

8. Explanation of Incident Please provide an explanation of your claim, including why you believe the above-listed state agency is liable for your damages under Arkansas law. You may attach additional pages to this form.

This claim is being filed for the reissuance of warrant [REDACTED] date 01-01-2017 payable to Dick’s Sporting Goods, Inc. the amount of \$30,355.00 payable from AR Dept. of Finance and 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 January 20, 2023.

9. Insurance Coverage. For a claim involving damage to a vehicle or other property, you must submit a copy of your insurance declarations in effect at the time of the incident. This is not the same as an insurance card. You can obtain a copy of your insurance declarations from your insurer or insurance agent. Please review Ark. Code Ann. § 19-10-302 for more information.

****If you did NOT have insurance covering the damaged property or motor vehicle at the time of incident, CHECK HERE**

10. Additional Required Documents for Property Damage Claim

You must submit (1) invoice(s) documenting the repair costs, (2) three estimates for repair, OR (3) an explanation why this documentation cannot be provided.

11. If a state vehicle was involved, please provide the following information

(type of state vehicle involved) (license number) (driver)

12. If your claim involves personal injuries, please CHECK HERE

13. Health insurance coverage. All personal injury claims require a copy of your health insurance information in place at the time of the incident. Please review Ark. Code Ann. § 19-10-302 for more information.

****If you did NOT have health insurance on the date of the incident, CLICK HERE**

14. Amount of Damages, if known: \$30,355.00

IMPORTANT!

A claim filed at the Commission is a lawsuit against a state agency. The Commission is the courthouse for these lawsuits. Please note that Commission staff can answer general questions about the claim process but cannot give legal advice. The Commission rules and a non-exhaustive list of statutes that relate to the Commission can be found on the Commission website (arclaimscommission.arkansas.gov). The Arkansas Rules of Civil Procedure can be found online (arcourts.gov) under “Info Resources.”

STOP!

This signature page must be completed in the presence of a Notary Public. Do not sign until you are directed to do so by the Notary Public. If there is more than one claimant involved in this claim, each claimant must complete a separate signature page.

If you are an ARKANSAS-LICENSED ATTORNEY submitting a claim on behalf of your client, there is a different signature page that must be used. Please call (501)682-1619 and ask for an attorney signature page.

If a BUSINESS OR CORPORATE ENTITY is filing a claim without an attorney (and meets the requirements of Ark. Code Ann. § 19-10-222 for doing so), there is a different signature page that must be used. Please call (501)682-1619 and ask for a corporate signature page.

The undersigned certifies that to the best of my knowledge, information, and belief, this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support of, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

Claimant Signature

ACKNOWLEDGEMENT

State of _____

County of _____

On this the __ day of _____, 20__, before me, the undersigned notary, personally appeared _____ known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Signature of Notary Public

[seal of office]

My Commission Expires: _____

From: [Feldmann, Adam W](#)
To: [ASCC New Claims](#)
Subject: Dick's Sporting Goods, Inc 16-1241537
Date: Friday, January 20, 2023 7:19:48 AM
Attachments: [image001.jpg](#)
[Notarized Warrant Forms 9 24 2020.pdf](#)

You don't often get email from adam.feldmann@dcsq.com. [Learn why this is important](#)

Hello,

We submit the attached notarized Affidavit of Forged Warrant to the Arkansas Department of Revenue which was then transferred to the Arkansas State Claims Commission, We have yet to receive the refund and wanted to inquire about a status update on when we can expect to receive this refund.

Thank you,

ADAM FELDMANN
SENIOR TAX ACCOUNTANT

345 Court Street | Coraopolis, PA 15108

Adam.Feldmann@dcsq.com | o: 724-273-3269 | m: [REDACTED]



The information contained in this message and any attachments (collectively, the "Transmission") from Dick's Sporting Goods, Inc. or one of its subsidiaries contains confidential information and is intended solely for the named recipient(s). If you are not a named recipient, you are prohibited from copying, distributing or using this Transmission. Please contact the sender immediately by returning the e-mail and deleting the original Transmission.

AFFIDAVIT OF FORGED WARRANT

The records of the CORPORATE INCOME TAX SECTION of Arkansas reflect that
Agency

DICK'S SPORTING GOODS, INC was issued Warrant number [REDACTED]
Payee(s) Warrant Number

Dated 01/2017 in the amount of \$ 30,355.00, the same being in payment of
Fiscal Year Warrant Amount

[REDACTED]

Invoice #	Agency #	Fund Center	Commitment Item	Fund
<u>[REDACTED]</u>				
Federal Identification #		\$0.00 Gross Pay	\$0.00 Withholding	

Address- Payroll Only _____
Daytime Telephone # _____ Disbursing Officer _____

I/We, Dick's Sporting Goods, state that:
Payee (s)

CHECK APPROPRIATELY -- ALL THAT APPLY

- 1. I received and lost.
- 2. I did not receive, endorse, nor cash.
- 3. I have not authorized another person to sign my name to the warrant.
- 4. I have no knowledge of the whereabouts of the warrant or of any other person having received, cashed, or endorsed the warrant.
- 5. If this warrant is presented for payment, the endorsement is a forgery.
- 6. The endorsement on same is a forgery.

Adam W. Feldman
Payee Signature

345 COURT STREET
Address

CORAOPOLIS, PA 15108
City, State, Zip Code

Daytime Telephone # [REDACTED]

Payee Signature _____

Address _____

City, State, Zip Code _____

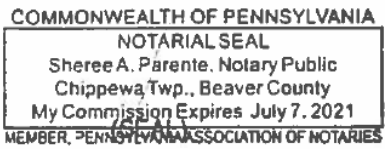
Daytime Telephone # _____

ON THIS THE 24th DAY OF SEPTEMBER, 2020, before me personally appeared ADAM FELDMANN to me known to be the persons described in and who executed the foregoing instrument and acknowledged that they signed, sealed, executed and delivered the same as their free act and deed for the purpose therein mentioned.

