For office	ers required to comple	ete annual eth		112.3142, F.S. RAINING.
	ers required to comple I CERTIFY THAT I	HAVE COM	ics training pursuant to section 1 IPLETED THE REQUIRED TI E OF FLORIDA Brown of	RAINING.
	I CERTIFY THAT I	HAVE COM	ICS training pursuant to section 1 IPLETED THE REQUIRED TO E OF FLORIDA Brown of the form	me this day of
I, the person whose name apple beginning of this form, do dep	ATH pears at the lose on oath or affirmation	HAVE COM	ICS training pursuant to section 1 IPLETED THE REQUIRED TO E OF FLORIDA Brown of the form	me this day of
OA  I, the person whose name app	ATH pears at the lose on oath or affirmation	HAVE COM	ics training pursuant to section 1 IPLETED THE REQUIRED TI E OF FLORIDA Brown of	me this day of
I, the person whose name appleginning of this form, do depland say that the information of and any attachments hereto is	ATH pears at the lose on oath or affirmation lisclosed on this form	HAVE COM STATI COUN SWOTT	ICS training pursuant to section 1 IPLETED THE REQUIRED TO E OF FLORIDA Brown of the form	me this day of day of
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I, the person whose name appleginning of this form, do depland say that the information of and any attachments hereto is	ATH pears at the lose on oath or affirmation lisclosed on this form	Sworr  (Signal	ICS training pursuant to section 1 IPLETED THE REQUIRED TO E OF FLORIDA ITY OF  To (or affirmed) and subscribed before in 20 7 by  Type, or Stamp Commission Name of	me this
I, the person whose name appleginning of this form, do deplete and say that the information of and any attachments hereto is and complete	ATH pears at the lose on oath or affirmation lisclosed on this form	STATICOUN SWORT (Signal (Print.	ICS training pursuant to section 1 IPLETED THE REQUIRED TO E OF FLORIDA ITY OF  To (or affirmed) and subscribed before in 20 7 by  Type, or Stamp Commission Name of	Jason B. Blank  Comples: July 2, 2021
I, the person whose name appleginning of this form, do depland say that the information of and any attachments hereto is and complete	DERTIFY THAT I	Sworm (Signal (Print, Perso	PLETED THE REQUIRED TO  FOR FLORIDA  TO (or affirmed) and subscribed before in  20	Jason B. Blank  Comprise of July 2, 2021  Control of the Part of Notary
I, the person whose name appleginning of this form, do deplete and say that the information of and any attachments hereto is and complete  SIGNATURE OF REPORTING THE CONTROL OF THE	DERTIFY THAT I	Sworm (Signa (Print. Perso	Type, or Stamp Commission Name of Identification Produced  or Identification Produced  y in good standing with the Florida Bar	Jason B. Blank  Comprision of GG120719  Expires: July 2, 2021  Control of the Comprision of CG120719  Expires: July 2, 2021  Control of the Comprision of CG120719  To prepared this form for you, he or
I, the person whose name appleginning of this form, do depland say that the information of and any attachments hereto is and complete  SIGNATURE OF REPORTING  If a certified public accountation she must complete the follow	DERTIFY THAT I	Sworm (Signa (Print, Perso	PLETED THE REQUIRED TO  FOR FLORIDA  TO (or affirmed) and subscribed before in the control of Nature of Na	day of da
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I, the person whose name appleginning of this form, do depleted and say that the information of and any attachments hereto is and complete  SIGNATURE OF REPORTING  If a certified public accountars the must complete the following section 112.3144, Florida St.	DERTIFY THAT I	Sworm (Signa (Print, Perso	PLETED THE REQUIRED TO  FOR FLORIDA  TO (or affirmed) and subscribed before in the control of Nature of Na	day of da
I, the person whose name appleginning of this form, do deplete and say that the information of and any attachments hereto is and complete  SIGNATURE OF REPORTING If a certified public accounts she must complete the following section 112.3144, Florida Stand correct.	Dears at the lose on oath or affirmation disclosed on this form is true, accurate, accurate, accurate of the licensed under Chapter or the licensed under Ch	Sworm (Signa (Print, Perso	PLETED THE REQUIRED TO  FOR FLORIDA  TO (or affirmed) and subscribed before in the control of Nature of Na	day of da
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#### NICOLE HEATHER FRIED FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2017

#### PART B- ASSETS

CASH	AND	<b>EQUIV</b>	<b>ALENTS</b>
CM311	MINE		L. seems a s m

CHOIT AIRD EQUIFMENT		
CASH- BANK OF AMERICA CHECKING ACCT	\$	29,598.37
CASH- BANK OF AMERICA SAVINGS ACCT		50,039.17
IGNITING FLORIDA, LLC (FAIR MARKET VALUE)		125,000.00
A STATE OF THE STA		
TOTAL CASH AND EQUIVALENTS	\$	204,637.54
RETIREMENT ACCOUNTS		
ROTH IRA- SECURIAN	Ś	43,256.35
ROTH IRA- SECURIAN	50	21,685.98
ROTH IRA- FIDELITY		32,100.00
ROTH IRA- FIDELITY		24,678.00
TOTAL RETIREMENT ACOUNTS	\$	121,720.33
STOCKS, ETFs, AND MUTUAL FUNDS HELD IN IRA ACC	COUNT	<u>S</u>
FESGX- FIRST EAGLE GLOBAL FUND CLASS C	\$	19,315.85
GFACX- THE GROWTH FUND OF AMERICA CLASS C	( <b>T</b> .)	23,876.47
BALCX- AMERICAN BALANCED FUND CLASS C		21,685.98
FDRXX- FIDELITY GOVERNMENT CASH RESERVES		5,565.00
FFFGX- FIDELITY FREEDOM 2045		51,212.00
TOTAL STOCKS, ETFs, AND MUTUAL FUNDS	\$	121,655.30
HOUSEHOLD GOODS AND PERSONAL EFFECTS		
HOUSEHOLD GOODS AND FERSONAL EFFESTS		
AUTOMOBILE		
2016 BMW	\$	10,000.00
ESTIMATED VALUE OF HOUSEHOLD FURNISHINGS		10,000.00
AND OTHER PERSONAL EFFECTS		
TOTAL CILIED ACCETS	\$	20,000.00
TOTAL OTHER ASSETS	7	20,000.00

