

[Redacted]

Please print in ink or type

Arkansas State Claims Commission
JUL 24 2015

B1.

BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

RECEIVED

- Mr.
- Mrs.
- Ms.
- Miss

Frank Brunckhorst III, Claimant

vs.

State of Arkansas, Respondent

Do Not Write in These Spaces	
Claim No.	<u>16-0064-CC</u>
Date Filed	<u>July 24, 2015</u>
(Month)	(Day) (Year)
Amount of Claim \$	<u>\$18,028.65</u>
Fund	<u>DFARD</u>

AR Dept. of Finance & Administration

COMPLAINT

Reissuance of Warrant (Check)
1311185915

Frank Brunckhorst III
(Name)

, the above named Claimant, of

1400 Ladue Ln, Sarasota, FL 34231
(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:

Amount sought:

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

Explanation:

This claim is being filed for the reissuance of warrant #1311185915, dated 06/17/13, payable to Frank Brunckhorst III in the amount of \$18,028.65, payable from AR Dept. of Finance & Administration/Revenue Division. 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 October 9, 2014.

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

(Yes or 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?

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 believes that they are true.

Frank Brunckhorst
(Print Claimant/Representative Name)

(Signature of Claimant/Representative)

RICHARD KANDEL
NOTARY PUBLIC, State of New York
No. 31-7149700
Qualified in New York County
Commission Expires November 30, 2018

SWORN TO and subscribed before me at 15 W. 53RD ST. NY, NY 10019

on this

21

day of

JULY

(City)

(State)

2015

(Date)

(Month)

(Year)

Richard Kandel

(Notary Public)

SF1- R7/99

My Commission Expires:

11

(Month)

- 30

(Day)

- 18

(Year)

ARKANSAS STATE CLAIMS COMMISSION

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



NORMAN L. HODGES, JR.
DIRECTOR

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

October 9, 2014

Mr. Frank Brunckhorst, III
1400 Ladue Lane
Sarasota, FL 34231

RE: Frank Brunckhorst III
Reissuance of Warrant (Check)
Warrant Number: 1311185915

Dear Mr. Brunckhorst:

This will acknowledge receipt of a request for reissuance of the above listed warrant.

We have completed and enclosed a Complaint Form for your convenience in having this warrant (check) reissued. Please sign the form before a Notary Public and return it to this office for filing.

Upon receipt of the Complaint Form, properly signed and notarized, we will then file your claim to be presented to the State Claims Commission for consideration.

Sincerely,

A handwritten signature in black ink that reads "NV Hodges." The initials "NV" are written in a stylized, bold font.

Norman L. Hodges, Jr.
Director

NLH/jh
Enclosure

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

2011

Part I

The records of the Department of Finance & Administration of Arkansas, Phone #682-7289

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

Reflect that FRANK BRUNCKHORST III,
Payee/Payees
1400 LADUE LN SARASOTA
Payee's Address City
FL, 34231-2317, was/were issued
State Zip Code

State Warrant number 131185915, dated 17-Jun-2013,
in the amount of \$ 18,028.65 the same being in payment
of Voucher No. N/A, Agency No. 0630,

Arkansas
State Claims Commission

OCT 09 2014

RECEIVED

Appropriation No. 236, Character Code 14, Fund Code TGI,

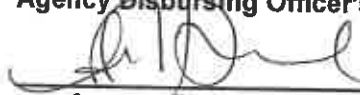
Social Security No. _____

if corporation-Federal Tax ID No. _____

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

Autumn Hemphill

Agency Disbursing Officer's Full Name (please print)



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

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



NORMAN L. HODGES, JR.
DIRECTOR

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

ARKANSAS STATE CLAIMS COMMISSION Reissuance of Out-Dated Warrants

Date: 10/9/2014

Warrant: 1311185915
Name of Payee: Frank Brunckhorst III
Amount: \$18,028.65

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.

A handwritten signature in black ink, appearing to be "JH".

JH

STATE CLAIMS COMMISSION L. KET
OPINION

Amount of Claim \$18,028.65

Claim No. 16-0064-C

Frank Brunckhorst III Claimant

Attorneys Pro se Claimant

vs.

DF & A/ Revenue Division Respondent

Scott Fryer, Disbursing Officer Respondent

State of Arkansas

Date Filed July 24, 2015

Type of Claim Reissuance of warrant

FINDING OF FACTS

This claim was filed requesting reissuance of outdated warrant(s) No.1311185915. Warrant is still outstanding and no duplicate has been issued.

The Claims Commission unanimously allows this claim in the amount of \$18,028.65 and hereby directs the Claims Commission Clerk to issue a voucher in payment thereof.

The Claims Commission hereby unanimously allows this claim in the amount of \$18,028.65 and will include the claim in a claims bill to the 90th General Assembly, State Legislature 2015, 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 allows this claim in the amount of \$18,028.65 and will include in a claims bill to be submitted to the 90th General Assembly, Arkansas State Legislature 2015 for subsequent approval and payment.

Date of Hearing August 13, 2015

Date of Disposition August 13, 2015

Richard May Chairman
Paul [Signature] Commissioner
Bill [Signature] 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.

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