Sheree A. Parente
NOTARY PUBLIC

Beaver PA
County State

My commission expires 7/7/21



State of Arkansas

Bond for Reissuing Warrant

Warrant Number to be Reissued [redacted] Amount \$30,355.00

Paying State Agency CORPORATE INCOME TAX Phone (501) 682-4775

Agency Contact SECTION jarett lamb

Know by all men by these presents that we the undersigned, DICK'S SPORTING GOODS, INC

as payee(s) and ADAM FELDMANN as his surety are held and

firmly bound unto the State of Arkansas in the sum of:

\$60,710.00 (amount must be double the sum of the warrant)

The condition of this obligation is that the said payee, DICK'S SPORTING GOODS, INC

has (check one): lost [checked] failed to receive stolen

a certain Arkansas State Warrant number as listed below by the Paying State Agency

Witness Our Hands on this 24th day of September, 2020

First Payee Name: DICK'S SPORTING GOODS INC Signature: Adam W. Feldman

First Payee Taxpayer Identification Number (SSN or Federal ID): [redacted]

Second Payee Name: N/A Signature: N/A

Second Payee Taxpayer Identification Number (SSN or Federal ID): N/A

Payee Mailing Address: 345 COURT STREET CORAOPOLIS, PA 15108 Payee Phone Number: [redacted]

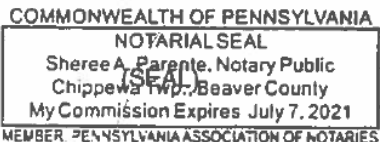
Surety must be 18 years of age or older and must be someone other than the payee(s)

Surety Mailing Address: 345 COURT STREET CORAOPOLIS, PA 15108 Surety Phone Number: [redacted]

Surety Name: ADAM FELDMANN (Printed or Typed Name) Surety Signature: Adam W. Feldman

Surety, after first being duly sworn, states that his real and personal property is sufficient to meet the requirements for the bonded amount.

Subscribed and sworn before this 24th day of SEPT, 2020



Notary Public Signature: [Signature]

My Commission Expires 7 day of 7, 2021

From: [Jarett Lamb](#)
To: [Caitlin McDaniel](#)
Subject: RE: Dick's Sporting Goods Inc.
Date: Friday, January 20, 2023 10:35:09 AM
Attachments: [image002.jpg](#)
[image003.jpg](#)
[Dicks Sporting Claims Commission Cover.pdf](#)

You don't often get email from jarett.lamb@dfa.arkansas.gov. [Learn why this is important](#)

Ms. McDaniel,

Please see attached, as requested. I included DFA's ASSIS info along with the Notice of Outdated Warrant form.

If you have any other questions or concerns, just let me know.

Thanks again.



Jarett Lamb

Arkansas Department of Finance and Administration
Revenue Division – Corporation Income Tax Administration
Division Manager I
Office: 501-682-4779 | Fax: 501-682-7114
Jarett.lamb@dfa.arkansas.gov
<https://www.dfa.arkansas.gov/>

From: Caitlin McDaniel <Caitlin.McDaniel@arkansas.gov>

Sent: Friday, January 20, 2023 9:29 AM

To: Jarett Lamb <Jarett.Lamb@dfa.arkansas.gov>

Subject: RE: Dick's Sporting Goods Inc.

This message originated **outside DFA**. Please use proper judgment and caution when opening attachments, clicking links, or responding to this email.

Mr. Lamb,

Only the Notice of Lost Outdated Warrant Form.

Thank you,

Caitlin

Caitlin McDaniel

Administrative Specialist II

Arkansas State Claims Commission

101 East Capitol Avenue, Suite 410

Little Rock, Arkansas 72201
(501) 682-1619

From: Jarett Lamb <Jarett.Lamb@dfa.arkansas.gov>
Sent: Friday, January 20, 2023 9:17 AM
To: Caitlin McDaniel <caitlin.mcdaniel@arkansas.gov>
Subject: Dick's Sporting Goods Inc.

You don't often get email from jarett.lamb@dfa.arkansas.gov. [Learn why this is important](#)

Are you needing all the docs? Or just the signed cover “**NOTICE OF LOST OUTDATED WARRANT(S)**”
Just checking. Thanks.



Jarett Lamb
Arkansas Department of Finance and Administration
Revenue Division – Corporation Income Tax Administration
Division Manager I
Office: 501-682-4779 | Fax: 501-682-7114
Jarett.lamb@dfa.arkansas.gov
<https://www.dfa.arkansas.gov/>

2015

ARKANSAS STATE CLAIMS COMMISSION
Phone (501) 682-1619 – Fax (501)682-2823
NOTICE OF LOST OUTDATED WARRANT(S)

The records of the Department of Department of Finance & Admin.,

Phone Number 501-682-4775.