06/18/2018

#### NICOLE HEATHER FRIED FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2017

#### PART C- LIABILITIES

TOTAL LIABILITIES	\$ 89,744.77
PO BOX 2970, OMAHA, NE 68103-2970	01,303.23
STUDENT LOAN- NELNET, INC.	81,563.23
AUTO LOAN- BANK OF AMERICA, N.A., PO BOX 15220, WILMINGTON, DE 19886-5220	\$ 8,181.54

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

DIOCEOBOTE			
LAST NAME - FIRST NAME - MIDDLE NAME (same as on original same)	ginal Form 6):	THIS FORM AMENDS THE (Choose one)  FORM 8 I FILED FOR THE YEAR:	2017
FRIED NICOLE HEATHI	ER	FORM 6 I FILED FOR THE YEAR:	you are amending.)
MAILING ADDRESS:		FORM 6F ! FILED FOR THE PERIOD	
400 SOUTH MONROE STREET		January 1, THROUGH	n which you hald public office
400 SOUTH MONKOE STREET		or employment and the last date you held th	
		DURING THAT YEAR, I HELD, OR WAS A POSITION OF:	
CITY: ZIP: COL	INTY:	♦ WITH THIS GOVERNMENTAL AGENCY: _	
TALLAHASSEE 32399 LEON			
	PART A - N	ET WORTH	202
[Instructions on page 3] If your reported net worth will change to used on the original Form 6 or 6F you are seeking to amend, to	pecause of this ogether with the	amendment, please enter the corrected value of you at date:	
My net worth as of		, 20 was \$	<b>200</b> 0
	PART B	- ASSETS	SS:
HOUSEHOLD GOODS AND PERSONAL EFFECTS (Instruct If you are amending the value originally reported for househ	ions on page old goods and	3): personal effects, please enter the amended value b	
The aggregate value of my household goods and personal e	effects as of the	above date was \$	
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:		,	0, 0,
DESCRIPTION OF ASSET			VALUE OF ASSET
	PART C - I	JABILITIES	
LIABILITIES IN EXCESS OF \$1,000 (Instructions on page 4 NAME AND ADDRESS OF CREDITOR			AMOUNT OF LIABILITY
Transcribe About the Control of the			
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOV NAME AND ADDRESS OF CREDITOR	/E.		AMOUNT OF LIABILITY
			والمراجع المراجع المراجع المراجع
	PART D	- INCOME	
If you are filing an amended copy of your federal income to PRIMARY SOURCES OF INCOME (Instructions on page 4):	ax return, incl		ase check here:
NAME OF SOURCE OF INCOME EXCEEDING \$1,000		ADDRESS OF SOURCE OF INCOME	AMOUNT
IGNIGHTING FLORIDA, LLC		BROWARD BLVD., FT. LAUD	\$165,761
ADITION A DOLLAR I, DDC			

CE FORM 6 X - Effective: January 1, 2021 Incorporated by reference in Rule 34-8.009(1), F.A.C. (Continued on reverse side)

PAGE 1

SECONDARY SOURCES OF INCOM	IE [Major customers, client	s, etc., of bus	inesses owned by reporting persor	n-see instructions on page 5]:
NAME OF BUSINESS ENTITY	NAME OF MAJOR SO OF BUSINESS' IN	OURCES	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART	E — INTERESTS IN	SPECIFIE	D BUSINESSES [Instruction	s on page 5]
			SINESS 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% INTERES	ST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTE	REST			
This section applies only to offi	cers required to complet	e annual ett	TRAINING  nics training pursuant to section  PLETED THE REQUIRES	n 112.3142, F.S. [See Instructions p. 6]  • TRAINING.
	PART G -	– EXPLAN	IATION OF CHANGES	
CORRECTED GROSS INC	and the second s			
THE AND CONTRACTOR AND	TROUCH C ARE CO	NTINTIED	ON A SEPARATE SHEET,	PLEASE CHECK HERE
OAT	H	CO	ATE OF FLORIDA LOO	
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 formand any attachments hereto is true, accurate, and				
complete.	^		Vicu 2061 6	v Nicole Fried.
	- /)	, (C)	yesta	JANELLA E. JOHNSON FloGomenission # GG 308634
	111/	(5)	offature of Notary Public State of	Expires March 6, 2023
SIGNATURE OF REPORTING OFF	ICIAL OR CANDIDATE	- (Pi	rint, Type, or Stamp Commissioner	Bonded Thru Tray Esia Insurance 800-385-2018
) ~			rsonally Known OR	Produced Identification
		Ty	pe of Identification Produced	
If a certified public accountant licen	sed under Chapter 473, or	attorney in g	ood standing with the Florida Bar p	prepared this form for you, he or she must
complete the following statement:	_		TE Form 6Y in accordance with Art	II. Sec. 8, Florida Constitution, Section
I, JASON B. BLANK 112.3144. Florida Statutes, and the	instructions to the form. U	pon my maso	onable knowledge and belief, the di	sclosure herein is true and correct.
No			05/25/2021	
Signature				Date
Preparation of this form h	v a CPA or attorney	does not r	elieve the filer of the respo	nsibility to sign the form under oat
INCTD	UCTIONS FOR	COMP	LETING and FILIN	G FORM 6X:
DADTE A through F.			UAIN.	should be submitted under cath.
Use these sections of the form should have been reported on	wour original Form 6 of 65	, continuiting c	oh	
a separate sheet if necessary. I found on pages 3-5, attached.	nstructions for individua	i sections a	Hame or amending a For	n 6 you filed as a candidate, file the Form 6
PART G: Use this section of the form to 6 or 6F.		ır original For	at a set the trame BV with the	ed your qualifying papers. All other person to Commission on Ethics, P.O. Drawer 1570s; physical address: 325 John Knox Road nassee, Florida 32303
Originals as	re required Photocol	nies, faxed	copies and emailed copies	will not be accepted.
Originals at	o reduiter a moreto			PAGE

