

Richard Alan Arledge
Federal Register #: 16769-078
FPC Seagoville
2113 North Highway 175
P.O. Box 9000
Seagoville, Texas 75159

October 12, 2017

Lisa Soli
Internal Revenue Service
SE:S:CLD:NE:D2
7th Floor Room 7214
600 Arch Street
Philadelphia, PA 19106



Re: Response to letter dated September 26, 2017

Dear Lisa Soli,

In response to your reply on my FOIA request, case #F17262-0048m you requested for me to provide proof of my right to access the requested documents. The documents in question were previously requested and provided to the government in the case of 674679. Those records became public records and are available to the public upon request as they pertain to the prosecution of their case. I am also providing some of the documents provided to me by the IRS as they related to case, the cover letter from Wachovia Bank, Mr. Coleman's signature card with his social security number on it, seven (7) ctr's, and copies of 6 cashiers checks. Included in this request for my right to retrieve these requested documents are:

1. Exhibit 1: Lisa Soli's request for proof of right;
Copy of Arledge's original request;
2. Exhibit 2: Wachovia Bank's copy of letter in
response to the subpoena;
3. Exhibit 3: Copy of Customer Access Agreement signed
by Cecil Coleman with his SS number;
4. Exhibit 4 thru 10: Copies of CTRs provided by Cecil
Coleman thru the IRS to the United
State's government in prosecuting their
case.

Exhibit 11 thru 16: Copies of Cashier's checks made
available from Wachovia Bank.

I am submitting this information and the request for
documents in order for you to complete the FOIA request in
furtherance of the case initiated by the government. If you
need any further information or clarification please let me
know and I will comply as soon as possible


Richard Alan Arledge



**DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
WASHINGTON, DC 20224**

**PRIVACY, GOVERNMENTAL
LIAISON AND DISCLOSURE**

September 26, 2017

Richard Arledge
#16769-078
FPC Seagoville
2113 North Highway 175
P.O. Box 9000
Seagoville, TX 75159

Dear Richard Arledge:

I am responding to your Freedom of Information Act (FOIA) request dated September 5, 2017 that we received on September 19, 2017.

We need the items checked below before we can process your FOIA request.

- Describe the records in reasonably sufficient detail to enable us to find them. This may include [indicate additional information needed to clarify request].
- Provide proof of your right to access the requested records. Acceptable proof may include a properly completed Form 8821, Tax Information Authorization or a properly completed Form 2848, Power of Attorney and Declaration of Representative.
- Establish your identity by submitting:
 - a. Your signature, address, and one other identifier (such as a copy of a driver's license) bearing your signature if you make the request by mail; or
 - b. A notarized statement swearing to or affirming your identity. The notary seal must be on the same page as your signature; or
 - c. A statement made under penalty of perjury in accordance with 28 U.S.C. 1746, swearing to or affirming your identity. If the declaration is sworn within the United States, its territories, possessions, or commonwealths, the sworn statement must include the following language: "I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct. Executed on (date)."
- Request must be signed.

Exhibit 1

- Provide your social security number.
- State your agreement to pay for search and copying fees or request that they be reduced or waived. Fees may be reduced or waived only if you can show that disclosure of the requested information is in the public interest rather than the commercial interest of the requester.

Please send us the indicated information within 35 days, along with a copy of this letter and your original request with the information requested. The 20 days we are allowed to comply with your request will begin when we receive the requested information.

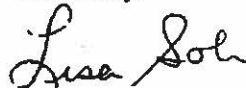
You may contact the FOIA Public Liaison, Jason Angelotti, to discuss your request at:

7850 SW 6th Ct, Stop 4030, Plantation FL 33324-3202
954-991-4022

The FOIA Public Liaison responds to FOIA and Privacy Act requests for copies of documents maintained by the IRS. There is no provision in either Act to resolve tax, collection, or processing issues and our staff is not trained to answer questions regarding those issues. If you need assistance with tax related issues you may call the IRS toll free number at 1-800-829-1040.

If you have any questions please call Disclosure Specialist Lisa Soli ID # 1000199298, at 267-941-6326 or write to: Internal Revenue Service, Disclosure Scanning Operation – Stop 93A, PO Box 621506, Atlanta, GA 30362. Please refer to case # F17262-0048.

Sincerely,



Lisa Soli
Disclosure Specialist
Disclosure Office 2

Enclosure
Copy of your FOIA request

Internal Revenue Service

SE:S:CLD:GLD:NE:D2

7th Floor, Room 7214

600 Arch Street

Philadelphia, PA 19106

Official Business

Penalty for Private Use, \$300

PHILADELPHIA

PA 191

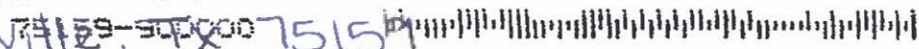
26 SEP '17

PM 5 L



Richard Arledge
#16769-078
FPC Seagoville
2113 North Highway 175
P.O. Box 9000
Seagoville, TX 75157

S



WACHOVIA BANK NA
Summons & Subpoenas
P.O. Box 8667 PA4292
Philadelphia, PA 19101
(267) 321-4000

March 01, 2008

Internal Revenue Service - CI
Attn: Karen Wilkerson
1100 Commerce Street
Room 1222
Dallas, TX 75242

Re: Subpoena Received: 2/13/2008
US District TX vs. CECIL W COLEMAN
Case No: 674697

Dear Sir or Madam:

We are in receipt of the subpoena served on Wachovia Bank NA for documents pertaining to the above referenced matter. Pursuant to that subpoena, please see the enclosed document for a listing of records delivered with this letter.

Please be aware that our search for records is limited to accounts relating to only Wachovia Bank NA.

This constitutes Wachovia Bank NA's final response to your subpoena and this matter will be closed. If you have any questions or concerns regarding our production, please do not hesitate to contact our office.

