



# 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 Telephone Number: (850) 519-1062  
 Address: P.O. Box 1385  
 City: Tallahassee County: Leon State: FL Zip Code: 32302

### 2. PERSON AGAINST WHOM COMPLAINT 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

### 3. STATEMENT OF FACTS:

Please provide a full explanation of your complaint, describing the facts and the actions of the person named above and why you believe he or she violated the law. Include relevant dates and the names and addresses of persons whom you believe may be witnesses. Please do not submit more than 15 pages, including this form. Please do not submit video or audio tapes, CDs, DVDs, flash drives or other electronic media; such material will not be considered part of the complaint and will be returned.

### 4. OATH

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.

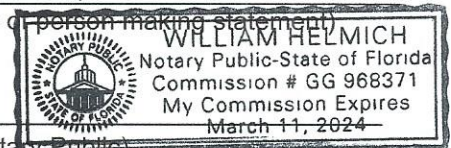
STATE OF Florida  
 COUNTY OF Leon

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 4 day of June, 2021, by Evan Power

(name of person making statement)

Evan Power  
 SIGNATURE OF COMPLAINANT

William Helmich  
 (Signature of Notary Public)



(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒ OR Produced Identification ☐  
 Type of Identification Produced: \_\_\_\_\_

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

In re: Nicole "Nikki" Fried,  
Respondent.

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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 no 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.
20. 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 **a person who is employed and 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:
  - June 2018: \$271,613.10
  - June 2019: \$1,401,563.31
  - December 2019: \$1,448,972.03
24. The aggregate value of Respondent's "household goods and personal effects" has increased exponentially since taking public office:

- December 2017: \$10,000
  - December 2018: \$40,000
  - December 2019: \$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 not 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 136<sup>th</sup> 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.

HAND DELIVERED

## FORM 6

## FULL AND PUBLIC DISCLOSURE

2017

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

3980 WEST BROWARD BLVD

UNIT #215

CITY

FORT LAUDERDALE

ZIP

33312

COUNTY

BROWARD

NAME OF AGENCY

FL DEPT OF AGRICULTURE AND CONSUMER SVCS

NAME OF OFFICE OR POSITION HELD OR SOUGHT

COMMISSIONER

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

RECEIVED  
OFFICE OF THE  
COMMISSIONER  
2018 JUN 20 PM 12:52

## PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2017 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 JUNE 18, 20 18 was \$ 271,613.10

## 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 \$ 10,000

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

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET |
|--|----------------|
| CASH & EQUIVALENTS (SCHEDULE ATTACHED)   | 104,637.54     |
| RETIREMENT ACCOUNTS (SCHEDULE ATTACHED)  | 121,720.33     |
| IGNITING FLORIDA, LLC  | 125,000.00     |
| HOUSEHOLD FURNISHINGS & PERSONAL EFFECTS                                       | 10,000.00      |

## PART C -- LIABILITIES

## LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

| NAME AND ADDRESS OF CREDITOR     | AMOUNT 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 | AMOUNT OF LIABILITY |
|------------------------------|---------------------|
|                              |                     |
|                              |                     |
|                              |                     |



**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 W2s, 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 INCOME (See instructions on page 5):**

| NAME OF SOURCE OF INCOME EXCEEDING \$1,000 | ADDRESS OF SOURCE OF INCOME       | AMOUNT    |
|--|-----------------------------------|-----------|
| IGNITING FLORIDA, LLC                      | 3980 W. BROWARD BLVD. FT LAUD, FL | 84,000.00 |
|  |                                   |           |

**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 |
|-------------------------|---|---------------------------------------|---------------------------------------|
| IGNITING FLORIDA, LLC   | SAN FELASCO NURSERY                       | 7315 NW 126TH STREET, GAINESVILLE, FL | PLANT NURSERY                         |
|                         |   |                                       |                                       |

**PART E -- INTERESTS IN SPECIFIED BUSINESSES (Instructions on page 6)**

|   | BUSINESS ENTITY # 1                                  | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 |
|---|--|---------------------|---------------------|
| NAME OF BUSINESS ENTITY                       | IGNITING FLORIDA, LLC                                |                     |                     |
| ADDRESS OF BUSINESS ENTITY                    | 3980 W BROWARD BLVD, #215<br>FT LAUDERDALE, FL 33312 |                     |                     |
| 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**