Agency address: 1816 W. 7th Street, RM 2250, Little Rock, AR 72201

Reflect that Dick's Sporting Goods, Inc
Payee/Payees

345 Court Street Coraopolis
Payee's Address City

PA 15108-3817
State Zip Code

State Warrant number [REDACTED], dated 01/2017,

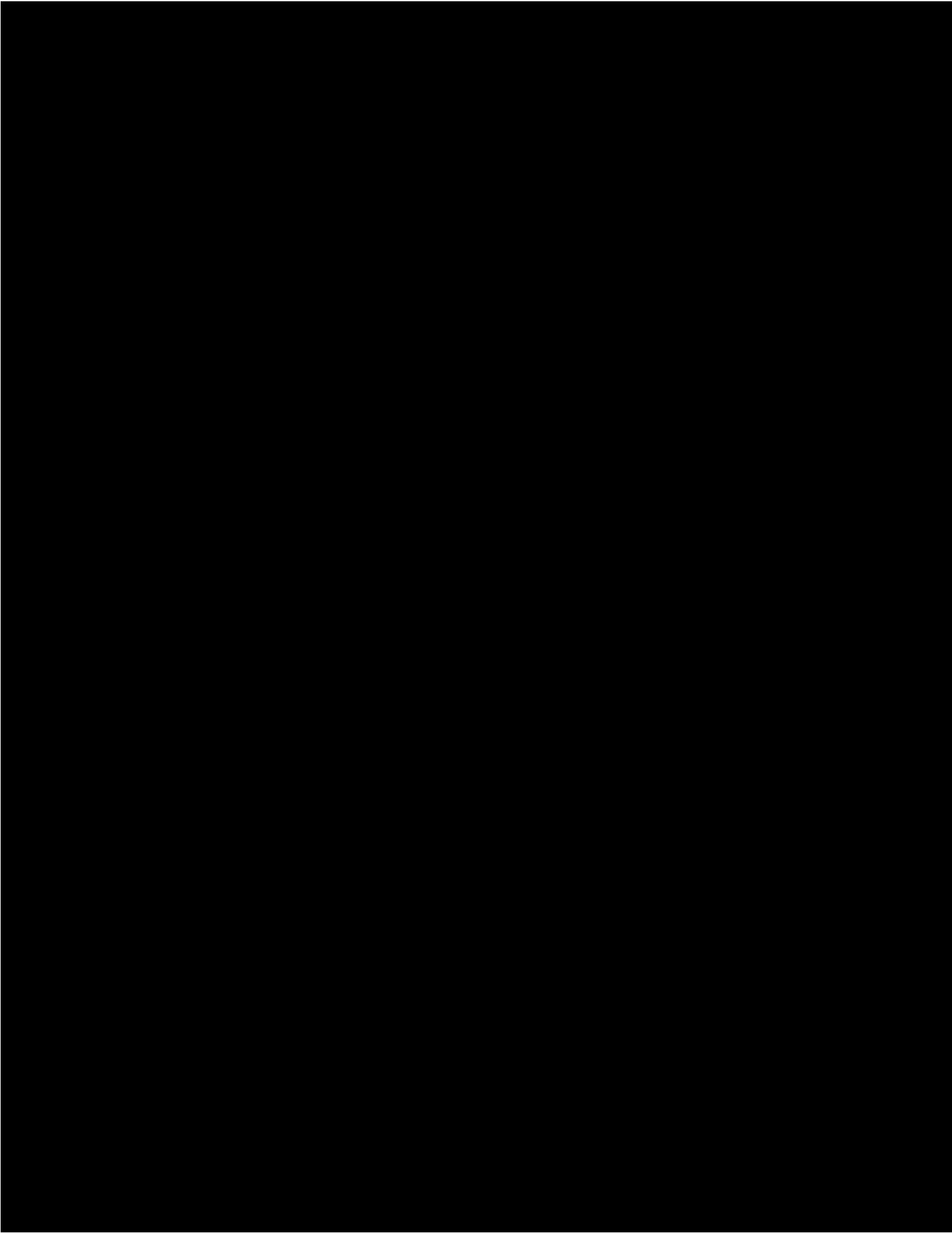
in the amount of \$30,355.00 the same being in payment of Voucher No. [REDACTED]
Agency No. [REDACTED].

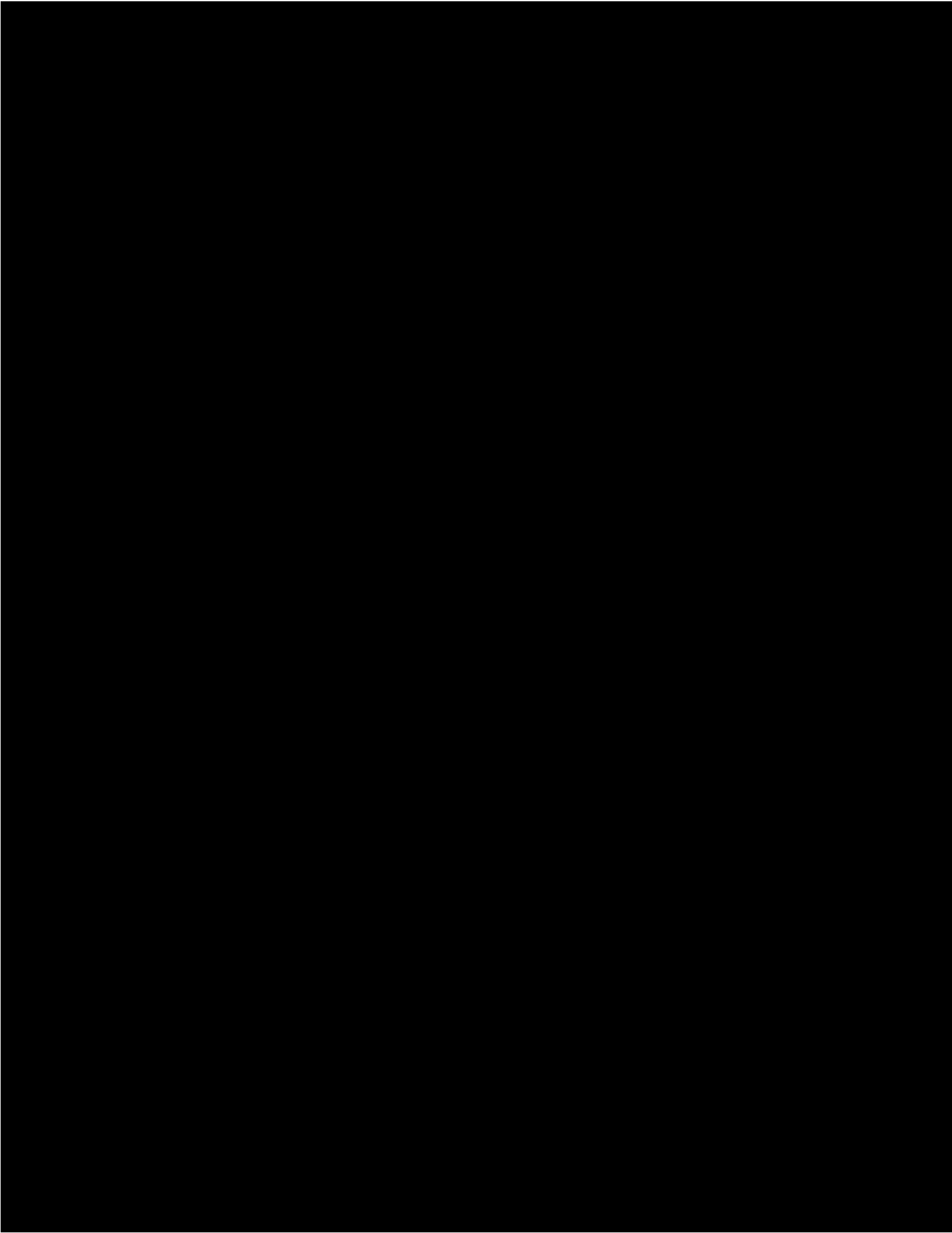
Appropriation No. _____, Character Code _____, Fund Code _____,
or if corporation-Federal Tax ID No. [REDACTED].

