

BEFORE THE
STATE OF FLORIDA
COMMISSION ON ETHICS

In re MIKE MUSICK,)	Financial Disclosure Appeal No. FD 16-050
)	
Appellant.)	
<hr style="width: 40%; margin-left: 0;"/>		
)	Final Order No.

FINAL ORDER

This matter came before the Commission on Ethics, meeting in public session on April 21, 2017, on the timely appeal of Mike Musick, pursuant to Section 112.3145(7)(f), Florida Statutes, which assesses an automatic fine of \$25 per day on a person who fails to timely file a required CE Form 1, Statement of Financial Interests. The Commission may waive the fine in whole or in part for good cause shown, based on "unusual circumstances" surrounding the failure to file by the designated date. There are no matters in dispute. Appellant did not request a hearing before the Commission.

Findings of Fact

1. According to information provided to the Commission, Appellant was a member of the Lakeland Zoning Board of Adjustment and Appeals, a position requiring the filing of a CE Form 1, Statement of Financial Interests, for the year 2015. In 2016, the designated due date for submitting a 2015 CE Form 1 annual filing was July 1, 2016, with a grace period ending on September 1, 2016.

2. No later than June 1, 2016, the Polk County Supervisor of Elections sent Appellant a 2015 CE Form 1. This mailing was sent to 2014 E. Beacon By Way, Lakeland, FL 33803.

3. No later than July 31, 2016, the Polk County Supervisor of Elections sent Appellant a Notice of Delinquency by certified mail. This notice was also sent to the 2014 E. Beacon By Way address. The notice was delivered and signed for by someone at Appellant's address.

4. On August 17, 2016, the Commission mailed Appellant a postcard intended to remind him of his obligation to file a 2015 CE Form 1. The Commission mailed the postcard to the 2014 E. Beacon By Way address.

5. On September 7, 2016, six days after the grace period expired, the Commission mailed Appellant a courtesy notice informing him that an automatic fine had begun to accrue. The Commission mailed this notice to the 2014 E. Beacon By Way address.

6. On September 13, 2016, Appellant called the Commission and advised Commission staff that he had mailed his 2015 CE Form 1 "about a month ago." He further stated that he subsequently realized that there have been "ongoing issues" in his new office with the mail being properly picked up by the Post Office. Commission staff advised Appellant regarding his financial disclosure obligation and of his right to appeal the fine.

7. On September 15, 2016, Appellant submitted his 2015 CE Form 1 to the Polk County Supervisor of Elections.

8. The amount of fine automatically assessed against Appellant was \$350.

9. On February 28, 2017, the Commission mailed a Notice of Assessment of Automatic Fine to the 2014 E. Beacon By Way. This mailing indicated the total of Appellant's accrued automatic fine. The mailing also included a notice of his right to appeal the fine.

10. On March 20, 2017, Appellant submitted his appeal to the Commission. In his appeal, Appellant claims that he timely filed his disclosure form. In support of his claim,

Appellant submitted a sworn affidavit stating that he filed his required financial disclosure in a timely manner prior to the stated deadline.

Conclusions of Law

11. The Commission has jurisdiction over the subject matter of this proceeding pursuant to Section 112.3145, Florida Statutes.

12. Financial disclosure is required of public officials and employees because it enables the public to evaluate potential conflicts of interest, deters corruption, and increases public confidence in government. In order to increase compliance, beginning in 2001 the Legislature provided for an automatic fine of \$25 per day, up to a cap of \$1,500, on persons who do not timely file their financial disclosure statements. Under the law, the Legislature permitted the Commission to waive a fine only "based upon unusual circumstances surrounding the failure to file on the designated due date"

13. Commission Rule 34-8.215, F.A.C., defines "unusual circumstances" as follows:

uncommon, rare or sudden events over which the reporting individual has no control and which directly result in the failure to act in accordance with the filing requirement. Circumstances which allow for time in which to take those steps necessary to assure compliance with the filing requirement shall be deemed not to constitute unusual circumstances.