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 Heather Fried*

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 18th day of

June 20 17 by Nicole Heather Fried

(Signature of Notary Public--State of Florida)

*Jason B. Blank*  
(Print, Type, or Stamp Commission # GG120719  
Expires: July 2, 2021)

Personally Known X

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

6/18/18

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 ☒

06/18/2018

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

**PART B- ASSETS**

**CASH AND EQUIVALENTS**

|   |    |            |
|---|----|------------|
| 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 |

|                                   |           |                   |
|-----------------------------------|-----------|-------------------|
| <b>TOTAL CASH AND EQUIVALENTS</b> | <b>\$</b> | <b>204,637.54</b> |
|-----------------------------------|-----------|-------------------|

**RETIREMENT ACCOUNTS**

|                    |    |           |
|--------------------|----|-----------|
| ROTH IRA- SECURIAN | \$ | 43,256.35 |
| ROTH IRA- SECURIAN |    | 21,685.98 |
| ROTH IRA- FIDELITY |    | 32,100.00 |
| ROTH IRA- FIDELITY |    | 24,678.00 |

|                                  |           |                   |
|----------------------------------|-----------|-------------------|
| <b>TOTAL RETIREMENT ACCOUNTS</b> | <b>\$</b> | <b>121,720.33</b> |
|----------------------------------|-----------|-------------------|

**STOCKS, ETFs, AND MUTUAL FUNDS HELD IN IRA ACCOUNTS**

|   |    |           |
|---|----|-----------|
| FESGX- FIRST EAGLE GLOBAL FUND CLASS C    | \$ | 19,315.85 |
| GFACX- THE GROWTH FUND OF AMERICA CLASS C |    | 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 |

|   |           |                   |
|---|-----------|-------------------|
| <b>TOTAL STOCKS, ETFs, AND MUTUAL FUNDS</b> | <b>\$</b> | <b>121,655.30</b> |
|---|-----------|-------------------|

**HOUSEHOLD GOODS AND PERSONAL EFFECTS**

|  |    |           |
|--|----|-----------|
| AUTOMOBILE   |    |           |
| 2016 BMW   | \$ | 10,000.00 |
| ESTIMATED VALUE OF HOUSEHOLD FURNISHINGS<br>AND OTHER PERSONAL EFFECTS |    | 10,000.00 |

|                           |           |                  |
|---------------------------|-----------|------------------|
| <b>TOTAL OTHER ASSETS</b> | <b>\$</b> | <b>20,000.00</b> |
|---------------------------|-----------|------------------|



06/18/2018

NICOLE HEATHER FRIED

FORM 6

FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

2017

***PART C- LIABILITIES***

AUTO LOAN- BANK OF AMERICA, N.A., \$ 8,181.54  
PO BOX 15220, WILMINGTON, DE 19886-5220

STUDENT LOAN- NELNET, INC. 81,563.23  
PO BOX 2970, OMAHA, NE 68103-2970

**TOTAL LIABILITIES** \$ 89,744.77

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

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: 2017

(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:

WITH THIS GOVERNMENTAL AGENCY:

## 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 20 was \$

## 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 |
|----------------------|----------------|
|                      |                |
|                      |                |
|                      |                |

## 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    |
|--|---------------------------------|-----------|
| IGNIGHTING FLORIDA, LLC                    | 3980 W. BROWARD BLVD., FT. LAUD | \$165,761 |
|  |                                 |           |
|  |                                 |           |

HAND DELIVERED



**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**

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.

**PART G — EXPLANATION OF CHANGES**

CORRECTED GROSS INCOME LISTING IN PART D.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

**OATH**

STATE OF FLORIDA  
COUNTY OF Leon

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.

Sworn to (or affirmed) and subscribed before me by means of

☒ physical presence or ☐ online notarization, this 28<sup>th</sup> day of

May 2021 by Nicole Fried

Janelle E. Johnson  
(Signature of Notary Public) (Stamp of Commission # GG 308634  
Expires March 6, 2023  
Bonded thru Tary Eala Insurance 800-385-7018  
(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, 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

05/25/2021  
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 16709, 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.**



# CONFIDENTIAL

**FORM 6****FULL AND PUBLIC DISCLOSURE****2018**

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

**PROCESSED**

MAILING ADDRESS:

400 SOUTH MONROE STREET

FLORIDA  
COMMISSION ON ETHICS

JUL 01 2019

**RECEIVED  
HAND DELIVERED**  
69154

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 ☐**PART A -- NET WORTH**Please enter the value of your net worth as of December 31, 2018 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 JUNE 24, 20 19 was \$ 1,401,563.31.**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 \$ 40,000.00**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