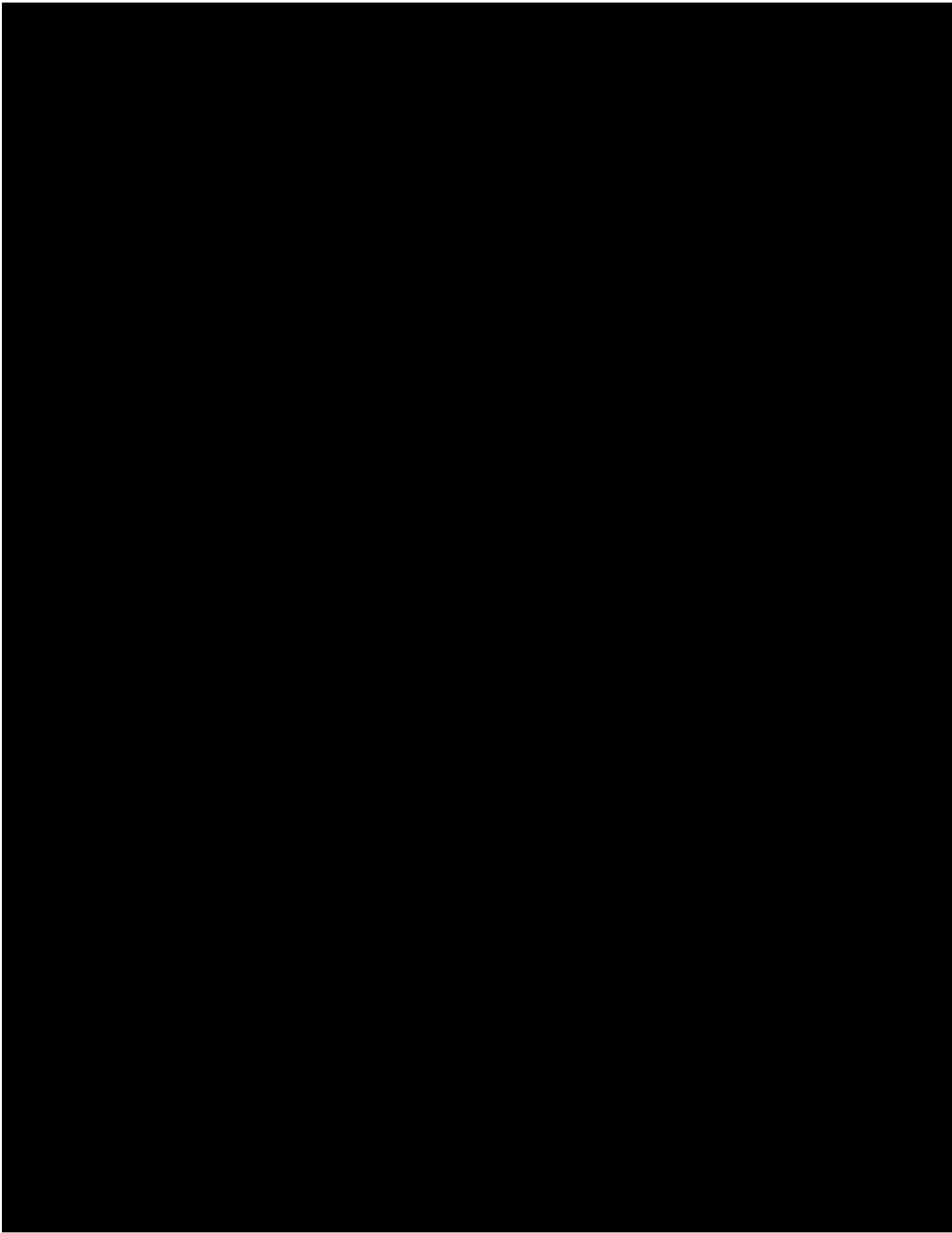
Also, please furnish your current Business Area [REDACTED],
Fund Code [REDACTED], Cost Center Group [REDACTED] & Fund Center [REDACTED].

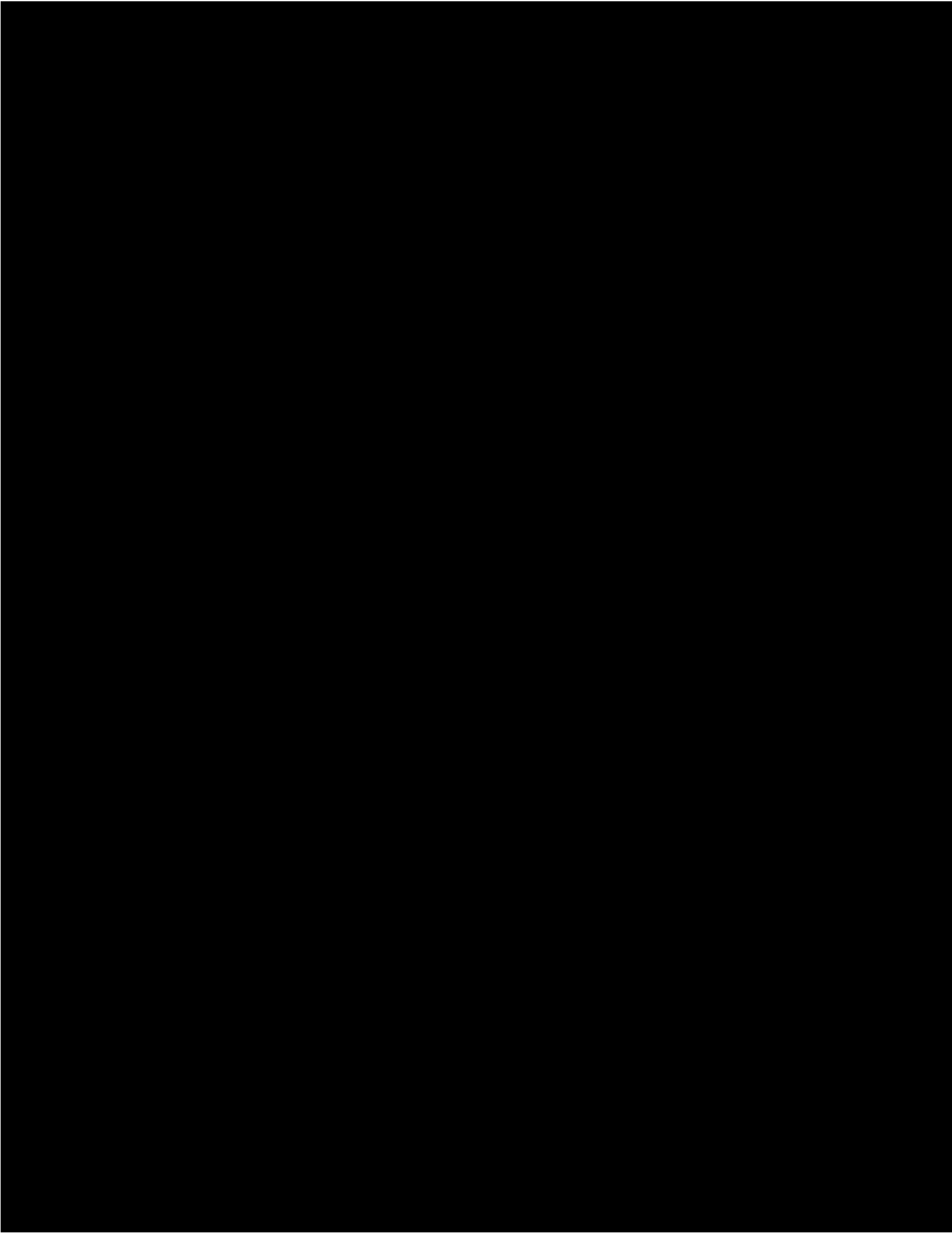
Scott D. Fryer
Agency Disbursing Officer's Full Name (Please Print)