14. Appellant's basis for the appeal of his fine is that he timely submitted his 2015 CE Form 1 when he mailed it in a timely manner before the filing deadline. Based on the Appellant's sworn representations in this appeal, the Appellant timely completed and mailed his 2015 CE Form 1 to the Polk County Supervisor of Elections, but its non-receipt was an "unusual circumstance" that justifies waiving the \$350 fine.

Order

Based on the foregoing facts and conclusions of law, the Commission hereby waives the assessed fine of \$350.

ORDERED by the State of Florida Commission on Ethics meeting in public session on Friday, April 21, 2017.

Date Rendered

Matthew F. Carlucci
Chair, Florida Commission on Ethics

THIS ORDER CONSTITUTES FINAL AGENCY ACTION. ANY PARTY WHO IS ADVERSELY AFFECTED BY THIS ORDER HAS THE RIGHT TO SEEK JUDICIAL REVIEW UNDER SECTION 120.68, AND SECTION 112.3241, FLORIDA STATUTES, BY FILING A NOTICE OF ADMINISTRATIVE APPEAL PURSUANT TO RULE 9.110 FLORIDA RULES OF APPELLATE PROCEDURE, WITH THE CLERK OF THE COMMISSION ON ETHICS, AT EITHER 325 JOHN KNOX ROAD, BUILDING E, SUITE 200, TALLAHASSEE, FLORIDA 32303 OR P.O. DRAWER 15709, TALLAHASSEE, FLORIDA 32317-5709; AND BY FILING A COPY OF THE NOTICE OF APPEAL ATTACHED TO WHICH IS A CONFORMED COPY OF THE ORDER DESIGNATED IN THE NOTICE OF APPEAL ACCOMPANIED BY THE APPLICABLE FILING FEES WITH THE APPROPRIATE DISTRICT COURT OF APPEAL. THE NOTICE OF ADMINISTRATIVE APPEAL MUST BE FILED WITHIN 30 DAYS OF THE DATE THIS ORDER IS RENDERED.

MFC:jmk

Copy furnished to:

Mr. Mike Musick
2014 E. Beacon By Way
Lakeland, FL 33803

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2015 ✓

Please print or type your name, mailing address, agency name, and position below:

RECEIVED
 SUPERVISOR OF ELECTIONS
 OFFICE USE ONLY:

LAST NAME - FIRST NAME - MIDDLE NAME:
 MUSICK Michael Len

MAILING ADDRESS:
 2014 Beacon Bypass

Lakeland FL 33803

CITY: ZIP: COUNTY:

Zoning Board of Adjustments + Appeals

NAME OF AGENCY:
 Board member

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

16 SEP 15 PM 1:53

SCANNED

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

**** **BOTH PARTS OF THIS SECTION MUST BE COMPLETED** ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2015 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See Instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
MUSICK Construction	2014 Beacon Bypass Lakeland FL 33803	Construction

PART B - SECONDARY SOURCES OF INCOME
 [Major customers, clients, and other sources of income to businesses owned by the reporting person - See Instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
/	/	/	/

PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See Instructions]
 (If you have nothing to report, write "none" or "n/a")

217 Hillside Dr. Bayson Park FL 33427

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions] (If you have nothing to report, write "none" or "n/a")	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
<i>NA</i>	<i>/</i>

PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
<i>NA</i>	<i>NA</i>

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a")		
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	<i>/</i>	<i>/</i>
ADDRESS OF BUSINESS ENTITY	<i>/</i>	<i>/</i>
PRINCIPAL BUSINESS ACTIVITY	<i>/</i>	<i>/</i>
POSITION HELD WITH ENTITY	<i>/</i>	<i>/</i>
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	<i>/</i>	<i>/</i>
NATURE OF MY OWNERSHIP INTEREST	<i>/</i>	<i>/</i>

PART G — TRAINING
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature: *[Handwritten Signature]*

Date Signed: *9-13-16*

CPA or ATTORNEY SIGNATURE ONLY

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, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