SEE ATTACHED

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

N/A

N/A



## 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.

- ☐ I 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 (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 |
|-------------------------|---|-------------------|---------------------------------------|
| N/A                     | N/A                                       | N/A               | N/A                                   |
|                         |   |                   |                                       |

## PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

|   | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 |
|---|---------------------|---------------------|---------------------|
| NAME OF BUSINESS ENTITY                       | N/A                 |                     |                     |
| ADDRESS OF BUSINESS ENTITY                    | N/A                 |                     |                     |
| PRINCIPAL BUSINESS ACTIVITY                   | N/A                 |                     |                     |
| POSITION HELD WITH ENTITY                     | N/A                 |                     |                     |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | N/A                 |                     |                     |
| NATURE OF MY OWNERSHIP INTEREST               | N/A                 |                     |                     |

## 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.

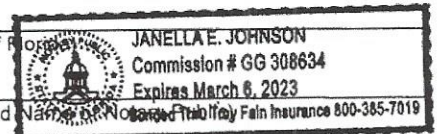
Nicole Fried  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA  
COUNTY OF Leon

Sworn to (or affirmed) and subscribed before me this 25<sup>th</sup> day of

June, 20 19 by Nicole Fried

Janelle E. Johnson  
(Signature of Notary Public--State of Florida)



(Print, Type, or Stamp Commissioned Name of Notary Public and Expiration Date)

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.

JB  
Signature

06/25/2019 Date

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 ☐

06/25/2019

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

**PART B- ASSETS**

| <u>DESCRIPTION</u>  | <u>VALUE OF ASSETS</u>      |
|---|-----------------------------|
| <b><u>REAL PROPERTY</u></b>   |                             |
| (Value shown at estimated fair market value)                                      |                             |
| RESIDENCE-  | \$ 701,000.00               |
|  |                             |
| <b>TOTAL REAL PROPERTY</b>  | <b><u>\$ 701,000.00</u></b> |
| <b><u>CASH AND EQUIVALENTS</u></b>  |                             |
| CASH- BANK OF AMERICA CHECKING ACCT   | \$ 196,102.62               |
| CASH- BANK OF AMERICA SAVINGS ACCT  | 50,052.00                   |
| HEALTH SAVINGS ACCOUNT ACCT   | 1,575.76                    |
| <b>TOTAL CASH AND EQUIVALENTS</b>   | <b><u>\$ 247,730.38</u></b> |
| <b><u>RETIREMENT ACCOUNTS</u></b>   |                             |
| 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                   |
| <b>TOTAL RETIREMENT ACCOUNTS</b>  | <b><u>\$ 156,934.18</u></b> |
| <b><u>OTHER ASSETS</u></b>  |                             |
| NICOLE FRIED BLIND TRUST  | \$ 360,588.00               |
| <b>TOTAL OTHER ASSETS</b>   | <b><u>\$ 360,588.00</u></b> |



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.,<br>PO BOX 15220, WILMINGTON, DE 19886-5220 | \$ | 28,749.64 |
| STUDENT LOAN- NELNET, INC.<br>PO BOX 2970, OMAHA, NE 68103-2970              |    | 76,097.78 |

|                          |           |                          |
|--------------------------|-----------|--------------------------|
| <b>TOTAL LIABILITIES</b> | <b>\$</b> | <b><u>104,847.42</u></b> |
|--------------------------|-----------|--------------------------|

**CONFIDENTIAL****HAND DELIVERED**FLORIDA  
COMMISSION ON ETHICS**FORM 6X AMENDMENT TO FULL AND PUBLIC  
DISCLOSURE OF FINANCIAL INTERESTS**

JAN 30 2020

**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: 2018

(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: COMMISSIONER◆ WITH THIS GOVERNMENTAL AGENCY: FL DEPT OF  
AGRICULTURE AND CONSUMER SERVICES**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 \_\_\_\_\_, 20 \_\_\_\_ was \$ \_\_\_\_\_.

