



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Education, *Chair*
Governmental Oversight and Accountability, *Vice Chair*
Appropriations Subcommittee on Education
Banking and Insurance
Commerce and Tourism
Regulated Industries
Rules

JOINT COMMITTEE:

Joint Select Committee on Collective Bargaining

SENATOR JOE GRUTERS

23rd District

June 4, 2021

Senator Kathleen Passidomo, Chair
Committee on Rules
402 Senate Office Building
404 South Monroe Street
Tallahassee, FL 32399-1100

Representative Erin Grall, Chair
Public Integrity & Elections Committee
317 The Capitol
404 South Monroe Street
Tallahassee, FL 32399-1100

Re: Request for Review of Igniting Florida, LLC Lobbying Compensation Reports

Dear Chairs Passidomo and Grall:

This week, multiple media outlets reported that Commissioner of Agriculture and Consumer Services, Nikki Fried ("Fried"), filed late amendments to her 2017 and 2018 Financial Disclosure Forms revealing substantial increases in personal income from her lobbying firm—"Igniting Florida, LLC." As a statewide elected officer, Commissioner Fried is required by the Florida Constitution to annually file a full and public disclosure of her financial interests. Based on the amendments filed, she initially failed to fully and accurately disclose the full extent of her financial interests in 2017 and 2018.

The new amendments filed last week publicly disclosed, for the first time, that Fried received \$351,480 of income in 2018 and \$165,761 of income in 2017 from her lobbying firm, which according to her disclosures she solely owned and operated before taking public office. Her 2018 Financial Disclosure Form at first reported no income from her lobbying firm. In January 2020, Fried filed an amendment reporting \$72,000 of 2018 income received from her lobbying firm. Last week, she filed a second amendment reporting \$351,480 of 2018 income received from her lobbying firm.

Igniting Florida's primary client was San Felasco Nursery—which at the time held a medical marijuana license in Florida. Fried's marijuana lobbying client was later acquired for \$65 million by Harvest Health & Recreation, Inc., a vertically integrated cannabis company. Fried reported on her 2019 Financial Disclosure Form that she owns \$190,260 worth of interest

REPLY TO:

- 381 Interstate Boulevard, Sarasota, Florida 34240 (941) 378-6309
- 316 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5023

Senate's Website: www.flsenate.gov

WILTON SIMPSON
President of the Senate

AARON BEAN
President Pro Tempore

June 4, 2021

Page 2

in Harvest Health & Recreation. Both as a lobbyist and as Commissioner of Agriculture, Nikki Fried has promoted the interests of marijuana distributors.

As you know, Florida law and Joint Legislative Rule 1.4 require lobbying firms that are engaged in lobbying the Florida Legislature to report their compensation received for each calendar quarter, both in the aggregate and for each individual principal. Much of the reporting is done in dollar categories, but if compensation from a single principal is \$50,000 or more in a calendar quarter, a lobbying firm must report the specific dollar amount of the compensation, rounded to the nearest \$1,000. Lobbying compensation reports are publicly available at: www.floridalobbyist.gov.

The senior partner, officer, or owner of the lobbying firm must certify to the veracity and completeness of the information submitted and certify that no compensation has been omitted from the report. (Joint Rule 1.4(1)(f)). As the Senate Rules state, “[t]he certification brings every compensation report filer within the scope of potential criminal penalties in section 837.06, Florida Statutes, for culpable violations.” Additionally, each lobbying firm must preserve for a period of 4 years all accounts, bills, receipts, computer records, books, papers, and other documents and records necessary to support compensation reports and registration documentation. (Joint Rule 1.7(1)).

The Senate and House Rules both provide a process for your respective Committees to investigate and review violations of the Rules regulating the conduct and ethics of lobbyists. (Senate Rule 9.6 and House Rule 18.2). Based on the multiple new amendments Fried has filed to her 2017 and 2018 Financial Disclosure Forms, and the extensive additional income she now reports receiving from her lobbying firm, there is reason to doubt whether Igniting Florida LLC’s lobbying compensation reports filed with the Legislature in 2017 and 2018 were fully accurate.

For example, based on publicly available reports, in 2018, Igniting Florida LLC reported to the Legislature ranges of legislative lobbying compensation for each quarter:

Q1: \$40,002- \$69,997

Q2: \$20,001- \$39,998

Q3: \$1- \$9,999

Q4: \$0

June 4, 2021

Page 3

Even on the high end of this range, Fried only reports \$119,994 in annual lobbying compensation (\$219,988 in annual lobbying compensation if the high end of Legislative and Executive Branch lobbying compensation reported is combined)—far short of the \$351,480 of income Fried now reports on her Financial Disclosure Form that she received from her lobbying firm in 2018. This type of reported income to compensation disparity was flipped in 2017, where Fried’s latest amendment to her 2017 Financial Disclosure Form reports far less income received from her lobbying firm than lobbying compensation reported to the Legislature for the same year. In 2017, the range of legislative lobbying compensation reported by Igniting Florida LLC was as follows:

Q1: \$54,002- \$73,998

Q2: \$52,001- \$61,999

Q3: \$20,001- \$39,998

Q4: \$30,002- \$59,997

On the high end Fried reported legislative lobbying compensation of \$235,992, (\$395,982 in annual lobbying compensation if the high end of Legislative and Executive Branch lobbying compensation reported is combined), and yet, her most recent Financial Disclosure amendment filed last week reported only receiving \$165,761 in income in 2017 from her lobbying firm. As a member of the Florida Senate and a CPA, I understand the importance of accurately reporting income—especially when it involves public disclosures required by our Constitution and Statutes—and these numbers simply do not add up.

Based on the apparent discrepancies between Fried’s multiple amendments to her Financial Disclosure Forms and the lobbying compensation reports she filed with the Legislature, I request your Committees to use all available resources and powers to immediately review and audit Igniting Florida, LLC’s accounts, bills, receipts, computer records, books, papers, and other documents and records necessary to substantiate the compensation reported to the Florida Legislature and certified as true and complete by Fried.

As you know, if your Committees find that there has been a violation of section 11.045, Florida Statutes, Florida law provides that you may report your findings to the Senate President and House Speaker, respectively, together with a recommended penalty, “to include a fine of not more than \$5,000, reprimand, censure, probation, or prohibition from lobbying for a period of time not to exceed 24 months.” In addition, Florida law provides that anyone who knowingly fails to disclose legislative lobbying compensation amounts, or who knowingly provides false

June 4, 2021

Page 4

information on any report—commits a noncriminal infraction, punishable by a fine up to \$5,000. A final determination of any penalty would be made by a majority of each legislative body.

We each hold positions of public trust. In keeping with that public trust, Florida's Constitution requires public officers to make full and accurate disclosures of their financial interests and Florida law requires lobbying compensation reports to be true, complete, and accurate. Nobody is above the law, and it is the Legislature's duty to ensure that the public's trust is preserved in this regard.

Respectfully,

A handwritten signature in black ink, appearing to read "Joe Gruters". The signature is written in a cursive, flowing style.

Joe Gruters

Enclosures:

Fried 2017 CE FORM 6 (filed June 20, 2018);
Fried 2017 CE FORM 6X (filed May 28, 2021);
Fried 2018 CE FORM 6 (filed July 1, 2019);
Fried 2018 CE FORM 6X (filed January 30, 2020);
Fried 2018 CE FORM 6X (filed May 28, 2021).

cc: Jeremiah Hawkes, Florida Senate, General Counsel
John Phelps, Staff Director, Florida Senate Committee on Rules
Don Rubottom, Staff Director, Florida House Public Integrity and Ethics Committee

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
 2018 JUN 20 PM 12:52
 DIVISION OF FINANCIAL SERVICES

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 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 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 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.

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)

(Print, Type, or Stamp Commission Number and Name of Notary Public)

Personally Known X

Type of Identification Produced

Jason B. Blank

Commission # GG120719

Expires: July 2, 2021

Notary Public

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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.

Signature

Date

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

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☒

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
TOTAL CASH AND EQUIVALENTS	\$	<u>204,637.54</u>

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
TOTAL RETIREMENT ACCOUNTS	\$	<u>121,720.33</u>

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
TOTAL STOCKS, ETFs, AND MUTUAL FUNDS	\$	<u>121,655.30</u>

HOUSEHOLD GOODS AND PERSONAL EFFECTS

AUTOMOBILE		
2016 BMW	\$	10,000.00
ESTIMATED VALUE OF HOUSEHOLD FURNISHINGS AND OTHER PERSONAL EFFECTS		10,000.00
TOTAL OTHER ASSETS	\$	<u>20,000.00</u>

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., PO BOX 15220, WILMINGTON, DE 19886-5220	\$ 8,181.54
STUDENT LOAN- NELNET, INC. PO BOX 2970, OMAHA, NE 68103-2970	81,563.23

TOTAL LIABILITIES	<u>\$ 89,744.77</u>
--------------------------	----------------------------

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

LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Form 6):			◆ THIS FORM AMENDS THE (Choose one) <input checked="" type="checkbox"/> FORM 6 I FILED FOR THE YEAR: <u>2017</u> (Use a separate Form 6X for each Form 6 you are amending.) <input type="checkbox"/> 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: _____
FRIED NICOLE HEATHER			
MAILING ADDRESS: 400 SOUTH MONROE STREET			
CITY: ZIP: COUNTY:			
TALLAHASSEE 32399 LEON			

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.

Nicole Fried
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

☒ physical presence or ☐ online notarization, this 28th day of

May, 2021 by Nicole Fried

Janelle E. Johnson
(Signature of Notary Public) (State of Florida Commission # GG 308634)
Expires March 6, 2023
Bonded thru Tmy Elin Insurance 800-385-2019

(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 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.

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

MAILING ADDRESS:

400 SOUTH MONROE STREET

PROCESSED

CITY :

TALLAHASSEE

ZIP :

32399

COUNTY :

LEON

FLORIDA
COMMISSION ON ETHICS

JUL 01 2019

NAME OF AGENCY :

FL DEPT OF AGRICULTURE AND CONSUMER SERVICES

**RECEIVED
HAND DELIVERED**

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

COMMISSIONER

69154

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.

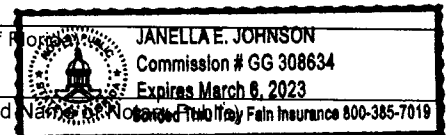
Nicole Fried
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Leon

Sworn to (or affirmed) and subscribed before me this 25th 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)

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


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>
<u>REAL PROPERTY</u> (Value shown at estimated fair market value)	
RESIDENCE- 	\$ 701,000.00
TOTAL REAL PROPERTY	<u>\$ 701,000.00</u>
<u>CASH AND EQUIVALENTS</u>	
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
TOTAL CASH AND EQUIVALENTS	<u>\$ 247,730.38</u>
<u>RETIREMENT ACCOUNTS</u>	
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
TOTAL RETIREMENT ACCOUNTS	<u>\$ 156,934.18</u>
<u>OTHER ASSETS</u>	
NICOLE FRIED BLIND TRUST	\$ 360,588.00
TOTAL OTHER ASSETS	<u>\$ 360,588.00</u>

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

CONFIDENTIAL**HAND DELIVERED**FLORIDA
COMMISSION ON ETHICS

JAN 30 2020

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

LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Form 6):

FRIED, NICOLE HEATHER

◆ 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

MAILING ADDRESS:

400 SOUTH MONROE STREET

CITY:

ZIP:

COUNTY:

TALLAHASSEE

32399

LEON

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 -- INCOMEIf 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**

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 LeonSworn to (or affirmed) and subscribed before me this 30th day ofJanuary, 20 20 by Nicole Fried

Janelle Johnson
(Signature of Notary Public) State of FLORIDA
JANELLE JOHNSON
Commission # GG 308634
Expires March 6, 2023
Bonded Thru Troy Fain Insurance 800-385-7019

(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.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.

HAND DELIVERED

69154

FLORIDA
COMMISSION ON ETHICS**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):			◆ THIS FORM AMENDS THE (Choose one) <input checked="" type="checkbox"/> FORM 6 I FILED FOR THE YEAR: <u>2018</u> (Use a separate Form 6X for each Form 6 you are amending.) <input type="checkbox"/> 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: <u>COMMISSIONER</u> ◆ WITH THIS GOVERNMENTAL AGENCY: <u>FL DEPT OF</u> <u>AGRICULTURE AND CONSUMER SERVICES</u>
FRIED, NICOLE HEATHER			
MAILING ADDRESS: 400 SOUTH MONROE STREET			
CITY: ZIP: COUNTY: TALLAHASSEE 32399 LEON			

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

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

Nicole Fried
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Leon

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

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

(Signature of Notary Public, State of Florida)
JANELLA E. JOHNSON
Commission # GG 308634
Expires March 6, 2023
(Print, Type, or Stamp Commissioned Notary Public in Florida 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]
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.