Sincerely,

Subpoena Department
Legal Order Processing
Wachovia Bank NA



Exhibit 2

WACHOVIA

Customer Access Agreement

CAA Number Internal Use Only (Resolves from CAA Screen)

0153199621

To help fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

This Agreement (Signature Card) is designed to eliminate most subsequent signature cards and authorizations when opening future accounts. Your signature on this Agreement will give you the convenience of banking anywhere and anytime over the phone.

This Agreement, both now and as it may be amended from time to time by Wachovia, is applicable to any deposit account that you open with any Wachovia Bank either now or in the future for yourself or jointly with another person or authorized signer. I understand this agreement does not apply to accounts on which my name may appear and I am not the authorized signer. However, if you open an account on behalf of another person (for example, if you open an account as custodian, guardian, trustee), you will need to complete a separate Agreement for that account. If you have any questions, please call a Wachovia Specialist toll-free at 1-800-WACHOVIA (800-922-4884).

Instructions:

By signing this Agreement, I authorize any Wachovia Bank ("Wachovia") with which I open an account now or in the future to accept and act upon instructions from me to do the following:

- to open deposit accounts with Wachovia;
- to transfer all or any portion of the balance of my accounts (including credit);
- to close deposit accounts, process changes of account information or otherwise service any of my Wachovia accounts;
- to obtain related services offered by Wachovia.

As used in this Agreement, the terms "products", "services" and "accounts" include various deposit products, services and accounts made available to you by Wachovia.

If more than one person is named in the title for any account, such account will be considered a joint account. Instructions which affect any of my joint accounts may be given by any joint account owner. References to me in this instructions section shall also refer to the joint account holder(s).

I may give instructions orally or in writing, in person, by mail, messenger, telephone, facsimile, computer terminal, wire service, automated teller machine, or by any other reasonable method. Wachovia may accept and act upon such instructions which do not contain my signature with the same effect as if such instructions were signed by me. However, I acknowledge that Wachovia may, at its option, require my original signature or any other documentation before accepting and acting upon any instructions. Your signature on this Agreement authorizes Wachovia to honor verbal stop payment orders up to six (6) months. To extend stop payment orders, Wachovia must receive a verbal order for such extension before the expiration of this six month period. I authorize Wachovia to record and monitor any telephone calls for various purposes, including to ensure accuracy, to provide a record of such conversations and to improve the quality of service to me.

I agree to follow such security procedures as Wachovia may require. The security procedure agreed upon for verifying the authenticity of instructions which are not delivered in person by me for any purpose (including, but not limited to, the wire transfer of money from any of my accounts) is one or more of the following at the option of Wachovia: (1) delivery of a personal identification code by me or a person purporting to be me, (2) a callback, (3) a recitation by me or a person purporting to be me of one or more items of my personal information which Wachovia has in its records about me, or (4) voice recognition of me combined with the use of certain probing questions. The telephone number(s) to which callbacks shall be made shall be any telephone number(s) Wachovia may have for me in its records or any telephone number assigned to me by a telephone service provider. I agree that this security procedure constitutes a commercially reasonable method of providing security against unauthorized instructions. I agree to maintain the confidentiality of any personal identification code and will prevent the unauthorized dissemination of such code.

I agree to indemnify and hold Wachovia harmless from any losses, damages, suits and expenses, of whatever kind, including any reasonable attorneys' fees, that Wachovia may incur as a result of relying upon instructions from me, or anyone purporting to be me, provided that Wachovia has complied with the applicable security procedures.

I acknowledge receipt of the Wachovia rules and regulations governing money transfer requests and agree to be bound by its terms as may be amended from time to time.

Acceptance of Terms and Conditions:

I agree to be bound by the terms and conditions including, but not limited to Wachovia's Deposit Agreement and Disclosures, applicable to each product or service which I obtain from Wachovia now or in the future, which terms and conditions will be provided to me. I also agree to pay all fees associated with such products, accounts and services in accordance with the fee schedule which will be provided to me by Wachovia.

By checking this box I am requesting issuance of an ATM Card or CheckCard

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

If you are claiming Foreign Exemption Status, the appropriate W-8 Foreign Certification Form must be completed for each account owner.

RIGHT OF SURVIVORSHIP (NC and TN ACCOUNTS ONLY):

I understand that by signing below and establishing a joint account under the provisions of North Carolina General Statute 53-148.1 and Tennessee Code 42-2-703 that:

1. Wachovia may pay the money in the account to, or on the order of, any person named in the account unless we have agreed with the bank that withdrawals require more than one signature; and
2. Upon the death of one joint owner the money remaining in the account will belong to the surviving joint owners and will not pass by inheritance to the heirs of the deceased joint owner or be controlled by the deceased joint owner's will. I DO elect to create the Right of Survivorship for any joint account.

Signature

FORM W-9 SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER CERTIFICATION (Not applicable for Non-Resident Aliens):

(The Social Security Number or Employer Identification Number should match the first name listed on the account and will be used for tax reporting purposes.)

I Social Security Number or Employer Identification Number:

450457006

If I am exempt from backup withholding check this box. EXEMPT

iii. Certification - Under penalties of perjury, I certify that

1. The number set forth above is my correct social security number or employer identification number (or I have applied for and I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions - You must check out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.