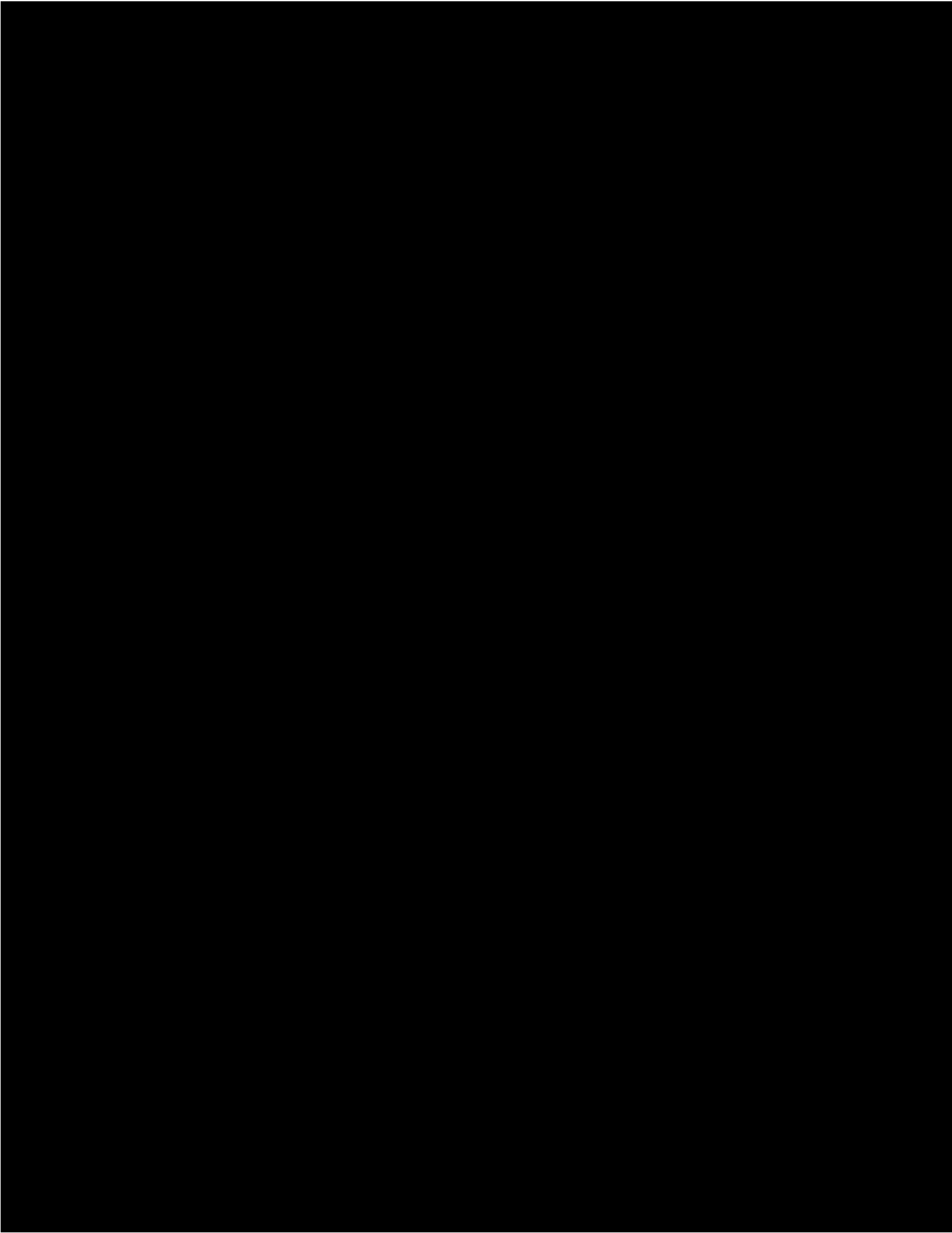
Scott Fryer
Agency Disbursing Officer's Signature