**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 |
|----------------------|----------------|
|                      |                |
|                      |                |
|                      |                |

**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      |
|--|---------------------------------|-------------|
| IGNITING FLORIDA, LLC                      | 3980 W. BROWARD BLVD., FT. LAUD | \$72,000.00 |
|  |                                 |             |
|  |                                 |             |



**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 |
|-------------------------|--|--------------------------------|---------------------------------------|
| IGNITING FLORIDA, LL    | SAN FELASCO NURSER                       | 7315 NW 126TH ST., GAINESVILLE | PLANT NURSERY                         |
|                         |  |                                |                                       |

**PART E — INTERESTS IN SPECIFIED BUSINESSES** [Instructions on page 5]

|   | BUSINESS ENTITY # 1                  | BUSINESS ENTITY # 2 |
|---|--------------------------------------|---------------------|
| NAME OF BUSINESS ENTITY                       | IGNITING FLORIDA, LLC                |                     |
| ADDRESS OF BUSINESS ENTITY                    | 3980 W. BROWARD BLVD., #215 FT. LAUD |                     |
| 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**

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**

ADDED PRIMARY SOURCE OF INCOME FOR 2018

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐**OATH**STATE OF FLORIDA  
COUNTY OF

Leon

Sworn to (or affirmed) and subscribed before me this 30<sup>th</sup> day of

January, 2020 by Nicole Fried

Janelle Johnson  
(Signature of Notary Public) JANELLE JOHNSON  
Commission # GG 308634  
Expires March 6, 2023  
Bonded Thru Troy Fein Insurance 800-385-7019(Print, Type, or Stamp Commissioned Name of Notary Public)  
Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced

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 CANDIDATEIf 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, 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.

JB

Signature

01/23/2020

Date

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

**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.**



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

MAY 28 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: 2018

(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: COMMISSIONER◆ WITH THIS GOVERNMENTAL AGENCY: FL DEPT OF  
AGRICULTURE AND CONSUMER SERVICES**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 \_\_\_\_\_, 20 \_\_\_\_ was \$ \_\_\_\_\_.

**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 |
|----------------------|----------------|
|                      |                |
|                      |                |
|                      |                |

**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       |
|--|---------------------------------|--------------|
| IGNITING FLORIDA, LLC                      | 3980 W. BROWARD BLVD., FT. LAUD | \$351,480.00 |
|  |                                 |              |
|  |                                 |              |

PROCESSED



**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**

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.

**PART G — EXPLANATION OF CHANGES**

CORRECTED GROSS INCOME LISTING IN PART D.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

**OATH**

STATE OF FLORIDA  
COUNTY OF Leon

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.

Sworn to (or affirmed) and subscribed before me by means of

☒ physical presence or ☐ online notarization, this 28<sup>th</sup> day of May, 2021 by Nicole Fried

Nicole Fried

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Signature of Notary Public, State of Florida)  
JANELLA E. JOHNSON  
Commission # GG 308634  
Expires March 6, 2023  
(Print, Type, or Stamp Commissioned Notary Public) 800-385-7019  
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, JASON B. BLANK, 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

05/25/2021

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.**

*Levin, Papantonio, Thomas, Mitchell, Eschner & Proctor, P.A.*  
316 South Baylen St, Ste 600, Pensacola, FL 32591  
Industry Code: 541110  
Effective: 01/09/2017

*Terrell Hogan Ellis Yegelwel, P.A.*  
233 E Bay St, Ste 804, Jacksonville, FL 32202  
Industry Code: 541110  
Effective: 01/09/2017

*Yerrid Law Firm, The*  
101 E Kennedy Blvd, Ste 3910, Tampa, FL 33602  
Industry Code: 541110  
Effective: 01/09/2017

**Foster, Shawn** ..... (727) 808-4131  
5957 Riviera Ln, New Port Richey, FL 34655-5679

**Lobbying Firm(s):**

**Sunrise Consulting Group**  
5957 Riviera Lane, New Port Richey, FL 34655  
Phone: (727) 808-4131

**Principal(s):**

*City of Brooksville*  
201 Howell Ave., Brooksville, FL 34601-2042  
Industry Code: 921120  
Effective: 01/13/2017

*Florida Association of Local Housing Finance Authorities*  
1404 Alban Ave, Tallahassee, FL 32301  
Industry Code: 813910  
Effective: 01/13/2017

*Florida Bail Agents Association*  
Po Box 511104, Punta Gorda, FL 33951-1104  
Industry Code: 812990  
Effective: 01/13/2017

*Hernando County Government*  
20 N Main St, Brooksville, FL 34601  
Industry Code: 921110  
Effective: 01/13/2017