Customer Signature (above line) Only one signature per agreement

Date 03/21/2007

Print Name CECIL W COLEMAN
Address 3920 BIG FORK TR
MCKINNEY TX 75070

DOCUMENT STORAGE COPY
SEND TO: NC6538

Exhibit 3

FINCEN Form 104 (Formerly Form 4789) (EH December 2003) Department of the Treasury FinCEN		Currency Transaction Report Previous editions will not be accepted after August 31, 2004. Please type or print.			 OMB No. 1505-0094	
1 Check all box(es) that apply a <input type="checkbox"/> Amends prior report b <input type="checkbox"/> Multiple persons c <input type="checkbox"/> Multiple transactions						
Part I Person(s) Involved in Transaction(s)						
Section A--Person(s) on Whose Behalf Transaction(s) is Conducted						
2 Individual's last name or entity's name			3 First name		4 Middle initial	
COLEMAN			CECIL		W	
5 Doing business as (DBA)				6 SSN or EIN		
				[REDACTED]		
7 Address (number, street, and apt. or suite no.)				8 Date of birth		
4404 RANCHO DEL NORTE TRAIL				[REDACTED]		
9 City		10 State	11 ZIP code	12 Country Code (if not U.S.)	13 Occupation, profession, or business	
MCKINNEY		TX	75070-0000	US	TRUCKER/TRUCK DRIVER	
14 If an individual, describe method used to verify identity: a <input checked="" type="checkbox"/> Driver's license/State ID b <input type="checkbox"/> Passport c <input type="checkbox"/> Alien registration						
d <input type="checkbox"/> Other		e Issued by TX		f Number [REDACTED]		
Section B--Individual(s) Conducting Transaction(s) (if other than above).						
If Section B is left blank or incomplete, check the box(es) below to indicate the reason(s)						
a <input type="checkbox"/> Armored Car Service b <input type="checkbox"/> Mail Deposit or Shipment c <input type="checkbox"/> Night Deposit or Automated Teller Machine d <input type="checkbox"/> Multiple Transactions e <input checked="" type="checkbox"/> Conducted On Own Behalf						
15 Individual's last name			16 First name		17 Middle initial	
18 Address (number, street, and apt. or suite no.)				19 SSN		
20 City		21 State	22 ZIP code	23 Country code (if not U.S.)	24 Date of birth	
25 If an individual, describe method used to verify identity: a <input type="checkbox"/> Driver's license/State ID b <input type="checkbox"/> Passport c <input type="checkbox"/> Alien registration						
d <input type="checkbox"/> Other		e Issued by		f Number		
Part II Amount and Type of Transaction(s). Check all boxes that apply.						
26 Total cash in \$ 13,000		27 Total cash out \$		28 Date of transaction		
				10/30/2006		
26a Foreign cash in 0		27a Foreign cash out 0				
29 <input type="checkbox"/> Foreign Country		30 <input type="checkbox"/> Wire Transfer(s)		31 <input checked="" type="checkbox"/> Negotiable Instrument(s) Purchased		
32 <input type="checkbox"/> Negotiable Instrument(s) Cashed		33 <input type="checkbox"/> Currency Exchange(s)		34 <input type="checkbox"/> Deposit(s)/Withdrawal(s)		
35 <input checked="" type="checkbox"/> Account Number(s) Affected (if any):		36 <input type="checkbox"/> Other (specify)				
[REDACTED]						
Part III Financial Institution Where Transaction(s) Takes Place						
37 Name of financial institution				Enter Regulator or BSA Examiner code number		
WACHOVIA BK NA				OCC		
38 Address (number, street, and apt. or suite no.)				39 EIN or SSN		
10600 FOREST LANE				221147033		
40 City		41 State	42 ZIP code	43 Routing (MICR) number		
DALLAS		TX	75243-0000	111025013		
Sign Here ▶	44 Title of approving official		45 Signature of approving official		46 Date of signature	
			SIGNATURE PRESENT		11/22/2006	
	47 Type or print preparer's name		48 Type or print name of person to contact		49 Telephone number	
	NAME PRESENT		LARGE CURRENCY MANAGER		(336) 735 2410	

The enclosed information was collected and disseminated under provisions of the Bank Secrecy Act (the BSA) and U.S. Department of the Treasury regulations implementing the BSA. See 31 U.S.C. 5311 and 31 CFR Part 103. The information is sensitive in nature and is to be treated accordingly. The information may be used only for a purpose related to a criminal, tax, or regulatory investigation of proceeding, or a the conduct of intelligence or counterintelligence activities to protect against international terrorism. See 31 U.S.C. 5311. The information cannot be further released, disseminated, disclosed, or transmitted without the approval of the Director of the Financial Crimes Enforcement Network or his authorized delegate. Suspicious activity reports filed under the BSA must be treated with particular care given that they contain unsubstantiated allegations of possible criminal activity, akin to confidential informant tips. Such reports, or the fact they have been filed, may not be disclosed by a government employee to any person involved in a transaction, other than as necessary to fulfill the official duties of such officer or employee. 31 U.S.C. 5318 (g)(2)(4). Unauthorized release of information collected under the BSA may result in criminal sanctions.

Exhibit 4

2007-18-cv-00899-G

FACSIMILE

20071341382834



OMB No. 1506-00-03

FINCEN Form 104 (Formerly Form 4789) (Eff. December 2003) Department of the Treasury FinCEN	Currency Transaction Report Previous editions will not be accepted after August 31, 2004. Please type or print.
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1 Check all box(es) that apply: a Amends prior report b Multiple persons c Multiple transactions

Part I Person(s) Involved in Transaction(s)

Section A--Person(s) on Whose Behalf Transaction(s) is Conducted

2 Individual's last name or entity's name COLEMAN		3 First name CECIL		4 Middle initial W
5 Doing business as (DBA)			6 SSN or EIN [REDACTED]	
7 Address (number, street, and apt. or suite no.) 4404 RANCHO DEL NORTE TRAIL			8 Date of birth [REDACTED]	
9 City MCKINNEY	10 State TX	11 ZIP code 75070-0000	12 Country Code (if not U.S.) US	13 Occupation, profession or business TRUCKER/TRUCK DRIVER
14 If an individual, describe method used to verify identity: a <input checked="" type="checkbox"/> Driver's license/State I.D. b <input type="checkbox"/> Passport c <input type="checkbox"/> Alien registration				
d <input type="checkbox"/> Other e Issued by: TX f Number: [REDACTED]				

Section B--Individual(s) Conducting Transaction(s) (if other than above).
If Section B is left blank or incomplete, check the box(es) below to indicate the reason(s)

a Armored Car Service b Mail Deposit or Shipment c Night Deposit or Automated Teller Machine d Multiple Transactions e Conducted On Own Behalf

15 Individual's last name		16 First name		17 Middle initial
18 Address (number, street, and apt. or suite no.)			19 SSN	
20 City	21 State	22 ZIP code	23 Country code (if not U.S.)	
24 Date of birth				
25 If an individual, describe method used to verify identity: a <input type="checkbox"/> Driver's license/State I.D. b <input type="checkbox"/> Passport c <input type="checkbox"/> Alien registration				
d <input type="checkbox"/> Other e Issued by: f Number				

Part II Amount and Type of Transaction(s). Check all boxes that apply.