<p>WHAT TO FILE:</p> <p>After completing all parts of this form, <u>including signing and dating it</u>, send back only the first sheet (pages 1 and 2) for filing.</p> <p>If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).</p> <p>NOTE:</p> <p>MULTIPLE FILING UNNECESSARY: A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.</p> <p>Facsimiles will not be accepted.</p>	<p>WHERE TO FILE:</p> <p>If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.</p> <p>Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)</p> <p>State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.</p> <p>Candidates file this form together with their qualifying papers.</p> <p>To determine what category your position falls under, see page 3 of Instructions.</p>	<p>WHEN TO FILE:</p> <p>Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment. Candidates must file at the same time they file their qualifying papers.</p> <p>Thereafter, file by July 1 following each calendar year in which they hold their positions.</p> <p>Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.</p>
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251134

16-050



STATE OF FLORIDA
COMMISSION ON ETHICS

325 John Knox Road
Building E, Suite 200
Tallahassee, FL 32303
Telephone: (850) 488-7864
Fax: (850) 488-3077
Email: disclosure@leg.state.fl.us

FLORIDA
COMMISSION ON ETHICS

MAR 20 2017

RECEIVED

APPEAL OF AUTOMATIC FINE FOR FORM YEAR 2015

DIRECTIONS: The information you provide in this form is critical for processing your appeal in a timely manner.

In Part A, please provide current contact information. If your contact information changes while your appeal is being processed, please notify us.

In Part B, please check any boxes that specify the general reason(s) for your appeal.

In Part C, please explain in detail the reason(s) for your appeal. In addition to your written explanation in Part C, you may attach any documents that support your appeal.

IMPORTANT: TO PRESERVE YOUR RIGHT TO APPEAL, THIS FORM OR OTHER WRITTEN APPEAL (AND ANY ATTACHMENTS) MUST BE FILED WITH (RECEIVED BY) THE COMMISSION ON ETHICS WITHIN THIRTY (30) DAYS OF THE DATE THE NOTICE OF ASSESSMENT OF AUTOMATIC FINE WAS MAILED TO YOU.

PLEASE SEND YOUR COMPLETED FORM TO ONE OF THE FOLLOWING:

Mailing Address: Commission on Ethics
P.O. Drawer 15709
Tallahassee, FL 32317-5709

Physical Address: Commission on Ethics
325 John Knox Road
Building E, Suite 200
Tallahassee, FL 32303

Fax: (850) 488-3077

Email: disclosure@leg.state.fl.us

PART A: YOUR INFORMATION

Name: Mike Musick

Address: 2014 Beacon Bypass City: Lakeland State: FL Zip: 33807

Daytime Tel.: 863 258 9387 Cell: Same

Email: Mike@Musickbuilt.com Filer ID# (if known): _____

Public Employer: _____

Public Position: Comm. Mem. of adjustment + Appeals - city of Lakeland

CONTINUED ON REVERSE SIDE

PART B: GENERAL REASON(S) FOR YOUR APPEAL

Please choose any/all reasons that apply to your appeal.

I hereby appeal the Notice of Assessment of Automatic Fine on the following basis:

- a. **Sickness or injury** (Explain in Part C and attach a statement from attending physician, including dates and nature of illness or injury)
- b. **Lack of notification – Failure to receive notice** (Explain in Part C and provide documentation that supports your assertion that you never received certified mail delinquency notice: for example, incorrect address; misdelivered mail; change in employment; extended absence from home, etc.)
- c. **Claim of timely filing of financial disclosure** (Explain in Part C and provide copy of certified mail receipt and/or copy of completed form which had been previously filed, along with a sworn notarized statement that you filed prior to the deadline)
- d. **Left public position prior to December 31, 2015** (Explain in Part C and provide confirmation from agency that your office-holding/employment ended before 12/31/2015)
- e. **Other unusual circumstance** (Explain in Part C and provide documentation explaining uncommon, rare, or sudden occurrence that prevented timely filing prior to deadline)

PART C: DETAILED EXPLANATION OF YOUR APPEAL

Please provide a detailed explanation of your appeal, including why each option you selected in Part B is applicable to you. You may use the space provided and/or attach additional pages.

I sent my financial disclosure on time. It wasn't until I was sent a letter from the department that I realized the mail was misdelivered. As soon as I received that notice I had ~~it~~ delivered a new disclosure - Thanks

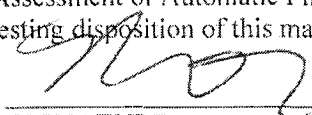
OPTIONAL REQUEST FOR HEARING

In addition to this written appeal, I specifically request to appear before the Commission in a hearing pursuant to Section 112.3144(5)(e)3 or Section 112.3145(7)(f)3, Florida Statutes. Commission meetings occur in Tallahassee.