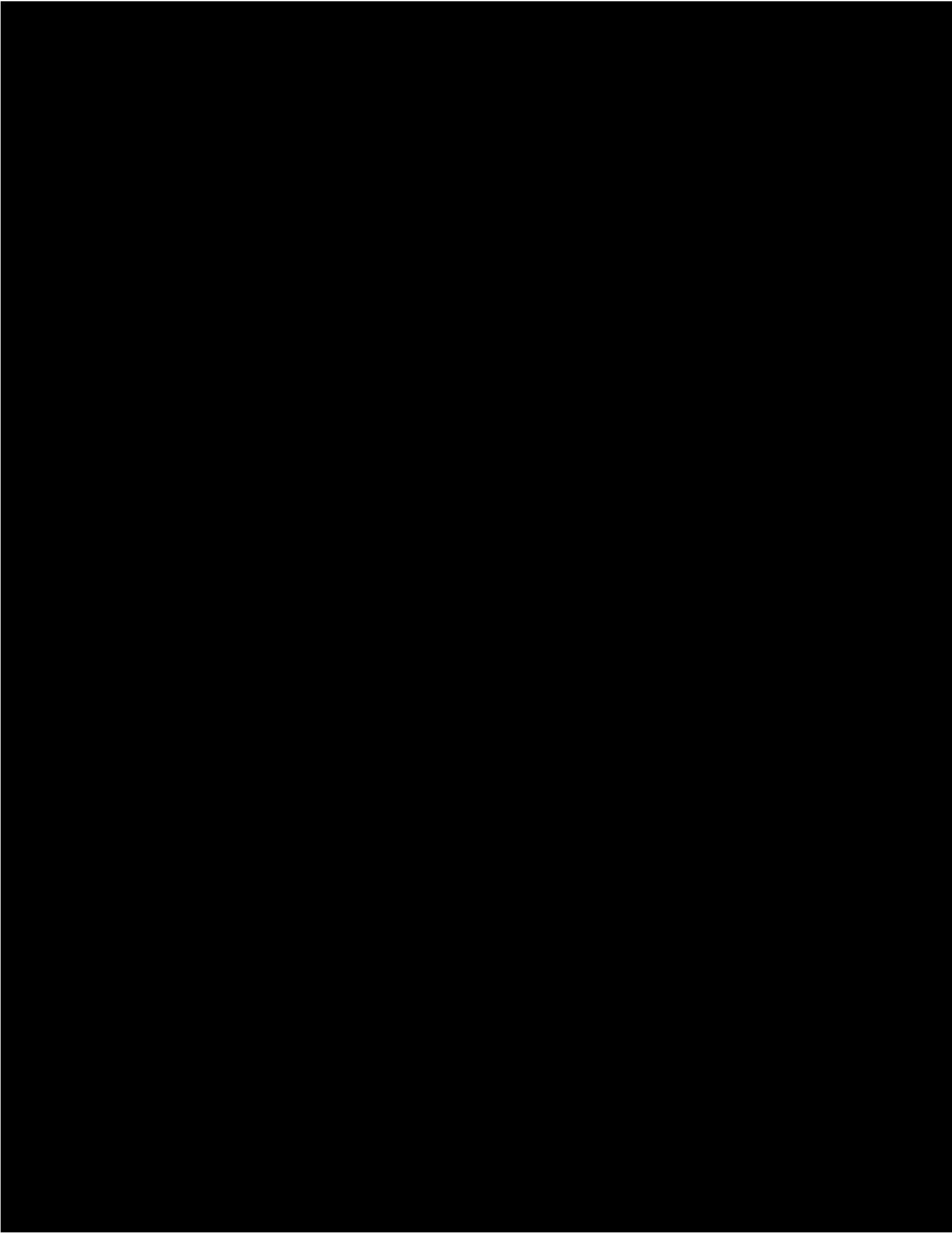


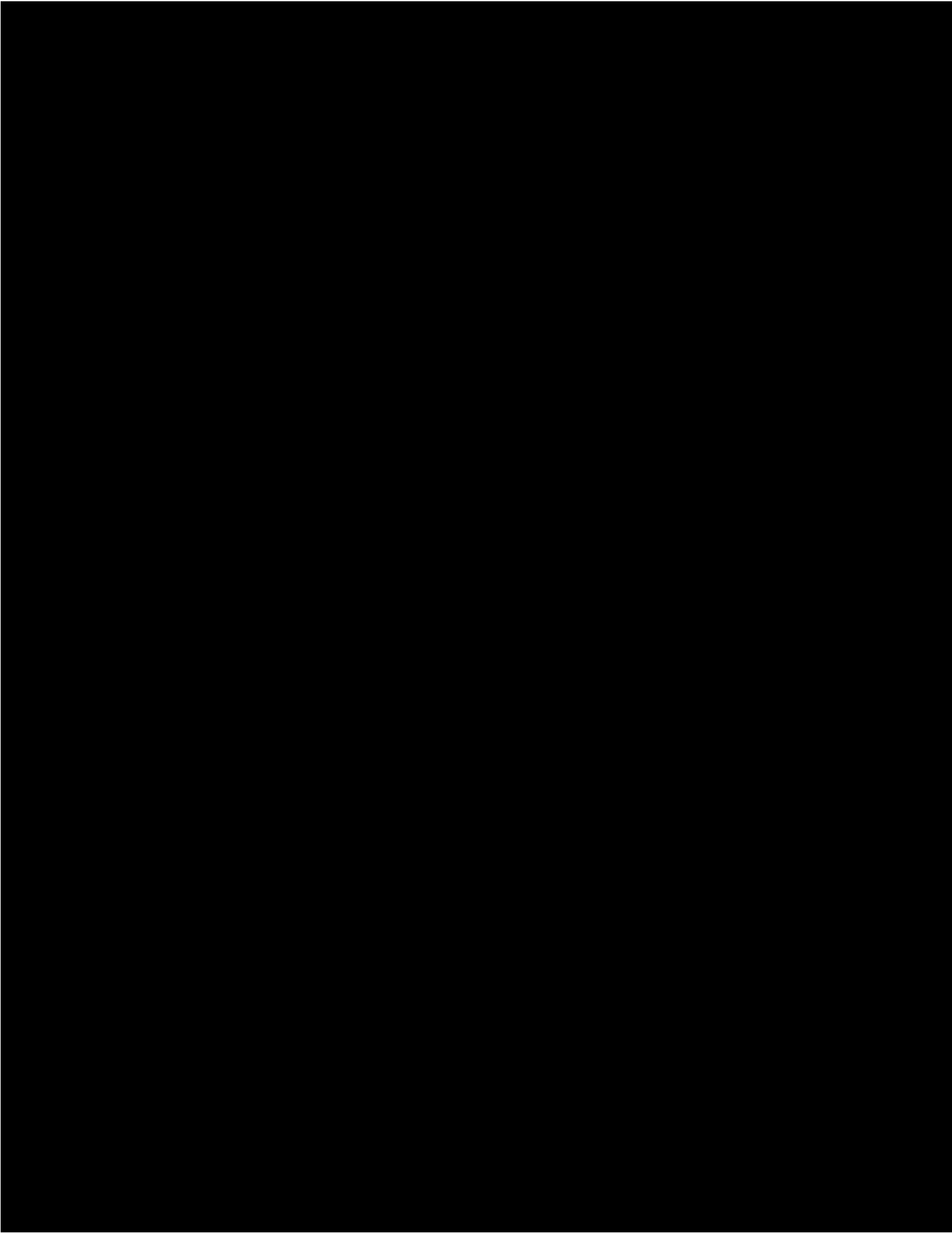


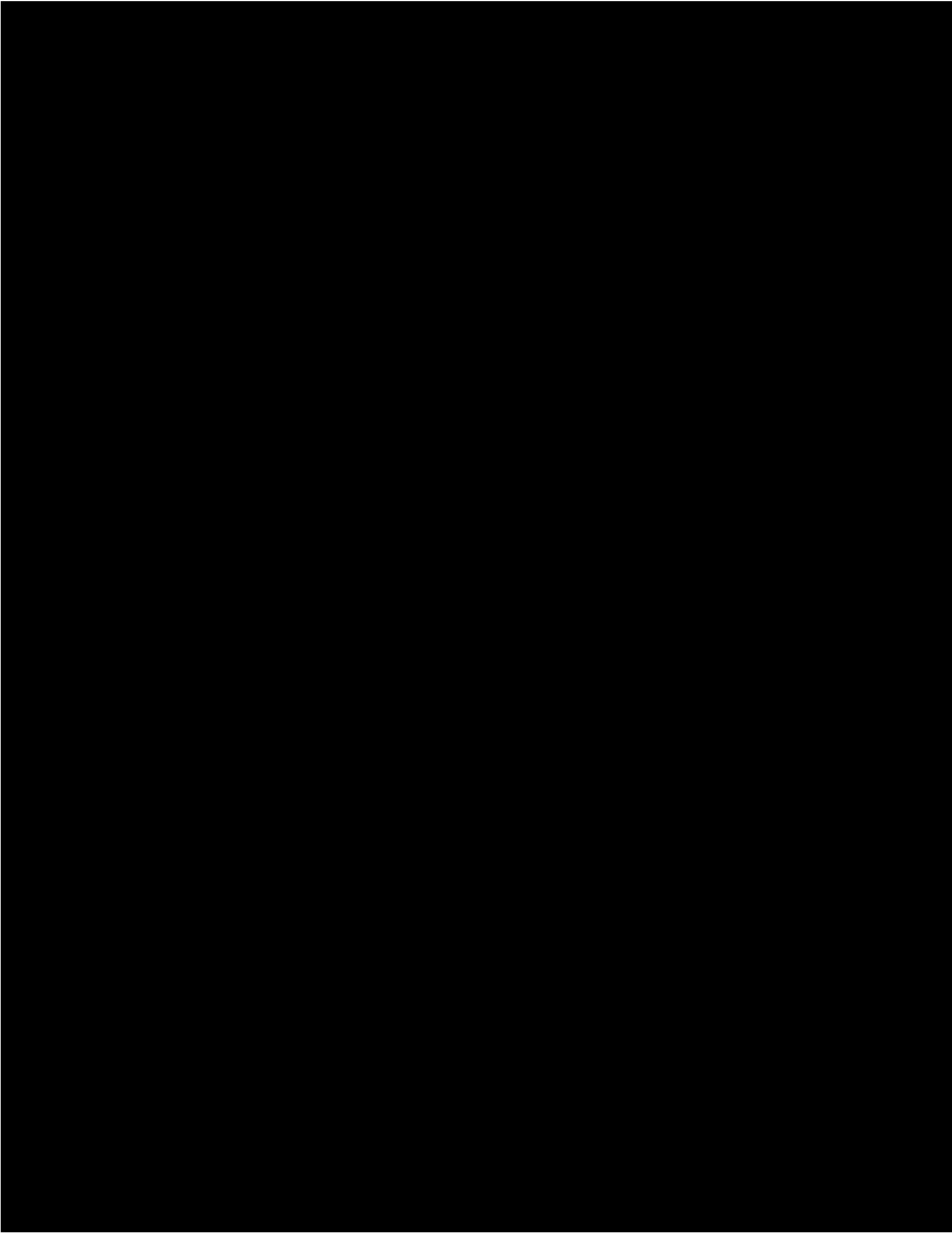


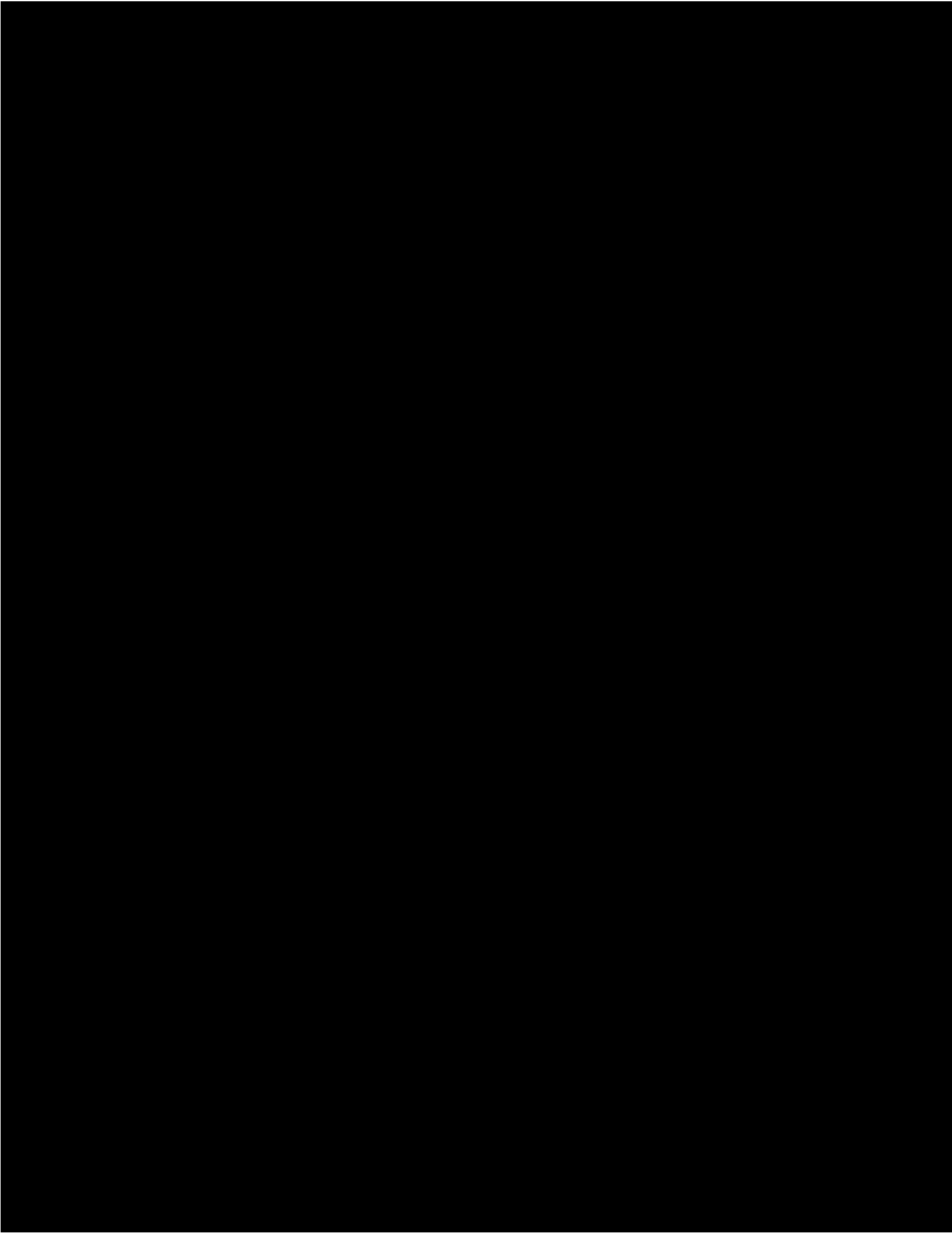












ARKANSAS STATE CLAIMS COMMISSION
Reissuance of Out-Dated Warrants

Date: 1/20/2023

Warrant:



Name of Payee: Dick's Sporting Goods, Inc

Amount: \$30,355.00

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

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

January 23, 2023

Dick's Sporting Goods
c/o Adam Feldmann
345 Court Street
Coraopolis, Pennsylvania 15108-3817

RE: **Claim No. 230925** – Reissuance of Check No. [REDACTED]

Dear Mr. Feldmann,

The Claims Commission received notification from the Arkansas Department of Finance and Administration that a check issued to you by the State of Arkansas was not deposited within 180 days of issuance. That check is now considered stale or out-of-date.

The Claims Commission processes the reissuance of out-of-date checks for the State of Arkansas.

In order to have the above-referenced check reissued, we need you to complete the enclosed form. Please review the enclosed form for correctness and, once you approve it, sign the complaint in the presence of a Notary Public and return it to our office to be processed.

It generally takes six to eight weeks for a new check to be reissued once we receive the enclosed form.

If you have any questions, please call and ask to speak with Caitlin McDaniel or me.

Sincerely,

Kathryn Irby

ES: cmdaniel

Enclosure

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

January 31, 2025

Dick's Sporting Goods
c/o Adam Feldmann
345 Court Street
Coraopolis, Pennsylvania 15108-3817

RE: **Claim No. 230925** – Reissuance of Check No. [REDACTED]

Dear Mr. Feldmann,

