

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

ARKANSAS STATE CLAIMS COMMISSION

B1

APR 22 2013

RECEIVED

BEFORE THE STATE CLAIMS COMMISSION  
Of the State of Arkansas

- Mr.
- Mrs.
- Ms.
- Miss

Do Not Write in These Spaces	
Claim No.	13-0734-CC
Date Filed	April 22, 2013
	(Month) (Day) (Year)
Amount of Claim \$	\$22,779.35
Fund	AHTFD

City Corporation, Claimant

vs.

State of Arkansas, Respondent

AR Highway Dept.

COMPLAINT

Reissuance of Warrant (Check)  
810378645

City Corporation, the above named Claimant, of \_\_\_\_\_ (Street or R.F.D. & No.) \_\_\_\_\_ (City)

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

of \_\_\_\_\_ (Street and No.) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ (Phone No.) \_\_\_\_\_ (Fax No.) says:

State agency involved: Ark. Highway & Transportation Dept. Amount sought: \$22,779.35

Month, day, year and place of incident or service: \_\_\_\_\_

Explanation: This claim is being filed for the reissuance of warrant #810378645, dated 01/22/08, payable to City Corporation in the amount of \$22,779.35, payable from the AR Highway Department. 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) (checks) is/are attached to and made a part of this complaint.

Completed paperwork for reissuance of this warrant was received in this office on April 17, 2013.

As part 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? \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year); to whom? \_\_\_\_\_ (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? \_\_\_\_\_; if so, state name and address \_\_\_\_\_

and that the nature thereof is as follows: \_\_\_\_\_ (Name) \_\_\_\_\_ (Street or R.F.D. & No.) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code); 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 verify believes that they are true.

Hope Penman  
(Print Claimant/Representative Name)

Hope Penman  
(Signature of Claimant/Representative)

SWORN TO and subscribed before me at Russellville AR  
(City) (State)

(SEAL) on this 18th day of April, 2013  
(Date) (Month) (Year)

[Signature]  
(Notary Public)

My Commission Expires: April 26 2013  
(Month) (Day) (Year)

ARKANSAS STATE CLAIMS COMMISSION  
101 EAST CAPITOL AVENUE, SUITE 410  
LITTLE ROCK, AR 72201-3823  
Phone #501-682-1619 - Fax #501-682-2823

**NOTICE OF LOST OUTDATED WARRANT(S)**

**Part I**

The records of the STATE HIGHWAY & TRANSPORTATION DEPT of Arkansas, Phone 501-569-2506

Agency P O BOX 2261, LITTLE ROCK, AR 72203-2261  
Agency Address

Reflect that CITY CORPORATION

Payee/Payees P.O. BOX 3186, RUSSELLVILLE  
Payee's Address City  
AR, 72811-3186, was/were issued  
State ZIP Code

State Warrant number 810378645, dated 1/22/08

in the amount of \$22,779.35, the same being in payment

of Voucher No. 43087, Agency No. 0090

Appropriation No. 182, Character Code 02

Fund Code RRA0000, Social Security No. \_\_\_\_\_, or

if corporation-Federal Tax ID No. \_\_\_\_\_

Also, please furnish your current Business Area 0090 Fund Code RRA0000

Cost Center 145041 & Fund Center 182

LeAnn Edmonson  
Agency Disbursing Officer's Full Name (please print)

LeAnn Edmonson  
Agency Disbursing Officer's Signature

**Part II**

**STATEMENT OF FORGERY**  
**(FORGED WARRANTS ONLY)**

I/We \_\_\_\_\_, state that:

- \_\_\_\_\_ 1. I/we received and lost.
- \_\_\_\_\_ 2. I/we did not receive, endorse nor cash.
- \_\_\_\_\_ 3. I/we have not authorized another person to sign my/our name(s) to the warrant.
- \_\_\_\_\_ 4. I/we have no knowledge of the whereabouts of the warrant or of any other Person having received, cashed or endorsed the warrant.
- \_\_\_\_\_ 5. When this warrant was cashed, the endorsement was a forgery.

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

**Date: 4/25/2012**

**Warrant: 810378645**

**Name of Payee: City Corporation**

**Amount: \$22,779.35**

**Upon checking with Pat of AOS/Data Processing Division, I was informed that this warrant was still outstanding 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.**

JH  
**Jenna Hale**

STATE CLAIMS COMMISSION DOCKET  
OPINION

Amount of Claim \$ 22,779.35

Claim No. 13-0734-CC

City Corporation	Claimant	Attorneys	Pro se	Claimant
vs.				
AR State Highway and Transportation Department	Respondent	LeAnn Edmonson, Disbursing Officer	Respondent	
State of Arkansas				
Date Filed	April 22, 2013	Type of Claim	Reissuance of warrant	

FINDING OF FACTS

This claim was filed for reissuance of warrant #8103788645 dated January 22, 2008. Warrant is still outstanding and no duplicate has been issued.

The Claims Commission hereby unanimously allows this claim in the amount of \$22,779.35 and will include the claim in a claims bill to the 89<sup>th</sup> General Assembly, Arkansas State Legislature 2014, for subsequent approval and payment.

**IT IS SO ORDERED.**

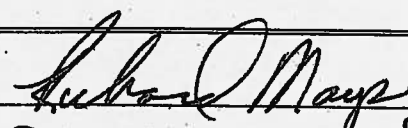
(See Back of Opinion Form)

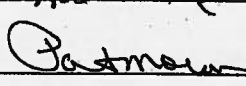
CONCLUSION

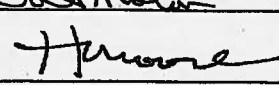
Upon consideration of all the facts, as stated above, the Claims Commission hereby unanimously allowed this claim in the amount of \$22,779.35 and will include the claim in a claims bill to be submitted to the 89<sup>th</sup> General Assembly, Arkansas State Legislature 2014 for subsequent approval and payment.

Date of Hearing May 16, 2013

Date of Disposition May 16, 2013

 Chairman

 Commissioner

 Commissioner

\*\*Appeal of any final Claims Commission decision is only to the Arkansas General Assembly as provided by Act #33 of 1997 and as found in Arkansas Code Annotated §19-10-211.