SIGNATURE

I have received and read the Notice of Assessment of Automatic Fine and its instructions on How to Appeal and I understand my options. I am requesting disposition of this matter as indicated.

3-16-17
DATE


SIGNATURE

SWORN NOTARIZED STATEMENT OF THE CLAIMANT

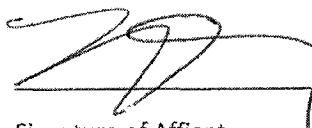
STATE OF FLORIDA

COUNTY OF Polk

PERSONALLY came and appeared before me, the undersigned Notary, the within named MIKE MUSICK, JR., who is a resident of Polk County, State of FLORIDA, and makes this his/her sworn statement upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of his/her knowledge:


I Mike Musick, Jr. of 2014 Beacon By-Way Lakeland, FL 33803 and as a member of the Committee of Adjustment & Appeals for the City of Lakeland do swear that I filed my required annual financial disclosure in a timely manner prior to the stated deadline.

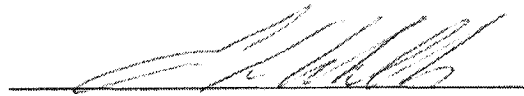
DATED this the 20 day of March, 20 17



Signature of Affiant

SWORN to subscribed before me, this 20 day of MARCH, 20 17

 Eric L. Wells
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG017524
Expires 8/1/2020



NOTARY PUBLIC ERIC L. WELLS

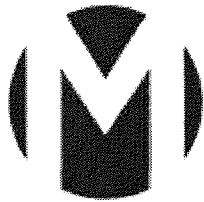
My Commission Expires:
8/1/2020

Prine.Emily



From: mike@musickbuilt.com
Sent: Monday, March 20, 2017 3:45 PM
To: disclosure
Subject: appeal
Attachments: city scan 2.pdf; city scan 3.pdf; city scan 1.pdf

Attached is my appeal form for the city of lakeland adjustments and appeals ethics disclosure.
thanks

Mike Musick
Founder/President



musick
CONSTRUCTION

2126 E. Edgewood dr., Suite 11
Office 863.904.5350
Fax 863.248.8277
Cell 863.258.9387
mike@musickbuilt.com
www.musickbuilt.com
 [Facebook](#)  [Twitter](#)

Mailing Address:
P.O. Box 8782
Lakeland, FL 33806-8782



Financial Disclosure Management System
THE FLORIDA COMMISSION ON ETHICS

Filer - Fines and Appeals - PID 251134 - Mike Musick

Filer Information

Org Membership

Forms

Communications

Fines and Appeals >

View All

Filer Flags

[2000](#) [2001](#) [2002](#) [2003](#) [2004](#)
[2005](#) [2006](#) [2007](#) [2008](#) [2009](#)
[2010](#) [2011](#) [2012](#) [2013](#) [2014](#)
[2015\(S\)](#) [2016](#)

<<2016 Form Year

Status

Filing: ACTIVE

Fine: No Fine

Flags

Public Address

Filing Extensions

Indefinite: None

Temporary:

None

Eligible for Fines

[Update Flags](#)

The filer has fines for: [2016 \(Appeal\)](#)

2016 Fines and Appeals

Form Year 2015 Filed Forms					
Received Date	Form Type	Form Signed	Filing Location	Updated	Comments
09/15/16	Form 1	Yes	SOE	HOLMESK(SOE IMPORT) on 12/15/2016	Polk

2016 Fine Information				Update Fine Information Assign Agency Contact			
Fine Balance	Fine Status	Fine Date	Original Assessment	Fine Amount	Last Payment Date	Payment Plan Start Date	Payment Plan Amount
\$350.00	Appeal	2/28/2017	\$350.00	\$350.00			
Fine Address 2014 E Beacon By Way Lakeland FL 33803-2612 Org/Suborg Lakeland-Zoning Bd Of Adjustment & Appeals							

