

Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

- ☐ Mr.
☐ Mrs.
☐ Ms.
☐ Miss

Eric Smidt and Susan Smidt, Claimant

vs.

State of Arkansas, Respondent

Do Not Write in These Spaces

Claim No. _____

Date Filed _____
(Month) (Day) (Year)Amount of Claim \$ \$69,424.00Fund DFA/RD

AR Dept. of Finance & Administration

COMPLAINT

Reissuance of Warrant (Check)

1910223300

Eric Smidt and Susan Smidt, the above named Claimant, of _____
 (Name) (Street or R.F.D. & No.) (City)

County of _____ represented by _____
 (State) (Zip Code) (Daytime Phone No.) (Legal Counsel, if any, for Claim)

of see AR POA attached _____, says
 (Street and No.) (City) (State) (Zip Code) (Phone No.) (Fax No.)

State agency involved: _____ Amount sought: _____

Month, day, year and place of incident or service: _____

Explanation: _____

This claim is being filed for the reissuance of warrant #1910223300 dated 11-16-2018
 payable to Eric Smidt and Susan Smidt in the amount of \$69,424.00 payable from AR
Dept. of Finance & Administration. This warrant was not presented to the state treasurer
 for redemption during the legal redemption period.

Warrant or necessary papers for reissuing lost warrant(s)/check(s) is/are attached to and
 made a part of this complaint.

Completed paperwork for reissuance of this warrant was received in this office on August
 31, 2021.

As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof

No ; when? _____ ; to whom? _____
 (Yes or No) (Month) (Day) (Year) (Department)

and that the following action was taken thereon: _____

and that \$ _____ was paid thereon: (2) Has any third person or corporation an interest in this claim? No ; if so, state name and address

 (Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)

and that the nature thereof is as follows: _____

_____ ; and was acquired on _____, in the following manner

THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verily believe
 that they are true.

Lisa G. Peres
 (Print Claimant/Representative Name)

Lisa G. Peres
 (Signature of Claimant/Representative)

SWORN TO and subscribed before me at _____

(City) (State)

(SEAL)

on this _____ day of _____

(Date) (Month) (Year)

see attachment

(Notary Public)

SF1- R7/99

My Commission Expires: _____

(Month) (Day) (Year)

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }

County of Ventura }

On December 7th before me, Kyra Law
(Here insert name and title of the officer)

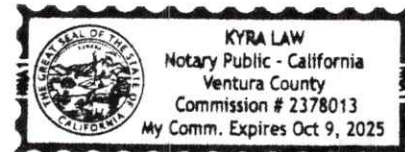
personally appeared Lisa G. Peres
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Kyra Law
Notary Public Signature

(Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Before the state claims
(Title or description of attached document)

Commission
(Title or description of attached document continued)

Number of Pages 1 Document Date _____

CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)
☐ Corporate Officer

(Title)

- ☐ Partner(s)
☐ Attorney-in-Fact
☐ Trustee(s)
☐ Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they- is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.

ARKANSAS STATE CLAIMS COMMISSION
Phone #682-1619 – Fax #682-2823
NOTICE OF LOST OUTDATED WARRANT(S)

2017

The records of the Department of Finance & Administration of Arkansas, Phone #682-1100.

Agency address: P.O. Box 3628, Little Rock, Arkansas, 72203

Reflect that ERIC & SUSAN SMIDT
Payee/Payees

[REDACTED] [REDACTED]
Payee's Address City

[REDACTED] [REDACTED] was/were issued
State Zip Code

State Warrant number 1910223300, dated 16-Nov-2018

in the amount of 69,424.00 the same being in payment

of Voucher No. _____, Agency No. 0630,

Appropriation No. 236, Character Code 14, Fund Code TGI, or
if corporation-Federal Tax ID No. _____.

Also, please furnish your current Business Area FA08, Fund Code TGI,
Cost Center Group 397616 & Fund Center TGI

Kassie McClendon
Agency Disbursing Officer's Full Name (please print)

Kassie McClendon
Agency Disbursing Officer's Signature

Arkansas
State Claims Commission

AUG 31 2021

RECEIVED

**ARKANSAS STATE CLAIMS COMMISSION
Reissuance of Out-Dated Warrants**

Date: 09/30/2021

Warrant: 1910223300

Name of Payee: Eric Smidt and Susan Smidt

Amount: 69,424.00

Upon checking with Hunter of AOS/Data Processing Division, I was informed that this warrant was voided, and no duplicate warrant had been issued. We also checked our (Claims Commission) records to verify that there has been no reissuance by this office and there was none.

CM

Lisa G. Peres, CPA



Arkansas
State Claims Commission

DEC 13 2021

RECEIVED



December 7, 2021

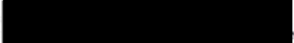
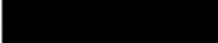
101 East Capitol Avenue
Ste 410
Attention: Caitlin
Little Rock, Arkansas 72201-3823

Re: Eric Smidt and Susan Smidt; Claim No. 220493 – Reissuance of Check No.
1910223300

Dear Caitlin,

Per our discussion, please find the enclosed certified request to reissue the amount of \$69,424.00 to the above-named taxpayers, we well as the State of Arkansas Power of Attorney providing me authorization to act on their behalf.

Also, please note the taxpayer's change in address to 
, which was also used on their 2020 Arkansas income tax return filed with the state.

Please contact me at , or  if you should require additional information to resolve this matter.

Thank you very much,



Lisa G. Peres
CPA

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

**ERIC SMIDT AND
SUSAN SMIDT**

CLAIMANTS

V.

CLAIM NO. 220493

**ARKANSAS DEPARTMENT OF
FINANCE AND ADMINISTRATION**

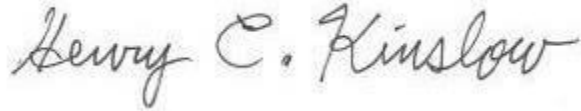
RESPONDENT

ORDER

This claim was filed by Eric Smidt and Susan Smidt (the “Claimants”) requesting reissuance of outdated warrant no. 1910223300 (the “Warrant”) in the amount of \$69,424.00 payable from Arkansas Department of Finance and Administration. The Warrant is still outstanding, and no duplicate has been issued.

The Arkansas State Claims Commission (the “Claims Commission”) unanimously allows this claim in the amount of \$69,424.00 and refers this claim to the General Assembly for review and placement on an appropriation bill pursuant to Ark. Code Ann. § 19-10-215(b).

IT IS SO ORDERED.



ARKANSAS STATE CLAIMS COMMISSION

Courtney Baird
Dexter Booth
Henry Kinslow, Co-Chair
Paul Morris, Co-Chair
Sylvester Smith

DATE: February 21, 2022

Notice(s) which may apply to your claim

- (1) A party has forty (40) days from the date of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1). If a Motion for Reconsideration is denied, that party then has twenty (20) days from the date of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1)(B)(ii). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a)(3).
- (2) If a Claimant is awarded less than \$15,000.00 by the Claims Commission at hearing, that claim is held forty (40) days from the date of disposition before payment will be processed. *See* Ark. Code Ann. § 19-10-211(a). Note: This does not apply to agency admissions of liability and negotiated settlement agreements.
- (3) Awards or negotiated settlement agreements of \$15,000.00 or more are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 19-10-215(b).