*Pasco County Board of County Commissioners*  
7530 Little Rd, New Port Richey, FL 34654  
Industry Code: 921110  
Effective: 01/13/2017

**Fowler, Jarrod** ..... (850) 224-6496  
Po Box 10269, Tallahassee, FL 32302-2269

**Principal(s):**

*Florida Medical Association*  
PO Box 10269, Tallahassee, FL 32302  
Industry Code: 813920  
Effective: 01/04/2017

**Fox, Jeffrey A** ..... (561) 615-1153  
270 Park Ave, New York, NY 10017-2014

**Principal(s):**

*J.P. Morgan Investment Management Inc.*  
270 Park Ave, 6th Floor, New York, NY 10017-7924  
Industry Code: 523930  
Effective: 05/10/2017

**Frank, Joy** ..... (850) 577-5784  
208 S Monroe St, 208 S Monroe St, Tallahassee, FL 32301-1824

**Principal(s):**

*Florida Association of District School Superintendents*

208 S Monroe St, Tallahassee, FL 32301  
Industry Code: 813920  
Effective: 01/03/2017

**Franklin, Deborah** ..... (850) 224-3907

307 W Park Ave, Tallahassee, FL 32301-1457

**Principal(s):**

*Florida Health Care Association*  
307 W Park Ave, Tallahassee, FL 32301  
Industry Code: 813910  
Effective: 01/12/2017

**Fraser, Towson** ..... (850) 443-1444

115 E Park Ave, Suite 1, Tallahassee, FL 32301-7701

**Lobbying Firm(s):**

**Fraser Solutions**  
115 E Park Ave, Suite 1, Tallahassee, Florida 32301  
Phone: (850) 443-1444

**Principal(s):**

*AIDS HealthCare Foundation*  
6255 W Sunset Blvd, Floor 21, Los Angeles, CA 90028  
Industry Code: 621498  
Effective: 01/05/2017

**French, John H.** ..... (850) 224-2549

1531 Live Oak Dr, Tallahassee, FL 32301

**Lobbying Firm(s):**

**French Management, Inc.**  
225 S. Adams St., Suite 250, Tallahassee, FL 32301  
Phone: (859) 224-2549

**Principal(s):**

*Altria Client Services LLC and its Affiliates*  
333 North Point Center East, Suite 600, Alpharetta, GA 30022  
Industry Code: 312230  
Effective: 02/01/2017

**Friday, Eric J.** ..... (904) 722-3333

118 W Adams St, STE 320, Jacksonville, FL 32202

**Lobbying Firm(s):**

**Fletcher & Phillips**  
541 E Monroe St, Jacksonville, FL 32202  
Phone: (904) 722-3333  
Withdrawn: 01/10/2017

**Kingry & Friday**

118 W Adams St., STE 320, Jacksonville, FL 32202  
Phone: (904) 722-3333

**Principal(s):**

*Florida Carry, Inc*  
Po Box 1024, Lehigh Acres, FL 33970-1024  
Industry Code: 813311  
Effective: 01/06/2017

**Fried, Nicole H.** ..... (954) 734-3799

3980 W. Broward Blvd., Suite 215, Fort Lauderdale, FL 33312

**Lobbying Firm(s):**

**Colodny Fass**

100 SE 3rd Ave, One Financial Plaza 23rd Floor, Ft  
Lauderdale, FL 33394  
Phone: (954) 492-4010

**Igniting Florida, LLC**

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



## EXECUTIVE BRANCH - 2018 REGISTRATIONS BY LOBBYIST NAME

Effective: 01/04/2018

**Friday, Eric J. .... (904) 722-3333**

118 W Adams St, STE 320, Jacksonville, FL 32202

**Lobbying Firm(s):**

**Kingry & Friday**

118 W Adams St., STE 320, Jacksonville, FL 32202  
Phone: (904) 722-3333

**Principal(s):**

*Florida Carry, Inc*  
Po Box 1024, Lehigh Acres, FL 33970-1024  
Industry Code: 813311  
Effective: 01/02/2018

**Fried, Nicole H. .... (954) 734-3799**

3980 W. Broward Blvd., Suite 215, Fort Lauderdale, FL 33312

**Lobbying Firm(s):**

**Colodny Fass**

100 SE 3rd Ave, One Financial Plaza 23rd Floor, Ft  
Lauderdale, FL 33394  
Phone: (954) 492-4010  
Withdrawn: 05/04/2018

**Igniting Florida, LLC**

3980 W. Broward Blvd., 215, Fort Lauderdale, Florida 33312  
Phone: (954) 734-3799  
Withdrawn: 11/19/2018

**Principal(s):**

*Florida's Children First, Inc*  
1801 N University Dr, 3rd FL, Ste B, Coral Springs, FL 33071  
Industry Code: 624110  
Effective: 01/01/2018 -Canceled- 11/19/2018

*San Felasco Nurseries, Inc.*  
Po Box 13343, , Gainesville, FL 32604-1343  
Industry Code: 111421  
Effective: 01/01/2018 -Canceled- 06/04/2018

*School Board of Broward County*  
600 SE 3Rd Ave, Ft Lauderdale, FL 33301-3125  
Industry Code: 611110  
Effective: 01/01/2018 -Canceled- 08/24/2018

**Friedman, Bernie J. .... (954) 985-4180**

1 E Broward Blvd, Ste 1800, Fort Lauderdale, FL 33301

**Lobbying Firm(s):**

**Becker & Poliakoff PA**

ATTN: Bernie Friedman, 1 East Broward Blvd Ste 1800, Ft  
Lauderdale, FL 33301  
Phone: (954) 985-4180

**Principal(s):**

*City of Cape Coral*  
1015 Cultural Park Blvd, Cape Coral, FL 33990  
Industry Code: 021120  
Effective: 01/02/2018

*City of Hollywood*  
2600 Hollywood Blvd, Annex Ste. 17, Hollywood, FL 33020  
Industry Code: 921120  
Effective: 01/02/2018

*City of Pompano Beach*  
100 W Atlantic Blvd, Pompano Beach, FL 33060  
Industry Code: 921120  
Effective: 01/02/2018

*City of West Park*

Po Box 5710, Hollywood, FL 33083-5710  
Industry Code: 921120  
Effective: 01/02/2018 -Canceled- 01/10/2018

*Florida Association of Jewish Federations*  
4200 Biscayne Blvd, Miami, FL 33137  
Industry Code: 813110  
Effective: 01/02/2018

*Miami-Dade County*  
111 NW 1st St, Miami, FL 33132  
Industry Code: 921140  
Effective: 01/02/2018 -Canceled- 01/10/2018

**Friedman, Robert ..... (850) 487-0922**  
x102

1004 DeSoto Park Drive, Tallahassee, FL 32301

**Principal(s):**

*CCRC-North*  
175 Salem Ct, , Tallahassee, FL 32301  
Industry Code: 922130  
Effective: 01/04/2018

**Friedrich, Thomas W. .... (813) 263-2204**

730 NE Waldo Road, Jones Edmunds, Gainesville, FL 32641

**Principal(s):**

*Jones Edmunds & Associates, Inc*  
730 NE Waldo Rd, Gainesville, FL 32641  
Industry Code: 541330  
Effective: 01/02/2018

**Friel, Jocelyn S. .... (415) 291-5093**

PGIM Real Estate Finance, 4 Embarcadero Center Ste 2700,  
San Francisco, CA 94111

**Principal(s):**

*PGIM, Inc.*  
655 Broad St, , Newark, NJ 07102  
Industry Code: 523920  
Effective: 01/02/2018

**Frost, Shawn Robert ..... (772) 584-1454**

113 S. Monroe Street, First Floor, Tallahassee, Florida 32301

**Lobbying Firm(s):**

**MVP Strategy and Policy, LLC**

113 S. Monroe Street, First Floor, Tallahassee, Florida 32301  
Phone: (772) 410-3513  
Withdrawn: 08/09/2018

**Principal(s):**

*Florida Coalition of School Board Members*  
113 S. Monroe St., First Floor, Tallahassee, Florida 32301  
Industry Code: 813920  
Effective: 01/30/2018 -Canceled- 08/09/2018

**Fuchs, W. Kent ..... (352) 392-1311**

226 Tigert Hall, Gainesville, FL 32611-0001

**Principal(s):**

*University of Florida*  
226 Tigert Hall, Gainesville, FL 32611-0001  
Industry Code: 611310  
Effective: 01/02/2018

**Fuentes, Jose K. .... (305) 260-1018**

121 Alhambra Plz Fl 10, 121 Alhambra Plaza 10th Floor, Coral  
Gables, FL 33134-4540

**Lobbying Firm(s):**

**Becker & Poliakoff PA**