2016 Fine Payment History						
Date Posted	Description	Amount	Method	Payment ID	Comments	
2/28/2017	Fine Levied	+ \$350.00			Fined \$350.00	
Current Balance: \$350.00						

2016 Fine Year Event

[Invalidate Transaction](#)

02/28/2017 Notice of Initial Fine Notice 9:03 AM
 Assessed Fine Journal: 2/28/2017
10:09 AM

① 02/28/2017 Letter Sent Notice of Assessed Fine - Print Queue:
 Filer 1st Fine Letter 2/28/2017
Printing Confirmed:
2/28/2017

Letter Sent To:
 Mike Musick
 2014 E Beacon By Way
 Lakeland, FL 33803 -2612

03/24/2017 Fine Appeal FD 16-050 Journal: 3/24/2017
3:23 PM

① 03/28/2017 Letter Sent Fine Appeal Print Queue:
3/28/2017
Printing Confirmed:
3/28/2017

Letter Sent To:
 Mike Musick
 2014 E Beacon By Way
 Lakeland, FL 33803 -2612

2016 Fine Appeal – FD 16-050	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">Update Appeal</td> <td style="padding: 2px 10px;">Withdraw Appeal</td> </tr> <tr> <td style="padding: 2px 10px;">Assign Attorney</td> <td style="padding: 2px 10px;">Request More Info</td> </tr> <tr> <td colspan="2" style="padding: 2px 10px; text-align: center;">Record Appeal Outcome</td> </tr> </table>	Update Appeal	Withdraw Appeal	Assign Attorney	Request More Info	Record Appeal Outcome	
Update Appeal	Withdraw Appeal						
Assign Attorney	Request More Info						
Record Appeal Outcome							
Appeal Status: Active Appeal Receipt Date: 03/20/2017 Timely Filed: Yes Print Appeal Letter: Yes Hearing Requested: No Appeal Reason: Previously Filed	No Hearing Requested						

	<p>Financial Disclosure Appeal Notes: Appeal Number: FD 16-050 Appeal Analyst Assigned: Final Order Number: Final Order Date:</p>	
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I, Lori Edwards, the Supervisor of Elections of Polk County, hereby certify that each person whose PID number, name, agency, and position appears above or on the attached list:

1. was sent a notice of the July 1, 2016 financial disclosure deadline and a blank Form 1, Statement of Financial Interests, not later than June 1, 2016;
2. was determined to be delinquent in filing a Form 1, Statement of Financial Interests, by July 1, 2016;
3. was sent a delinquency notice by certified mail not later than July 31, 2016 advising him or her of the grace period in effect until September 1, 2016; and of the penalties that could be imposed as provided in Section 112.3145(7)(c), Florida Statutes; and
4. did not file a Form 1, Statement of Financial Interests, until the date shown or, had not filed a Form 1, Statement of Financial Interests by October 31, 2016; and further
5. that the date of filing shown is based upon the earliest of the following:
 - a. when the Form 1 was actually received by my office;
 - b. when the Form 1 was postmarked;
 - c. when the certificate of mailing (if any) was dated; or
 - d. when the receipt (if any) from an established courier company was dated.

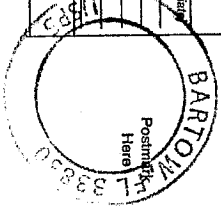
Signed Lori Edwards
SUPERVISOR OF ELECTIONS

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

2997 0640 0006 9735 1662



Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage \$ _____

Sent To: Mike Musick

Street and Apt. #: 2014 E Beacon By Way

City, State, ZIP+4: Lakeland, FL 33803

PS Form 3811, April 2015 PSN 7530-02-000-9053

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mike Musick
 2014 E Beacon By Way
 Lakeland, FL 33803
 Lakeland



2. Article Number (transfer from service label)
 7015 0640 0006 9735 1662

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) _____

C. Date of Delivery _____

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below _____

RECEIVED
LORI EDWARDS
SUPERVISOR OF DELIVERY
AUG -3 AM 11:20

3. Service Type

Adult Signature Restricted Delivery

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery Restricted Delivery

Collect on Delivery Restricted Delivery

Registered Mail Express®

Registered Mail™

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt