

FORM 6	FULL AND PUBLIC DISCLOS	URE 2017
Please print or type your name, mailing address, agency name, and position below	OF FINANCIAL INTEREST	S FOR OFFICE USE ONLY:
LAST NAME — FIRST NAME — MID FRIED, NICOLE HEATHER		······································
MAILING ADDRESS 3980 WEST BROWARD BL	VD	
UNIT #215		
FORT LAUDERDALE	ZIP COUNTY 33312 BROWARD	
NAME OF AGENCY FL DEPT OF AGRICULTUR	E AND CONSUMER SVCS	- - -
NAME OF OFFICE OR POSITION HE COMMISSIONER	LD OR SOUGHT	
CHECK IF THIS IS A FILING BY A CA	NDIDATE V	
	PARΓA NET WORTH	
*	net worth as of December 31, 2017 or a more curr orted liabilities from your <i>reported</i> assets, so pleas	•
My net worth as of Jt	NE 18, 20 18 was \$ 271,6	513.10
following, if not held for investment	PART B ASSETS IAL EFFECTS: ects may be reported in a lump sum if their aggregate value expurposes jewelry, collections of stamps, guns, and numismed different and vehicles for personal use whether owned or lease	atic items: art objects: household equipment and
The aggregate value of my househo	old goods and personal effects (described above) is \$ 10,000	0
ASSETS INDIVIDUALLY VALUED AT	OVER \$1,000: \SSET (specific description is required - see instructions p.	.4) VALUE OF ASSET
CASH & EQUIVALENTS (S		104,637.54
RETIREMENT ACCOUNTS		121,720.33
IGNITING FLORIDA, LLC	(SCILLOUIS ATTACHED)	125,000.00
	GS & PERSONAL EFFECTS	10,000.00
HOUSEHOLD FORNISHING	JO & UNSONAL LITECTO	
	PART C LIABILITIES	
LIABILITIES IN EXCESS OF \$1,000 (S	• - •	AMOUNT OF LIABILITY
STUDENT LOAN (SCHEDU	JLE ATTACHED)	81,563.23
AUTO LOAN (SCHEDULE)	ATTACHED)	8,181.54
JOINT AND SEVERAL LIABILITIES N NAME AND ADDRES		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.					
			/2's, schedules, and attachments u need not complete the remainder of Par	rt D.]	
PRIMARY SOURCES OF INCOM	E (See instructions on pa	ge 5):			
NAME OF SOURCE OF INCOM			ADDRESS OF SOURCE OF INCOME		AMOUNT
IGNITING FLORIDA, L	LC	3980 W.	BROWARD BLVD. FT LAU	D, FL	84,000.00
SECONDARY SOURCES OF INC	OME [Major customers, cli	ents, etc., of b	ousinesses owned by reporting personse	e instructio	ns on page 5].
NAME OF	NAME OF MAJOR		b	4	PRINCIPAL BUSINESS
BUSINESS ENTITY IGNITING FLORIDA, LLC	OF BUSINESS' SAN FELASCO NI			OF SOURCE ACTIVITY OF SOURCE TREET GAINESVILLE EL PLANT NURSERY	
	DAILY EDITION IN	MODICI	7315 NW 126TH STREET, GAINESVILLE, FL		- TOTOLITE
PA	RT E INTERESTS IN	N SPECIFIE	ED BUSINESSES (Instructions on p	age 6]	
NAME OF	BUSINESS ENTITY 1	⊭ 1 T	BUSINESS ENTITY # 2	BUSIN	NESS ENTITY # 3
BUSINESS ENTITY 10	GNITING FLORIDA,	LLC			
DI ICINIECO ENTITY	0 W BROWARD BLVD, #215 LAUDERDALE, FL 33312				
PRINCIPAL BUSINESS C	ONSULTING				
POSITION HELD	RESIDENT				
OWN MORE THAN A 5% INTEREST IN THE BUSINESS	00%				. "
NATURE OF MY	OLE OWNER				
		PART F -	TRAINING		
For officers	required to complete		nics training pursuant to section 1	12.3142.	F.S.
			IPLETED THE REQUIRED TI		
OA'	TH.	STATE	E OF FLORIDA Brown		
~		0001	· · · · · · · · · · · · · · · · · · ·		1374
 I, the person whose name appearance beginning of this form, do depose 		Swom	to (or affirmed) and subscribed before n	ne this	day of
and say that the information disc			vue 320 17 by Nic	•12 770	arar med
and any attachments hereto is true, accurate, (Signature of Notary Public-State of Florida)					
and complete	\wedge	(Olgric	Action of the Control	Jason	B. Blerk
(Print, Type, or Stamp Commission On Wotary Fublic) 6 0001					
Personally Known X Expires: July 2, 2021					
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE 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, Casoma 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 de	oes not reli	eve the filer of the responsibility	to sign th	e form under oath.

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

PART B- ASSETS

CASH AND	FOUIVA	IFNTS
	LUUIVA	LLITIO

CASH- BANK OF AMERICA CHECKING ACCT	\$	29,598.37		
CASH- BANK OF AMERICA SAVINGS ACCT	Y	50,039.17		
IGNITING FLORIDA, LLC (FAIR MARKET VALUE)		125,000.00		
TOTAL TOTAL PROPERTY OF THE PARTY OF THE PAR		123,000.00		
TOTAL CASH AND EQUIVALENTS	\$	204,637.54		
RETIREMENT ACCOUNTS				
ROTH IRA- SECURIAN	Ċ	42 2EC 2E		
ROTH IRA- SECURIAN	\$	43,256.35 21,685.98		
ROTH IRA- SECURIAN ROTH IRA- FIDELITY		32,100.00		
ROTH IRA- FIDELITY		24,678.00		
NOTH INATIBLEIT		24,070.00		
TOTAL RETIREMENT ACOUNTS	\$	121,720.33		
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	-	10,000.00		
AND OTHER PERSONAL EFFECTS		•		
TOTAL OTHER ASSETS	\$	20,000.00		
		-		

06/18/2018

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PART C- LIABILITIES

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