The Claims Commission received notification from the Arkansas Department of Finance and Administration that a check issued to you by the State of Arkansas was not deposited within 180 days of issuance. That check is now considered stale or out-of-date.

The Claims Commission processes the reissuance of out-of-date checks for the State of Arkansas.

In order to have the above-referenced check reissued, we need you to complete the enclosed form. Please review the enclosed form for correctness and, once you approve it, sign the complaint in the presence of a Notary Public and return it to our office to be processed.

It generally takes six to eight weeks for a new check to be reissued once we receive the enclosed form.

If you have any questions, please call and ask to speak with Caitlin McDaniel or me.

Sincerely,

Kathryn Irby

ES: cmdaniel

Enclosure

ARKANSAS CLAIMS COMMISSION

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



arclaimscommission.arkansas.gov
ascc.new.claims@arkansas.gov

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

Arkansas
State Claims Commission

MAR 03 2025

RECEIVED

COMPLAINT

1. Claimant

Dick's Sporting Goods, Inc.

(title/last name/first name) (email)

345 Court Street

(address)

Coraopolis

PA

(city) (state) (zip) (primary phone)

2. State Agency Involved

Arkansas Department of Finance and Administration

(state agency involved)

3. Claim Type

Reissuance of Warrant

This claim is being filed for the reissuance of warrant # [REDACTED] date 01-01-2017 payable to Dick's Sporting Goods, Inc. the amount of \$30,355.00 payable from AR Dept. of Finance and 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 January 20, 2023.

4. Amount Sought: \$30,355.00

STOP!

The following section **MUST** be completed in the presence of a Notary Public.

Arkansas
State Claims Commission

MAR 03 2025

RECEIVED

The undersigned certifies that to the best of my knowledge, information, and belief, I am authorized by DICK'S SPORTING GOODS, INC. (name of business entity) to file this claim on its behalf. The undersigned also certifies that this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

DANIELLE HORTON - VP OF TAX

Name of Representative of Business Entity
(must be printed legibly)

Danielle Horton

Signature of Representative

ACKNOWLEDGEMENT

State of Pennsylvania
County of Allegheny

On this the 26 day of February, 2025, before me, the undersigned notary, personally appeared Andrew Neff known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Andrew Neff

Signature of Notary Public

[seal of office]

My Commission Expires: 10-08-2028

Commonwealth Of Pennsylvania - Notary Seal
Andrew David Neff, Notary Public
Allegheny County
My Commission Expires October 8, 2028
Commission Number 1377333

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

DICK'S SPORTING GOODS, INC.

CLAIMANT

V.

CLAIM NO. 230925

**ARKANSAS DEPARTMENT OF
FINANCE AND ADMINISTRATION-
CORPORATE INCOME TAX SECTION**

RESPONDENT

ORDER

This claim was filed by Dick's Sporting Goods, Inc. (the "Claimant") requesting reissuance of outdated warrant no. [REDACTED] (the "Warrant") in the amount of \$30,355.00 payable from Arkansas Department of Finance and Administration-Corporate Income Tax Section.

The Arkansas State Claims Commission unanimously allows this claim in the amount of \$30,355.00 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
Dee Holcomb



ARKANSAS STATE CLAIMS COMMISSION
Paul Morris, Chair



ARKANSAS STATE CLAIMS COMMISSION
Sylvester Smith

DATE: April 3, 2025

Notice(s) which may apply to your claim

- (1) A party has forty (40) days from transmission 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 transmission 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).