12362424-117

Arkansas
State Claims Commission

C.02

ARKANSAS STATE CLAIMS COMMISSION Phone #682-1619 – Fax #682-2823 NOTICE OF LOST OUTDATED WARRANT(S)

AUG 3 0 2023

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

Agency address: P.O. Box 3628, I	Little Rock, Arkansas, 72203					
Reflect that						
Payee	rayees					
Payee's Address	City					
State	_ was/were issued Zip Code					
State Warrant number_	, dated <u>31-OCT-2021</u>					
in the amount of \$ <u>15,534.04</u> t	he same being in payment					
of Voucher No.	, Agency No. 0630,					
Appropriation No. Character if corporation-Federal Tax ID No.	Code Fund Code or					
Also, please furnish your current Busi Cost Center Group	iness Area Fund Code & Fund Center					
	Taurana Mandin					
Agency Di	Tammy Martin sbursing Officer's Full Name (please print)					
	Junualy Centra					

ARKANSAS STATE CLAIMS COMMISSION Reissuance of Out-Dated Warrants

Date: 9/14/2023

Warrant:	
Name of Payee:	Jonathan Kennon and Kristen Kennon
Amount:	\$15,534.04
Upon checking w	with Rick of AOS/Data Processing Division, I was informed that this
warrant was voic	ded, and no duplicate warrant had been issued. We also checked our
(Claims Commis	sion) records to verify that there has been no reissuance by this office and
there was none.	
	СМ

Please print in ink or type

NOV 11 2023

BEFORE THE STATE CLAIMS COMMISSION

Of the State of Arkansas

RECEIVED

□ Mr.			Do Not Write in These Spaces				
□ Mrs. □ Ms. □ Miss Jonathan Kennon and Kristen Ke		Claim No.					
	sten Kennon	nnon	Sample of the sa				
	, c	laimant	Date Filed	(Month) (Day) (Year)			
			2	\$15,534.04	(Year)		
VS.			Amount of Claim \$_	DFA			
State of Arkansas, Respondent AR Dept. of Finance and Ad		• •		Fund			
AR Dept. of Finance and Ad	ministration						
	COMP	LAINT	Reissua	nce of War	rant (Check)		
Jonathan Kennon and Kr		22.18.2.17.1			30		
	, the above named Claimant,	of	-	10000			
(Name)			(Street or R.F.D. & N	0.)	(City)		
(State) (Zip Code) (Daytime Phone No.)	County of	represe	ented by Caral Cour	nsel, if any, for Cla	2		
	<u>'</u>		(Degai Cou	isei, ii any, for Cia	im)		
(Street and No.)	(City) (State)	(Zip Code)	(Phone No.)	(Fa	x No.)		
State agency involved:	100 Men 100	Amo	unt sought:	N. C.			
70.5 - 20 - 20 - 20 - 20 - 20 - 20 - 20 - 2		Allio	unt sought.	-11 (00)113-01			
Month, day, year and place of incident or service:			- America	TION			
Explanation: This claim is being filed for	or the reissuance of war	rant #	dota 10 21	-2021 payabl	lo to		
Jonathan Kennon and K	risten Kennon the amo	ount of \$15.5	34.04 payable fr	-2021 payabl	e to		
Finance and Administr	ation. This warrant w	as not prese	ented to the eta	te trescurer	for		
redemption during the leg	al redemption period.	as not prese	and to the sta	ic deasurer	101		
	, and process						
Warrant or necessary pape	ers for reissuing lost war	rant(s)/checl	k(s) is/are attach	ed to and mad	dea		
part of this complaint.							
				11111-11			
		7					
As parts of this complaint, the claimant makes the statement when? (Yes or No) (Month) (Day)	ents, and answers the following quest ; to whom? (Year)	tions, as indicated: (Has claim been present (Departm	SSCIPPING BY THE PLAN	tment or officer thereof?		
	that the following action was taken	thereon:					
and that \$was paid there	on: (2) Has any third person or corp	oration an interest in	n this claim?) ; if so, s	state name and address		
(Name)	(Street or R.F.D. & No.)	(City)	(Sta	te) (7	Zip Code)		
and that thenature 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 matte	rs and things set f	orth in the above com	plaint, and that he	or she verily believe		
that they are true,		11	11	,			
Kristen Tennon			-K	$\overline{}$			
(Print Claimant/Representative Nat	me)	01	(Signature of Claim	nant/Represents	ative)		
SWO	RN TO and subscribed before	me at SN	SUNCOCY		AR		
KAITLYN A RAMSEY Notary Public - Arkansas	211		(City	v)	(State)		
Pulaski County	on this	Law of 86	potember		2023		
My Commission Expires Oct 8, 2031	on this	day of Ut	1		.000		
Andrews and the second	(Date)	a sa	0	(Month)	(Year)		
	19/10	11	42				
PE1 P760		001 1-	(N	lotary Public)	1001		
SF1- R7/99	My Commission Expires	uctobe		870	200		
		(Mo	nth)	(Day)	(Year)		

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

JONATHAN KENNON AND KRISTEN KENNON

CLAIMANTS

V.

CLAIM NO. 240381

ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION

RESPONDENT

ORDER

This claim was filed by Jonathan Kennon and Kristen Kennon (the "Claimants") requesting reissuance of outdated warrant no. (the "Warrant") in the amount of \$15,534.04 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 \$15,534.04 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.

Soloron Humes

ARKANSAS STATE CLAIMS COMMISSION

Solomon Graves

ARKANSAS STATE CLAIMS COMMISSION Paul Morris, Chair

ARKANSAS STATE CLAIMS COMMISSION Sylvester Smith

DATE: December 7, 2023

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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).

ARKANSAS STATE CLAIMS COMMISSION

(501) 682-1619 FAX (501) 682-2823



KATHRYN IRBY DIRECTOR

101 EAST CAPITOL AVENUE SUITE 410 LITTLE ROCK, ARKANSAS 72201-3823

December 12, 2023

Mr. Jonathan Kennon Ms. Kristen Kennon (via U.S. Mail)

(via email)

Ms. Alicia Austin Smith Arkansas Department of Finance and Administration Post Office Box 3628 Little Rock, Arkansas 72203

RE: Jonathan Kennon and Kristen Kennon v. Ark. Dept. of Finance and Admin.

Claim No. 240381

Dear Mr. Kennon, Ms. Kennon, and Ms. Smith,

Please see the enclosed Order entered by the Commission on December 7, 2023. As stated in the Order, because the awarded amount is over \$15,000, this claim file is being transmitted to the Arkansas General Assembly for review, approval, and placement on an appropriations bill.

Sincerely,

Kathryn Irby

ES: kmirby