FORM 6

2018

Please print or type your name, mailing address, agency name, and position below:	FOR O	FFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME: FRIED, NICOLE HEATHER	PROCE	SSED
MAILING ADDRESS: 400 SOUTH MONROE STREET	b <sub>m</sub>	
	FLC COMMISSIO	ORIDA ON ON ETHICS
TALLAHASSEE 32399 LEON	JUL 0	1 2019
NAME OF AGENCY: FL DEPT OF AGRICULTURE AND CONSUMER SERVICES	HAND DE	EIVED
NAME OF OFFICE OR POSITION HELD OR SOUGHT: COMMISSIONER	69154	LIVERED
CHECK IF THIS IS A FILING BY A CANDIDATE	W1134	
PART A NET WORTH  Please enter the value of your net worth as of December 31, 2018 or a more culated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, so particles and the subtraction of JUNE 24	please see the instruction	
PART B ASSETS  HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value following, if not held for investment purposes: jewelry; collections of stamps, guns, and numerous furnishings; clothing; other household items; and vehicles for personal use, whether owned on the aggregate value of my household goods and personal effects (described above) is \$ 40.	mismatic items; art objects; he leased.	egory includes any of the ousehold equipment and
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:  DESCRIPTION OF ASSET (specific description is required - see instruction)		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	_ i	AMOUNT OF LIABILITY
SEE ATTACHED		SEE ATTACHED
TANK AND OFFICE AND THE AND TH		
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
N/A		N/A
	1	

		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.						
l 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	and the second s			- of W00MF		I AMOUNT
NAME OF SOURCE OF INCOM	E EXCEEDING \$1.000		ADDRESS OF SOURCE		OEE.	\$128,972.00
STATE OF FLORIDA		200 EAS	Γ GAINES ST.,	TALLAHAS	SEE	\$120,972.00
			and the second s			
SECONDARY SOURCES OF INCO	OME [Major customers, cli	ents, etc., of bu	sinesses owned by rep	orting personsee	instructio	ns on page 5]:
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS		ADDR OF SOI	(7)(E)(E)		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A	N/A		N/A		N/A	
		Salaran III - Caran II - Cara				
DAT	T E INTERESTS II	V SDECIFIE	n RUSINESSES IIn	structions on na	ge 61	
rar	BUSINESS ENTITY		BUSINESS ENTIT			NESS ENTITY # 3
NAME OF BUSINESS ENTITY	/A					
	/A		***			
DEMONSTRATE DISCOUNTED CO.	/A				- Yearstu	
DOCUMENT OF THE PARTY OF THE PA	/A					
	/A					and the second s
MARKET OF ANY	/A					
		PART F -	TRAINING			
	required to complete					
<b>1</b>	CERTIFY THAT I H	IAVE COM	PLETED THE R	EQUIRED TR	RAINING	G.
OAT	ГН	COUN				
I, the person whose name appea	rs at the	Sworn	to (or affirmed) and su	bscribed before m	e this <u>a</u>	5th day of
beginning of this form, do depose	on oath or affirmation	Jus		19 by Ni	cole	Fried
and say that the information discl		10	mallar	-		
and any attachments hereto is tru	re, accurate,	(Sigha	ture of Notary Public-S	State of Floriday.	JANELL	A E. JOHNSON usion # GG 308634
and complete.	_ ^		V		8 Expires	March 6, 2023
2,011		(Print,	Type, or Stamp Comm	issioned Name of		alolfely Fain insurance 800-385-7019
1 1/11/1/11 11	10 M		1/	San		
SIGNATURE OF REPORTING	nice	Person	nally Known	OR Produc	ed Identifi	cation
70	FFICIAL OR CANDIDAT		nally Known		ed Identifi	cation
If a certified public accountant li	censed under Chapter 4	E Type o	of Identification Produce	ed		
If a certified public accountant lisshe must complete the following	censed under Chapter 4 statement:	Type of 73, or attorney	of Identification Produce  y in good standing wit	h the Florida Bar	prepared	I this form for you, he or ution, Section 112.3144,
If a certified public accountant lineshe must complete the following	censed under Chapter 4 statement:	Type of 73, or attorney	of Identification Produce  y in good standing wit	h the Florida Bar	prepared	I this form for you, he or ution, Section 112.3144,
If a certified public accountant lisshe must complete the following	censed under Chapter 4 statement:	Type of 73, or attorney	of Identification Produce  y in good standing wit	h the Florida Bar II, Sec. 8, Florid f, the disclosure h	prepared	I this form for you, he or ution, Section 112.3144,
If a certified public accountant lisshe must complete the following I,JASON B. BLANK, Esq. Florida Statutes, and the instruc	censed under Chapter 4 statement:	Type of 73, or attorney	of Identification Produce  y in good standing wit	h the Florida Bar	prepared	I this form for you, he or ution, Section 112.3144, rue and correct.
If a certified public accountant lisshe must complete the following	censed under Chapter 4 g statement: , prepared the tions to the form. Upon r	Type of 73, or attorney e CE Form 6 ir ny reasonable	of Identification Produce y in good standing with a accordance with Art. knowledge and belief	h the Florida Bar II, Sec. 8, Florid f, the disclosure h	prepared a Constitu perein is to Date	I this form for you, he or ution, Section 112.3144, rue and correct.

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

#### PART B- ASSETS

DESCRIPTION	VAL	UE OF ASSETS
REAL PROPERTY (Value shown at estimated fair market value) RESIDENCE-	\$	701.000.00
TOTAL REAL PROPERTY	\$	701,000.00
CASH AND EQUIVALENTS  CASH- BANK OF AMERICA CHECKING ACCT  CASH- BANK OF AMERICA SAVINGS ACCT  HEALTH SAVINGS ACCOUNT ACCT	\$	196,102.62 50,052.00 1,575.76
TOTAL CASH AND EQUIVALENTS	\$	247,730.38
RETIREMENT ACCOUNTS  ROTH IRA- ROYAL ALLIANCE  IRA (ROLL OVER)- ROYAL ALLIANCE  401(K)- SCHWAB  IRA (ROLL OVER)- FIDELITY  ROTH IRA- FIDELITY	\$	42,943.32 22,149.30 36,589.81 31,076.84 24,174.91
TOTAL RETIREMENT ACOUNTS	\$	156,934.18
OTHER ASSETS NICOLE FRIED BLIND TRUST	\$	360,588.00
TOTAL OTHER ASSETS	\$	360,588.00

### 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.,	\$ 28,749.64
PO BOX 15220, WILMINGTON, DE 19886-5220	
STUDENT LOAN- NELNET, INC.	76,097.78
PO BOX 2970, OMAHA, NE 68103-2970	
TOTAL LIABILITIES	\$ 104,847.42

69154

# HAND DELIVERED MAY AMENDMENT TO FULL AND PUBLIC

FLORIDA COMMISSION ON ETHICS

FORM 6X AMENDMENT TO FULL AND PUBLIC

JAN 30 2020

DISCLOSURE OF FINANCIAL INTERESTS				
LAST NAME - FIRST NAME - MIDDLE NAME (same as on original properties).  FRIED, NICOLE HEATHER  MAILING ADDRESS:  400 SOUTH MONROE STREET  CITY: ZIP: COL  TALLAHASSEE 32399 LEON	JNTY:	THIS FORM AMENDS THE (Choose one)  FORM 6 I FILED FOR THE YEAR:  (Use a separate Form 6X for each Form 6  FORM 6F I FILED FOR THE PERIOD  January 1,	2018 you are amending.)  1 In which you held public office at office or employment.)  CANDIDATE FOR, THE	
	PART A N	ET WORTH		
[Instructions on page 3] If your reported net worth will change bused on the original Form 6 or 6F you are seeking to amend, to	pecause of this ogether with the	amendment, please enter the corrected value of yo		
	PART B -			
HOUSEHOLD GOODS AND PERSONAL EFFECTS (Instruct If you are amending the value originally reported for househ  The aggregate value of my household goods and personal e	old goods and p	personal effects, please enter the amended value b	elow:	
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET			VALUE OF ASSET	
	ALL COMMENT COMPANY			
	PART C L	IABILITIES		
LIABILITIES IN EXCESS OF \$1,000 (Instructions on page 4	1):			
NAME AND ADDRESS OF CREDITOR			AMOUNT OF LIABILITY	
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOV NAME AND ADDRESS OF CREDITOR	/E:		AMOUNT OF LIABILITY	
If you are filing an amended copy of your federal income t PRIMARY SOURCES OF INCOME (Instructions on page 4):	ax return, incli	- INCOME uding all W2's, schedules, and attachments, ple	ase check here:	
NAME OF SOURCE OF INCOME EXCEEDING \$1,000 IGNITING FLORIDA, LLC		BROWARD BLVD., FT. LAUD	\$72,000.00	
IGNITING FLORIDA, LLC	3300 VV. I	SHOWARD BLVB., 11. BROD	7,2,000.00	

SECONDARY SOURCES OF INCOM	ME (Major customore, alignt	a sta of hus	increase according to the second second		
NAME OF	ME [Major customers, clients, etc., of busin  NAME OF MAJOR SOURCES		nesses owned by reporting person  ADDRESS	see instructions on page 5]:  PRINCIPAL BUSINESS	
BUSINESS ENTITY	OF BUSINESS' INCOME		OF SOURCE	ACTIVITY OF SOURCE	
IGNITING FLORIDA, LL	SAN FELASCO NURSER		7315 NW 126TH ST., GAINESVII	LE PLANT NURSERY	
PART	E — INTERESTS IN	SPECIFIE	D BUSINESSES [Instructions	on page 5]	
NAME OF BUSINESS FATITY			SINESS ENTITY # 1	BUSINESS ENTITY # 2	
			TING FLORIDA, LLC		
			OWARD BLVD., #215 FT. LAUD		
	NCIPAL BUSINESS ACTIVITY CONSU				
POSITION HELD WITH ENTITY			RESIDENT		
	OWN MORE THAN A 5% INTEREST IN THE BUSINESS 100%				
NATURE OF MY OWNERSHIP INTE	REST	SOLE O	WNER		
		PART F - T			
			es training pursuant to section		
E IC	ERTIFY THAT I HA	VE COMP	LETED THE REQUIRED	RAINING.	
	PART G —	- EXPLANA	ATION OF CHANGES		
ADDED PRIMARY SOUR	CE OF INCOME F	OR 2018			
IF ANY OF PARTS A TI	HROUGH G ARE CO	NTINUED (	ON A SEPARATE SHEET, PL	EASE CHECK HERE	
				The state of the s	
OAT	H		TE OF FLORIDA		
		COU	nty of Leon	are me this 30th	
I, the person whose name appears at	t the beginning of this form,	do Swor	n to (or affirmed) and subscribed be		
I, the person whose name appears at depose on oath or affirmation and say	t the beginning of this form,	do Swor	n to (or affirmed) and subscribed be		
I, the person whose name appears at depose on oath or affirmation and say on this formand any attachments	t the beginning of this form,	do Swor	n to (or affirmed) and subscribed be nuary 2020 by	Nicole Fried	
I, the person whose name appears at depose on oath or affirmation and say	t the beginning of this form,	do Swor	n to (or affirmed) and subscribed be 20 20 by	Micole Fried  Eyohnson on # GG 308634	
I, the person whose name appears at depose on oath or affirmation and say on this formand any attachments	t the beginning of this form,	do Swor	n to (or affirmed) and subscribed be 20 20 by	Nicole Fried  Eyohnson	
I, the person whose name appears at depose on oath or affirmation and say on this formand any attachments complete.	t the beginning of this form, that the information disclose hereto is true, accurate,	do Swor Swor Seed Jan (Sign	n to (or affirmed) and subscribed be 20 20 by	Micole Fried  Syohnson on # GG 308634 arch 6, 2023 Troy Fain Insurance 800-385-7019	
I, the person whose name appears at depose on oath or affirmation and say on this formand any attachments	t the beginning of this form, that the information disclose hereto is true, accurate,	do Swor Swor Seed (Sign (Print) Person	n to (or affirmed) and subscribed be 20 20 by	Nicole Fried  Syohnson on # GG 308634 arch 6, 2023 Troy Fain Insurance 800-385-7019	
I, the person whose name appears at depose on oath or affirmation and say on this formand any attachments complete.  SIGNATURE OF REPORTING OFFICE	t the beginning of this form, that the information disclosured is true, accurate, accurate, accurate, accurate of the control	do Swor Sed Jan (Sign	nn to (or affirmed) and subscribed be 20 20 by	Micole Friech  Enyohnson on # GG 308634 arch 6, 2023 Troy Fain Insurance 800-385-7019 The of-totary Fubricy roduced Identification	
I, the person whose name appears at depose on oath or affirmation and say on this formand any attachments complete.  SIGNATURE OF REPORTING OFFICE SIGNATURE OF SIGN	t the beginning of this form, that the information disclosured hereto is true, accurate, accurate, accurate acc	do Swor Seed Jane (Sign Person Type	n to (or affirmed) and subscribed be 20 20 by	Micole Fried  Syohnson on # GG 308634 arch 6, 2023 Troy Fain Insurance 800-385-7019 He of Hotary Fubric) roduced Identification red this form for you, he or she must	
I, the person whose name appears at depose on oath or affirmation and say on this formand any attachments complete.  SIGNATURE OF REPORTING OFFICE SIGNATURE OF SIGN	t the beginning of this form, that the information disclosured hereto is true, accurate, accurate, accurate acc	do Swor Seed Jane (Sign Person Type	n to (or affirmed) and subscribed be 20 20 by	Micole Fried  Syohnson on # GG 308634 arch 6, 2023 Troy Fain Insurance 800-385-7019 He of Hotary Fubric) roduced Identification red this form for you, he or she must	
I, the person whose name appears at depose on oath or affirmation and say on this formand any attachments complete.  SIGNATURE OF REPORTING OFFICE If a certified public accountant license.	t the beginning of this form, that the information disclosured hereto is true, accurate, accurate, accurate acc	do Swor Seed Jane (Sign Person Type	n to (or affirmed) and subscribed be 20 20 by	Micole Fried  Syohnson on # GG 308634 arch 6, 2023 Troy Fain Insurance 800-385-7019 He of Hotary Fubric) roduced Identification red this form for you, he or she must	
I, the person whose name appears at depose on oath or affirmation and say on this formand any attachments complete.  SIGNATURE OF REPORTING OFFICE SIGNATURE OF SIGN	t the beginning of this form, that the information disclosured hereto is true, accurate, accurate, accurate acc	do Swor Seed Jane (Sign Person Type	n to (or affirmed) and subscribed be 20 20 by	Micole Fried  Syohnson on # GG 308634 arch 6, 2023 Troy Fain Insurance 800-385-7019 He of Hotary Fubric) roduced Identification red this form for you, he or she must	
I, the person whose name appears at depose on oath or affirmation and say on this formand any attachments complete.  SIGNATURE OF REPORTING OFFICE  If a certified public accountant license complete the following statement:  I, JASON B. BLANK  112.3144, Florida Statutes, and the in Signature	the beginning of this form, that the information disclosure hereto is true, accurate, a courate, a courate, a courate, a courate and the courage of the cour	Sword Sword Sed And (Signal Personal Type Interney in good pared the CE on my reasonal Sword Swo	nt to (or affirmed) and subscribed be 20 20 by	Micole Fried  EayOHNSON on # GG 308634 arch 6, 2023 Troy Fain Insurance 800-385-7019 Troduced Identification  red this form for you, he or she must sec. 8, Florida Constitution, Section sure herein is true and correct.  Date	
I, the person whose name appears at depose on oath or affirmation and say on this formand any attachments complete.  SIGNATURE OF REPORTING OFFICE  If a certified public accountant license complete the following statement:  I, JASON B. BLANK  112.3144, Florida Statutes, and the in Signature  Preparation of this form by a	the beginning of this form, that the information disclosure hereto is true, accurate, a contract of the contra	Sword Sword Seed Seed (Signal	nn to (or affirmed) and subscribed be 20 20 by	Micole Fried  Syohnson on # GG 308634 arch 6, 2023 Troy Fain Insurance 800-385-7019 Troduced Identification  red this form for you, he or she must sec. 8, Florida Constitution, Section sure herein is true and correct.  Date ility to sign the form under oath.	
I, the person whose name appears at depose on oath or affirmation and say on this formand any attachments complete.  SIGNATURE OF REPORTING OFFICE  If a certified public accountant license complete the following statement:  I, JASON B. BLANK  112.3144, Florida Statutes, and the in Signature  Preparation of this form by an appears at the preparation of this form by an appears at the preparation of this form by an appears at the preparation of this form by an appears at the preparation of the preparation and the preparation of this form by a signature.	the beginning of this form, that the information disclosure hereto is true, accurate, a contract of the contra	Sword Sword Seed Seed (Signal	nt to (or affirmed) and subscribed be 20 20 by	Micole Fried  Syohnson on # GG 308634 arch 6, 2023 Troy Fain Insurance 800-385-7019 Troduced Identification  red this form for you, he or she must sec. 8, Florida Constitution, Section sure herein is true and correct.  Date ility to sign the form under oath.	
I, the person whose name appears at depose on oath or affirmation and say on this formand any attachments complete.  SIGNATURE OF REPORTING OFFICE  If a certified public accountant license complete the following statement:  I, JASON B. BLANK  112.3144, Florida Statutes, and the in Signature  Preparation of this form by a	the beginning of this form, that the information discloss hereto is true, accurate, a contract of the contract	Sword Sword Seed Seed Seed Seed Seed Seed Seed Se	ature of Notary  In to (or affirmed) and subscribed be 20 20 by 20	Micole Fried  Syohnson on # GG 308634 arch 6, 2023 Troy Fain Insurance 800-385-7019 Troduced Identification  red this form for you, he or she must sec. 8, Florida Constitution, Section sure herein is true and correct.  Date ility to sign the form under oath.	
I, the person whose name appears at depose on oath or affirmation and say on this formand any attachments complete.  SIGNATURE OF REPORTING OFFICE  If a certified public accountant license complete the following statement:  I, JASON B. BLANK  112.3144, Florida Statutes, and the in Signature  Preparation of this form by a INSTRU  PARTS A through F:	the beginning of this form, that the information discloss hereto is true, accurate, a contact of the contact of	Swor Swor Seed COMPL Swor Seed (Signal (Signal Personal P	nt to (or affirmed) and subscribed be 20 20 by	Micole Fried  EayOHNSON on # GG 308634 arch 6, 2023 Lifey Fain Insurance 800-385-7019 red of Notary Fubricy roduced Identification  red this form for you, he or she must sec. 8, Florida Constitution, Section sure herein is true and correct.  Date ility to sign the form under oath.  FORM 6X:	

# 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.

Building E, Suite 200, Tallahassee, Florida 32303.

Originals are <u>required</u>. Photocopies, faxed copies and emailed copies will not be accepted.

FORM 62				FULL AND PUBLIC	
	DISCL	<b>OSURE</b>	OF F	INANCIAL INTERES	TS RECEIVED
LAST NAME - FIRST NA FRIED, MAILING ADDRESS: 400 SOUTH MONI	NICOLE	(same as on origi		THIS FORM AMENDS THE (Choose one)  FORM 6 I FILED FOR THE YEAR:  (Use a separate Form 6X for each Form 6  FORM 6F I FILED FOR THE PERIOD  January 1,  (Must be between January 1 of the last year or employment and the last date you held the	you are amending.)  1
				DURING THAT YEAR, I HELD, OR WAS A	CANDIDATE FOR, THE
CITY:	ZIP:	COU	NTY:	POSITION OF: COMMISSIONER  WITH THIS GOVERNMENTAL AGENCY:	FL DEPT OF
TALLAHASSEE	32399	LEON		AGRICULTURE AND CONSUM	ER SERVICES
		P	ART A - N	ET WORTH	
[Instructions on page 3] used on the original Fort	If your reported net w m 6 or 6F you are see	orth will change be	ecause of this	amendment, please enter the corrected value of you	our net worth as of the date
	My net worth as of	The second secon		, 20 was \$	
The aggregate value ASSETS INDIVIDUALL	he value originally report	ported for househo	ld goods and	3): personal effects, please enter the amended value to above date was \$	VALUE OF ASSET
PART C - LIABILITIES					
LIABILITIES IN EXCES	SS OF \$1,000 (Instru E AND ADDRESS OF		:		AMOUNT OF LIABILITY
JOINT AND SEVERAL NAME	LIABILITIES NOT R E AND ADDRESS OF		E;		AMOUNT OF LIABILITY
PRIMARY SOURCES O	OF INCOME (Instruct OF INCOME EXCEE	ions on page 4):	ax return, inc	- INCOME  Juding all W2's, schedules, and attachments, place  ADDRESS OF SOURCE OF INCOME  BROWARD BLVD., FT. LAUD	AMOUNT \$351,480.00
IGNITING FLORI	DA, LLC		3700 W.J	JAONARD BETE, II. LAOD	1

SECONDARY SOURCES OF INCOM				
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME		ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
DOGINEOS LIVIII	5. DOGHALOO 11400			
DA DA	E ENTERNIOUS IN CI	ECIPIED	BUSINESSES [Instruction	s on page 51
PARI	E — INTERESTS IN SE		SINESS 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% INTERES	ST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTE	REST			
This section applies only to offi	cers required to complete a	annual ethi	TRAINING ics training pursuant to section LETED THE REQUIRED	112.3142, F.S. [See Instructions p. 6]  TRAINING.
	PART G —	EXPLANA	ATION OF CHANGES	
CORRECTED GROSS INC	COME LISTING IN PA	ART D.		
IF ANY OF PARTS A T	HROUGH G ARE CON	TINUED	ON A SEPARATE SHEET, I	PLEASE CHECK HERE
OAT	TH		INTY OF LEON	
I, the person whose name appears depose on oath or affirmation and so on this formand any attachments complete.  SIGNATURE OF REPORTING OFF	ay that the information disclose	(Signature)	nature of Notary Public State 34	
If a certified public accountant licer	nsed under Chapter 473, or att	orney in goo	od standing with the Florida Bar pr	repared this form for you, he or she must
complete the following statement:  I, JASON B. BLANK  112.3144, Florida Statutes, and the	pren	ared the CE	E Form 6X in accordance with Art.	II, Sec. 8, Florida Constitution, Section
Signature Date				
Preparation of this form b	y a CPA or attorney do	es not rel	lieve the filer of the respon	sibility to sign the form under oath
PARTS A through F: Use these sections of the form should have been reported on a separate sheet if necessary, found on pages 3-5, attached.  PART G: Use this section of the form to 6 or 6F.	to report the new information your original Form 6 or 6F, co instructions for individual so	you believe entinuing on ections are	WHERE TO FILE:  If you are amending a Form at the office where you file should file Form 6X with the	hould be submitted under oath.  6 you filed as a candidate, file the Form 6X and your qualifying papers. All other persons a Commission on Ethics, P.O. Drawer 15709 by: physical address: 325 John Knox Road
Originals an	re required. Photocopie	s, faxed o	copies and emailed copies	will not be accepted.

1824 Principal(s):

Florida Association of District School Superintendents

# EXECUTIVE BRANCH - 2017 REGISTRATIONS BY LOBBYIST NAME

208 S Monroe St, Tallahassee, FL 32301 Levin, Papantonio, Thomas, Mitchell, Eschner & Proctor, P.A. Industry Code: 813920 316 South Baylen St, Ste 600, Pensacola, FL 32591 Effective: 01/03/2017 Industry Code: 541110 Effective: 01/09/2017 Franklin, Deborah ...... (850) 224-3907 Terrell Hogan Ellis Yegelwel, P.A. 307 W Park Ave, Tallahassee, FL 32301-1457 233 E Bay St, Ste 804, Jacksonville, FL 32202 Principal(s): Industry Code: 541110 Florida Health Care Association Effective: 01/09/2017 307 W Park Ave, Tallahassee, FL 32301 Yerrid Law Firm, The Industry Code: 813910 101 E Kennedy Blvd, Ste 3910, Tampa, FL 33602 Effective: 01/12/2017 Industry Code: 541110 Effective: 01/09/2017 Fraser, Towson ...... (850) 443-1444 115 E Park Ave, Suite 1, Tallahassee, FL 32301-7701 Foster, Shawn ...... (727) 808-4131 Lobbying Firm(s): 5957 Riviera Ln, New Port Richey, FL 34655-5679 Fraser Solutions Lobbying Firm(s): 115 E Park Ave, Suite 1, Tallahassee, Florida 32301 Sunrise Consulting Group Phone: (850) 443-1444 5957 Riviera Lane, New Port Richey, FL 34655 Phone: (727) 808-4131 Principal(s): AIDS HealthCare Foundation Principal(s): 6255 W Sunset Blvd, Floor 21, Los Angeles, CA 90028 City of Brooksville Industry Code: 621498 201 Howell Ave, , Brooksville, FL 34601-2042 Effective: 01/05/2017 Industry Code: 921120 Effective: 01/13/2017 French, John H. ..... (850) 224-2549 Florida Association of Local Housing Finance Authorities 1531 Live Oak Dr, Tallahassee, FL 32301 1404 Alban Ave, Tallahassee, FL 32301 Lobbying Firm(s): Industry Code: 813910 Effective: 01/13/2017 French Management, Inc. 225 S. Adams St., Suite 250, Tallahassee, Fl. 32301 Florida Bail Agents Association Phone: (859) 224-2549 Po Box 511104, Punta Gorda, FL 33951-1104 Industry Code: 812990 Principal(s): Effective: 01/13/2017 Altria Client Services LLC and its Affiliates 333 North Point Center East, Suite 600, Alpharetta, GA 30022 Hernando County Government 20 N Main St, Brooksville, FL 34601 Industry Code: 312230 Industry Code: 921110 Effective: 02/01/2017 Effective: 01/13/2017 Pasco County Board of County Commissioners Friday, Eric J. ..... (904) 722-3333 7530 Little Rd, New Port Richey, FL 34654 118 W Adams St, STE 320, Jacksonville, FL 32202 Industry Code: 921110 Lobbying Firm(s): Effective: 01/13/2017 Fletcher & Phillips 541 E Monroe St, Jacksonville, FL 32202 Fowler, Jarrod ...... (850) 224-6496 Phone: (904) 722-3333 Po Box 10269, Tallahassee, FL 32302-2269 Withdrawn: 01/10/2017 Principal(s): Kingry & Friday 118 W Adams St., STE 320, Jacksonville, FL 32202 Florida Medical Association PO Box 10269, Tallahassee, FL 32302 Phone: (904) 722-3333 Industry Code: 813920 Effective: 01/04/2017 Principal(s): Florida Carry, Inc Fox, Jeffrey A ...... (561) 615-1153 Po Box 1024, Lehigh Acres, FL 33970-1024 270 Park Ave, New York, NY 10017-2014 Industry Code: 813311 Effective: 01/06/2017 Principal(s): J.P. Morgan Investment Management Inc. Fried, Nicole H. ..... (954) 734-3799 270 Park Ave, 6th Floor, New York, NY 10017-7924 3980 W. Broward Blvd., Suite 215, Fort Lauderdale, FL 33312 Industry Code: 523930 Effective: 05/10/2017 Lobbying Firm(s): Colodny Fass Frank, Joy ...... (850) 577-5784 100 SE 3rd Ave, One Financial Plaza 23rd Floor, Ft 208 S Monroe St, 208 S Monroe St, Tallahassee, FL 32301-Lauderdale, FL 33394

Phone: (954) 492-4010

3980 W. Broward Blvd., 215, Fort Lauderdale, Florida 33312

Igniting Florida, LLC

# **EXECUTIVE BRANCH - 2018 REGISTRATIONS BY LOBBYIST NAME**

Po Box 5710, Hollywood, FL 33083-5710 Effective: 01/04/2018 Industry Code: 921120 Effective: 01/02/2018 -Canceled- 01/10/2018 Friday, Eric J. ..... (904) 722-3333 Florida Association of Jewish Federations 118 W Adams St, STE 320, Jacksonville, FL 32202 4200 Biscayne Blvd, Miami, FL 33137 Industry Code: 813110 Lobbying Firm(s): Effective: 01/02/2018 Kingry & Friday 118 W Adams St., STE 320, Jacksonville, FL 32202 Miami-Dade County Phone: (904) 722-3333 111 NW 1st St, Miami, FL 33132 Industry Code: 921140 Effective: 01/02/2018 -Canceled- 01/10/2018 Principal(s): Florida Carry, Inc Po Box 1024, Lehigh Acres, FL 33970-1024 Friedman, Robert ...... (850) 487-0922 x102 Industry Code: 813311 1004 DeSoto Park Drive, Tallahassee, FL 32301 Effective: 01/02/2018 Principal(s): Fried, Nicole H. ..... (954) 734-3799 CCRC-North 3980 W. Broward Blvd., Suite 215, Fort Lauderdale, FL 33312 175 Salem Ct, , Tallahassee, FL 32301 Industry Code: 922130 Lobbying Firm(s): Effective: 01/04/2018 Colodny Fass 100 SE 3rd Ave, One Financial Plaza 23rd Floor, Ft Friedrich, Thomas W. ..... (813) 263-2204 Lauderdale, FL 33394 730 NE Waldo Road, Jones Edmunds, Gainesville, FL 32641 Phone: (954) 492-4010 Withdrawn: 05/04/2018 Principal(s): Igniting Florida, LLC Jones Edmunds & Associates, Inc 3980 W. Broward Blvd., 215, Fort Lauderdale, Florida 33312 730 NE Waldo Rd, Gainesville, FL 32641 Phone: (954) 734-3799 Industry Code: 541330 Withdrawn: 11/19/2018 Effective: 01/02/2018 Friel, Jocelyn S. ..... (415) 291-5093 Principal(s): Florida's Children First, Inc PGIM Real Estate Finance, 4 Embarcadero Center Ste 2700, 1801 N University Dr, 3rd FL, Ste B, Coral Springs, FL 33071 San Francisco, CA 94111 Industry Code: 624110 Principal(s): Effective: 01/01/2018 -Canceled- 11/19/2018 PGIM. Inc. 655 Broad St, , Newark, NJ 07102 Industry Code: 523920 San Felasco Nurseries, Inc. Po Box 13343, , Gainesville, FL 32604-1343 Industry Code: 111421 Effective: 01/02/2018 Effective: 01/01/2018 -Canceled- 06/04/2018 Frost, Shawn Robert ...... (772) 584-1454 School Board of Broward County 600 SE 3Rd Ave, Ft Lauderdale, FL 33301-3125 113 S. Monroe Street, First Floor, Tallahassee, Florida 32301 Industry Code: 611110 Effective: 01/01/2018 -Canceled- 08/24/2018 Lobbying Firm(s): MVP Strategy and Policy, LLC 113 S. Monroe Street, First Floor, Tallahassee, Florida 32301 Friedman, Bernie J. ..... (954) 985-4180 Phone: (772) 410-3513 1 E Broward Blvd, Ste 1800, Fort Lauderdale, FL 33301 Withdrawn: 08/09/2018 Lobbying Firm(s): Becker & Poliakoff PA Principal(s): ATTN: Bernie Friedman, 1 East Broward Blvd Ste 1800, Ft Florida Coalition of School Board Members 113 S. Monroe St., First Floor, Tallahassee, Florida 32301 Lauderdale, FL 33301 Phone: (954) 985-4180 Industry Code: 813920 Effective: 01/30/2018 -Canceled- 08/09/2018 Principal(s): Fuchs , W. Kent ...... (352) 392-1311 City of Cape Coral 1015 Cultural Park Blvd, Cape Coral, FL 33990 226 Tigert Hall, Gainesville, FL 32611-0001 Industry Code: 021120 Principal(s): Effective: 01/02/2018 University of Florida 226 Tigert Hall, Gainesville, FL 32611-0001 City of Hollywood 2600 Hollywood Blvd, Annex Ste. 17, Hollywood, FL 33020 Industry Code: 611310 Industry Code: 921120 Effective: 01/02/2018 Effective: 01/02/2018 Fuentes, Jose K. ..... (305) 260-1018 City of Pompano Beach

121 Alhambra Plz Fl 10, 121 Alhambra Plaza 10th Floor, Coral

Gables, FL 33134-4540

Lobbying Firm(s):

Becker & Poliakoff PA

100 W Atlantic Blvd, Pompano Beach, FL 33060

Industry Code: 921120

Effective: 01/02/2018

City of West Park