26 Total cash in \$ 48,000	27 Total cash out \$	28 Date of transaction 04/23/2007
26a Foreign cash in 0	27a Foreign cash out 0	
29 <input type="checkbox"/> Foreign Country	30 <input type="checkbox"/> Wire Transfer(s)	31 <input checked="" type="checkbox"/> Negotiable Instrument(s) Purchased
32 <input type="checkbox"/> Negotiable Instrument(s) Cashed	33 <input type="checkbox"/> Currency Exchange(s)	34 <input type="checkbox"/> Deposit(s)/Withdrawal(s)
35 <input checked="" type="checkbox"/> Account Number(s) Affected (if any): [REDACTED]	36 <input type="checkbox"/> Other (specify):	

Part III Financial Institution Where Transaction(s) Takes Place

37 Name of financial institution WACHOVIA BK NA			Enter Regulator or BSA Examiner code number OCC	
38 Address (number, street, and apt. or suite no.) 1696 SOUTH LOOP 288			39 EIN or SSN 221147033	
40 City DENTON	41 State TX	42 ZIP code 76205-0000	43 Routing (MICR) number 111025013	
44 Title of approving official		45 Signature of approving official SIGNATURE PRESENT		46 Date of signature 05/10/2007
Sign Here ▶	47 Type or print preparer's name NAME PRESENT		48 Type or print name of person to contact LARGE CURRENCY MANAGER	
			49 Telephone number (336) 735-2410	


The enclosed information was collected and disseminated under provisions of the Bank Secrecy Act (the BSA) and U.S. Department of the Treasury regulations implementing the BSA. See 31 U.S.C. 5311, 5312, 5313, 5314, 5315, 5316, 5317, 5318, 5319, 5320, 5321, 5322, 5323, 5324, 5325, 5326, 5327, 5328, 5329, 5330, 5331, 5332, 5333, 5334, 5335, 5336, 5337, 5338, 5339, 5340, 5341, 5342, 5343, 5344, 5345, 5346, 5347, 5348, 5349, 5350, 5351, 5352, 5353, 5354, 5355, 5356, 5357, 5358, 5359, 5360, 5361, 5362, 5363, 5364, 5365, 5366, 5367, 5368, 5369, 5370, 5371, 5372, 5373, 5374, 5375, 5376, 5377, 5378, 5379, 5380, 5381, 5382, 5383, 5384, 5385, 5386, 5387, 5388, 5389, 5390, 5391, 5392, 5393, 5394, 5395, 5396, 5397, 5398, 5399, 5400. The information is sensitive in nature and is to be treated accordingly. The information may be used only for a purpose related to a criminal, tax, or regulatory investigation or for the conduct of intelligence or counterintelligence activities to protect against international terrorism. See 31 U.S.C. 5311. The information cannot be further released, disseminated, disclosed, or transmitted without the approval of the Director of the Financial Crimes Enforcement Network or his authorized delegate. Suspicious activity reports filed under the BSA must be treated with particular care given that they contain unsubstantiated allegations of possible criminal activity, akin to confidential informant tips. Such reports, or the fact they have been filed, may not be disclosed by a government employee to any person involved in the transaction, other than as necessary to fulfill the official duties of such officer or employee. 31 U.S.C. 5318 (g)(2)(ii). Unauthorized release of information collected under the BSA may result in criminal sanctions.

Exhibit 5

Case 3:08-zv-00899-G Document 1-1 Filed 04/11/08 Page 10 of 21 PageID 14 536-3

FACSIMILE

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FINCEN Form 104 (Formerly Form 4789) (Eff. December 2003) Department of the Treasury FinCEN		Currency Transaction Report Previous editions will not be accepted after August 31, 2004. Please type or print.		 CMB No. 150 6-0004	
1 Check all box(es) that apply: a <input type="checkbox"/> Amends prior report b <input type="checkbox"/> Multiple persons c <input type="checkbox"/> Multiple transactions					
Part I Person(s) Involved in Transaction(s)					
Section A--Person(s) on Whose Behalf Transaction(s) is Conducted					
2 Individual's last name or entity's name COLEMAN			3 First name CECIL		4 Middle initial W
5 Doing business as (DBA)				6 SSN or EIN [REDACTED]	
7 Address (number, street, and apt. or suite no.) 3920 BIG FORK TRAIL				8 Date of birth [REDACTED]	
9 City MCKINNEY		10 State TX	11 ZIP code 75070-0000	12 Country Code (if not U.S.) US	13 Occupation, profession, or business CAR SALES/HAJI
14 If an individual, describe method used to verify identity: a <input checked="" type="checkbox"/> Driver's license/State I.D. b <input type="checkbox"/> Passport c <input type="checkbox"/> Alien registration					
d <input type="checkbox"/> Other		e Issued by TX		f Number [REDACTED]	
Section B--Individual(s) Conducting Transaction(s) (if other than above).					
If Section B is left blank or incomplete, check the box(es) below to indicate the reason(s)					
a <input type="checkbox"/> Armored Car Service b <input type="checkbox"/> Mail Deposit or Shipment c <input type="checkbox"/> Night Deposit or Automated Teller Machine d <input type="checkbox"/> Multiple Transactions e <input checked="" type="checkbox"/> Conducted On Own Behalf					
15 Individual's last name			16 First name		17 Middle initial
18 Address (number, street, and apt. or suite no.)				19 SSN	
20 City		21 State	22 ZIP code	23 Country code (if not U.S.)	24 Date of birth
25 If an individual, describe method used to verify identity: a <input type="checkbox"/> Driver's license/State I.D. b <input type="checkbox"/> Passport c <input type="checkbox"/> Alien registration					
d <input type="checkbox"/> Other		e Issued by		f Number	
Part II Amount and Type of Transaction(s). Check all boxes that apply.					
26 Total cash in \$ 12,506		27 Total cash out \$		28 Date of transaction 04/30/2007	
26a Foreign cash in 0		27a Foreign cash out 0			
29 <input type="checkbox"/> Foreign Country		30 <input type="checkbox"/> Wire Transfer(s)		31 <input checked="" type="checkbox"/> Negotiable Instrument(s) Purchased	
32 <input type="checkbox"/> Negotiable Instrument(s) Cashed		33 <input type="checkbox"/> Currency Exchange(s)		34 <input type="checkbox"/> Deposit(s)/Withdrawal(s)	
35 <input checked="" type="checkbox"/> Account Number(s) Affected (if any): [REDACTED]		36 <input type="checkbox"/> Other (specify)			
Part III Financial Institution Where Transaction(s) Takes Place					
37 Name of financial institution WACHOVIA BK NA				Enter Regulator or BSA Examiner code number OCC	
38 Address (number, street, and apt. or suite no.) 1696 SOUTH LOOP 288				39 EIN or SSN 221147033	
40 City DENTON		41 State TX	42 ZIP code 76205-0000	43 Routing (MICR) number 111025013	
Sign Here ▶	44 Title of approving official		45 Signature of approving official SIGNATURE PRESENT		46 Date of signature 05/24/2007
	47 Type or print preparer's name NAME PRESENT		48 Type or print name of person to contact LARGE CURRENCY MANAGER		49 Telephone number (336) 735-2410

The enclosed information was collected and disseminated under provisions of the Bank Secrecy Act (the BSA) and U.S. Department of the Treasury regulations implementing the BSA. See 31 U.S.C. 5311, et seq., 31 CFR Part 103. The information is sensitive in nature and is to be treated accordingly. The information may be used only for a purpose related to a criminal, tax, or regulatory investigation or proceeding, or in the conduct of intelligence or counterintelligence activities to protect against international terrorism. See 31 U.S.C. 5311. The information cannot be further released, disseminated, disclosed, or transmitted without prior approval of the Director of the Financial Crimes Enforcement Network or his authorized delegate. Suspicious activity reports filed under the BSA must be treated with particular care given that they contain unsubstantiated allegations of possible criminal activity, akin to confidential informant tips. Such reports, or the fact they have been filed, may not be disclosed by a government employee to any person involved in a transaction, other than as necessary to fulfill the official duties of such officer or employee. 31 U.S.C. 5318 (g)(2)(e). Unauthorized release of information collected under the BSA may result in criminal or civil sanctions.

Exhibit 6

FACSIMILE

20072041371134

FINCEN Form 104 (Formerly Form 4789) (EM December 2003) Department of the Treasury FinCEN	Currency Transaction Report Previous editions will not be accepted after August 31, 2004. Please type or print.	 OMB No 1505-0064
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1 Check all box(es) that apply a Amends prior report b Multiple persons c Multiple transactions

Part I Person(s) Involved in Transaction(s)

Section A--Person(s) on Whose Behalf Transaction(s) is Conducted

2 Individual's last name or entity's name COLEMAN		3 First name CECIL	4 Middle initial W
5 Doing business as (DBA)		6 SSN or EIN [REDACTED]	
7 Address (number, street, and apt or suite no.) 3920 BIG FORK TRAIL		8 Date of birth [REDACTED]	
9 City MCKINNEY	10 State TX	11 ZIP code 75070-0000	12 Country Code (if not U.S.) US
13 Occupation, profession, or business CAR SALESMAN		14 If an individual, describe method used to verify identity: a <input checked="" type="checkbox"/> Driver's license/State I.D. b <input type="checkbox"/> Passport c <input type="checkbox"/> Alien registration d <input type="checkbox"/> Other e Issued by TX f Number [REDACTED]	

Section B--Individual(s) Conducting Transaction(s) (if other than above).
 If Section B is left blank or incomplete, check the box(es) below to indicate the reason(s)

a Armored Car Service b Mail Deposit or Shipment c Night Deposit or Automated Teller Machine d Multiple Transactions e Conducted On Own Behalf

15 Individual's last name		16 First name	17 Middle initial
18 Address (number, street, and apt or suite no.)		19 SSN	
20 City	21 State	22 ZIP code	23 Country code (if not U.S.)
24 Date of birth		25 If an individual, describe method used to verify identity: a <input type="checkbox"/> Driver's license/State I.D. b <input type="checkbox"/> Passport c <input type="checkbox"/> Alien registration d <input type="checkbox"/> Other e Issued by: f Number	

Part II Amount and Type of Transaction(s). Check all boxes that apply.

26 Total cash in \$ 24,000	27 Total cash out \$	28 Date of transaction 07/02/2007
26a Foreign cash in 0	27a Foreign cash out 0	
29 <input type="checkbox"/> Foreign Country	30 <input type="checkbox"/> Wire Transfer(s)	31 <input checked="" type="checkbox"/> Negotiable Instrument(s) Purchased
32 <input type="checkbox"/> Negotiable Instrument(s) Cashed	33 <input type="checkbox"/> Currency Exchange(s)	34 <input type="checkbox"/> Deposit(s)/Withdrawal(s)
35 <input checked="" type="checkbox"/> Account Number(s) Affected (if any): [REDACTED]	36 <input type="checkbox"/> Other (specify)	

Part III Financial Institution Where Transaction(s) Takes Place

37 Name of financial institution WACHOVIA BK NA		Enter Regulator or BSA Examiner code number OCC	
38 Address (number, street, and apt. or suite no.) 1696 SOUTH LOOP 288		39 EIN or SSN 221147033	
40 City DENTON	41 State TX	42 ZIP code 76205-0000	43 Routing (MICR) number 111025013
44 Title of approving official		45 Signature of approving official SIGNATURE PRESENT	46 Date of signature 07/19/2007
47 Type or print preparer's name NAME PRESENT		48 Type or print name of person to contact LARGE CURRENCY MANAGER	49 Telephone number (336) 735-2410


The enclosed information was collected and disseminated under provisions of the Bank Secrecy Act (the BSA) and U.S. Department of the Treasury regulations implementing the BSA. See 31 U.S.C. 5311, et seq., 31 CFR Part 103. The information is sensitive in nature and is to be treated accordingly. The information may be used only for a purpose related to a criminal, tax, or regulatory investigation or proceeding, or the conduct of intelligence or counterintelligence activities to protect against international terrorism. See 31 U.S.C. 5311. The information cannot be further released, disseminated, disclosed, or transmitted without the approval of the Director of the Financial Crimes Enforcement Network or his authorized delegate. Suspicious activity reports filed under the BSA must be treated with particular care given that they contain unsubstantiated allegations of possible criminal activity, akin to confidential informant tips. Such reports, or the fact they have been filed, may not be disclosed by a government employee to any person involved in the transaction, other than as necessary to fulfill the official duties of such officer or employee. 31 U.S.C. 5318 (g)(2)(F). Unauthorized release of information collected under the BSA may result in criminal or civil sanctions.

Exhibit 7

18-cv-00899-GJD

FACSIMILE

20072602010534

FINCEN Form 104 (Formerly Form 4789) (Eff. December 2003) Department of the Treasury FinCEN	Currency Transaction Report Previous editions will not be accepted after August 31, 2004. Please type or print.	 OMB No. 1505-0004
--	--	--

1 Check all box(es) that apply: a Amends prior report b Multiple persons c Multiple transactions

Part I Person(s) Involved in Transaction(s)

Section A--Person(s) on Whose Behalf Transaction(s) is Conducted

2 Individual's last name or entity's name COLEMAN		3 First name CECIL	4 Middle initial W
5 Doing business as (DBA)		6 SSN or EIN	
7 Address (number, street, and apt. or suite no.) 3920 BIG FORK TRAIL		8 Date of birth	
9 City MCKINNEY	10 State TX	11 ZIP code 75070-0000	12 Country Code (if not U.S.) US
13 Occupation, profession or business CAR SALESMAN		14 If an individual, describe method used to verify identity: a <input checked="" type="checkbox"/> Driver's license/State I.D. b <input type="checkbox"/> Passport c <input type="checkbox"/> Alien registration d <input type="checkbox"/> Other e issued by: TX f Number: [REDACTED]	

Section B--Individual(s) Conducting Transaction(s) (if other than above).
If Section B is left blank or incomplete, check the box(es) below to indicate the reason(s)

a <input type="checkbox"/> Armored Car Service b <input type="checkbox"/> Mail Deposit or Shipment c <input type="checkbox"/> Night Deposit or Automated Teller Machine d <input type="checkbox"/> Multiple Transactions e <input checked="" type="checkbox"/> Conducted On Own Behalf				
15 Individual's last name		16 First name		17 Middle initial
18 Address (number, street, and apt. or suite no.)		19 SSN		
20 City	21 State	22 ZIP code	23 Country code (if not U.S.)	24 Date of birth
25 If an individual, describe method used to verify identity: a <input type="checkbox"/> Driver's license/State I.D. b <input type="checkbox"/> Passport c <input type="checkbox"/> Alien registration d <input type="checkbox"/> Other e issued by: f Number:				

Part II Amount and Type of Transaction(s). Check all boxes that apply.

26 Total cash in \$ 12,038	27 Total cash out \$	28 Date of transaction 08/27/2007
26a Foreign cash in 0	27a Foreign cash out 0	
29 <input type="checkbox"/> Foreign Country	30 <input type="checkbox"/> Wire Transfer(s)	31 <input type="checkbox"/> Negotiable Instrument(s) Purchased
32 <input type="checkbox"/> Negotiable Instrument(s) Cashied	33 <input type="checkbox"/> Currency Exchange(s)	34 <input checked="" type="checkbox"/> Deposit(s)/Withdrawal(s)
35 <input checked="" type="checkbox"/> Account Number(s) Affected (if any). [REDACTED]	36 <input type="checkbox"/> Other (specify)	


Part III Financial Institution Where Transaction(s) Takes Place

37 Name of financial institution WACHOVIA BK NA		Enter Regulator or BSA Examiner code number OCC	
38 Address (number, street, and apt. or suite no.) 1696 SOUTH LOOP 288		39 EIN or SSN 221147033	
40 City DENTON	41 State TX	42 ZIP code 76205-0000	43 Routing (MICR) number 111025013
44 Title of approving official		45 Signature of approving official SIGNATURE PRESENT	46 Date of signature 09/13/2007
47 Type or print preparer's name NAME PRESENT		48 Type or print name of person to contact LARGE CURRENCY MANAGER	49 Telephone number (336) 735-2410

The enclosed information was collected and disseminated under provisions of the Bank Secrecy Act (the BSA) and U.S. Department of the Treasury regulations implementing the BSA. See 31 U.S.C. 5211, et seq.; 31 CFR Part 103. The information is sensitive in nature and is to be treated accordingly. The information may be used only for a purpose related to a criminal, tax, or regulatory investigation or proceeding, or the conduct of intelligence or counterintelligence activities to protect against international terrorism. See 31 U.S.C. 5311. The information cannot be further released, disseminated, disclosed, or transmitted without the approval of the Director of the Financial Crimes Enforcement Network or his authorized delegate. Suspicious activity reports filed under the BSA must be treated with particular care given that they contain unsubstantiated allegations of possible criminal activity, akin to confidential informant tips. Such reports, or the fact they have been filed, may not be disclosed by a government employee to any person other than a transaction partner than as necessary to fulfill the official duties of such officer or employee. 31 U.S.C. 5318 (g)(2)(E). Unauthorized release of information collected under the BSA may result in criminal or civil sanctions.

Exhibit 8

FACSIMILE 20070806320230

FD-2039 Form 104 (Replaces Form 1040) (ET December 2003) Department of the Treasury FDCEM		Currency Transaction Report Previous editions will not be accepted after August 31, 2004. Please type or print.		 OMB No. 1505-0024	
1 Check all box(es) that apply: <input type="checkbox"/> Advance prior report <input type="checkbox"/> Multiple persons <input type="checkbox"/> Multiple transactions					
Section A—Person(s) Involved in Transaction(s) Section A—Person(s) on Whose Behalf Transaction(s) is Conducted					
2 Individual's last name or entity's name			3 First Name		4 Middle Initial
COLEMAN			CECIL		W
5 Doing business as (DBA)				6 SSN or EIN	
7 Address (street, city, and apt. or suite no.) 8408 RANCHO DEL NORTE				8 Date of birth	
9 City		10 State	11 ZIP code	12 Country Code (if not U.S.)	13 Occupation, profession, or business
MCKINNEY		TX	75070	US	LIMO DRIVER
14 If an individual, describe method used to verify identity: <input checked="" type="checkbox"/> Driver's license/state I.D. <input type="checkbox"/> Passport <input type="checkbox"/> Alien registration					
15 Other		16 Issued by: TX		17 Number: [REDACTED]	
Section B—Individual(s) Conducting Transaction(s) (if other than above). If Section B is left blank or incomplete, check the box(es) below to indicate the reason(s)					
<input type="checkbox"/> Advance Car Service <input type="checkbox"/> Mail Deposit or Withdrawal <input type="checkbox"/> Night Deposit or Automated Teller Machine <input type="checkbox"/> Multiple Transactions <input checked="" type="checkbox"/> Conducted On Own Behalf					
15 Individual's last name			16 First Name		17 Middle Initial
18 Address (number, street, and apt. or suite no.)			19 SSN		
20 City		21 State	22 ZIP code	23 Country Code (if not U.S.)	24 Date of birth
25 If an individual, describe method used to verify identity: <input type="checkbox"/> Driver's license/state I.D. <input type="checkbox"/> Passport <input type="checkbox"/> Alien registration					
26 Other		27 Issued by:		28 Number:	
Section C—Amount and Type of Transaction(s). Check all boxes that apply.					
29 Total cash in \$ 58,000		30 Total cash out \$		31 Date of transaction 03/09/2007	
32 Foreign cash in		33 Foreign cash out			
<input type="checkbox"/> Foreign Country		<input type="checkbox"/> Wire Transfer(s)		<input checked="" type="checkbox"/> Negotiable Instrument(s) (check box)	
<input type="checkbox"/> Negotiable Instrument(s) Cashier		<input type="checkbox"/> Currency Exchange(s)		<input type="checkbox"/> Deposit(s) (ATM/Cashier(s))	
35 <input checked="" type="checkbox"/> Account Number(s) Affected (if any): [REDACTED]		36 Other (specify)			
Section D—Financial Institution Where Transaction(s) Takes Place					
37 Name of financial institution WOODFOREST NAT BK				38 Federal Reserve or BSA Examination code number OCC	
39 Address (number, street, and apt. or suite no.) 1035 HICKORY CREEK BLVD 40 City LAKE DALLAS				36 EIN or SSN 742063218	
41 State TX		42 ZIP code 75085		43 Mailing (branch, etc.) 113008465	
44 Title of approving official		45 Signature of approving official SIGNATURE PRESENT		46 Date of signature 03/09/2007	
47 Type or print preparer's name NAME NOT PRESENT		48 Type or print name of person to contact STEPHANIE MCCANN		49 Telephone number: (832) 875-2043	

The official information was collected and disseminated under provisions of the Bank Secrecy Act (the BSA) and U.S. Department of the Treasury regulations implementing the BSA. See 31 U.S.C. 5311, et seq. 31 CFR 531.101. The information is sensitive in nature and is to be treated accordingly. The information may be used only for a purpose related to a criminal, tax, or regulatory investigation or proceeding, or in the conduct of intelligence or counterintelligence activities to protect against international terrorism. See 31 U.S.C. 5311. The information cannot be further released, disseminated, published, or transmitted without prior approval of the Secretary of the Treasury or his authorized delegate. Except where activity matters filed under the BSA must be treated with particular care given that they contain information that is of such a nature that its disclosure could be considered harmful to the national defense, or the fact they have been filed may not be disclosed by a government employee to any person involved in the transaction, other than as necessary to carry out the duties of such officer or employee. 31 U.S.C. 5314 (b)(2)(D). Unauthorized release of information collected under the BSA may result in criminal or civil sanctions.

Exhibit 9

FINCEN Form 104 (Formerly Form 4789) (Eff. December 2003) Department of the Treasury FinCEN	Currency Transaction Report Previous editions will not be accepted after August 31, 2004. Please type or print.	 DMB No. 150-S-0064
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1 Check all box(es) that apply: a Amends prior report b Multiple persons c Multiple transactions

Part I Person(s) Involved in Transaction(s)

Section A--Person(s) on Whose Behalf Transaction(s) is Conducted

2 Individual's last name or entity's name COLEMAN		3 First name CECIL		4 Middle initial W
5 Doing business as (DBA)			6 SSN or EIN [REDACTED]	
7 Address (number, street, and apt. or suite no.) 3920 BIG FORK TRAIL			8 Date of birth [REDACTED]	
9 City MCKINNEY	10 State TX	11 ZIP code 75070-0000	12 Country Code (if not U.S.) US	13 Occupation, profession, or business CAR SALESMAN
14 If an individual, describe method used to verify identity: a <input checked="" type="checkbox"/> Driver's license/State I D b <input type="checkbox"/> Passport c <input type="checkbox"/> Alien registration				
d <input type="checkbox"/> Other e Issued by: TX f Number: [REDACTED]				

Section B--Individual(s) Conducting Transaction(s) (if other than above).
 If Section B is left blank or incomplete, check the box(es) below to indicate the reason(s)

a Armored Car Service b Mail Deposit or Shipment c Night Deposit or Automated Teller Machine d Multiple Transactions e Conducted On Own Behalf

15 Individual's last name		16 First name		17 Middle initial
18 Address (number, street, and apt. or suite no.)			19 SSN	
20 City	21 State	22 ZIP code	23 Country code (if not U.S.)	24 Date of birth
25 If an individual, describe method used to verify identity: a <input type="checkbox"/> Driver's license/State I D b <input type="checkbox"/> Passport c <input type="checkbox"/> Alien registration				
d <input type="checkbox"/> Other e Issued by f Number				

Part II Amount and Type of Transaction(s). Check all boxes that apply.

26 Total cash in \$ 30,006	27 Total cash out \$	28 Date of transaction 11/08/2007
26a Foreign cash in 0	27a Foreign cash out 0	
29 <input type="checkbox"/> Foreign Country	30 <input type="checkbox"/> Wire Transfer(s)	31 <input checked="" type="checkbox"/> Negotiable Instrument(s) Purchased
32 <input type="checkbox"/> Negotiable Instrument(s) Cashed	33 <input type="checkbox"/> Currency Exchange(s)	34 <input type="checkbox"/> Deposit(s)/Withdrawal(s)
35 <input checked="" type="checkbox"/> Account Number(s) Affected (if any): [REDACTED]	36 <input type="checkbox"/> Other (specify)	

Part III Financial Institution Where Transaction(s) Takes Place

37 Name of financial institution WACHOVIA BK NA			Enter Regulator or BSA Examiner code number OCC	
38 Address (number, street, and apt. or suite no.) 15216 MONTFORT DRIVE			39 EIN or SSN 221147033	
40 City DALLAS	41 State TX	42 ZIP code 75248-0000	43 Routing (M-CR) number 111015159	
44 Title of approving official		45 Signature of approving official SIGNATURE PRESENT		46 Date of signature 11/21/2007
Sign Here ▶	47 Type or print preparer's name NAME PRESENT		48 Type or print name of person to contact LARGE CURRENCY MANAGER	
			49 Telephone number (336) 735-2410	

The enclosed information was collected and disseminated under provisions of the Bank Secrecy Act (the BSA) and U.S. Department of the Treasury regulations implementing the BSA. See 31 U.S.C. 5311 (a) (4); 31 CFR Part 103. The information is sensitive in nature and is to be treated accordingly. The information may be used only for a purpose related to a criminal, tax, or regulatory investigation or proceeding, or in the conduct of intelligence or counterintelligence activities to protect against international terrorism. See 31 U.S.C. 5311. The information cannot be further released, disseminated, disclosed, or transmitted without prior approval of the Director of the Financial Crimes Enforcement Network or his authorized delegate. Suspicious activity reports filed under the BSA must be treated with particular care given that they contain unsubstantiated allegations of possible criminal activity, akin to confidential informant tips. Such reports, or the fact they have been filed, may not be disclosed by a government employee to any person involved in the transaction, other than as necessary to fulfill the official duties of such officer or employee. 31 U.S.C. 5318 (g)(2)(ii). Unauthorized release of information collected under the BSA may result in criminal or civil sanctions.

Exhibit 10

Bank Name WACHOVIA BANK Requestor SYLVIA DANIELS Operator baicaiser Sent: 2/22/2008 9:21:0 Req ID 691151 RON: 099562
FaxNote
CheckSerialNumber: 380026184 CheckPaidDate:

1010000046
07/03/2007
L330443535

THIS IS A LEGAL COPY OF
YOUR CHECK. YOU CAN USE IT
THE SAME WAY YOU WOULD
USE THE ORIGINAL CHECK

1232012878 07/02/2007
1232012878 07/02/2007

WACHOVIA
Pay to the Order of

OFFICIAL CHECK

380026184

\$ 3,400.00

Sylvia Daniels

WACHOVIA BANK, NATIONAL ASSOCIATION

373 1594 1020009791 680038002618410

*3731594 1020009791 680038002618410 *00024000000*

111000036 07/03/2007
6513520483
1030000046 07/03/2007
6330443535

PAY TO THE ORDER OF
WACHOVIA BANK
RICHMOND, TX 75080

PAY TO THE ORDER OF
FOR DEPOSIT ONLY
RICHARD ARDAGE BUDRO
RICHMOND, TX

DO NOT WRITE IN SPACES BELOW THIS LINE

>111011878< 07/02/2007
333731
1232012878

I.P.S.
ENTRY 2311
SOURCE 9800030 062

Do not endorse or write below this line.

Exhibit 11

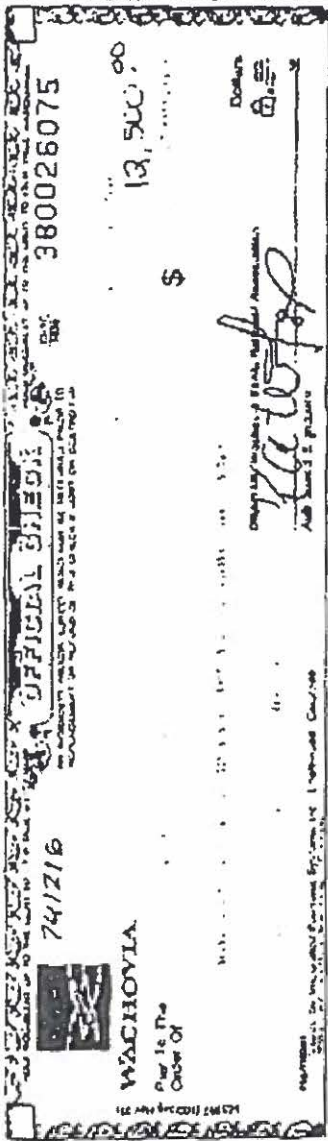
Bank Name WACHOVIA BANK Represtor SYLVIA DANIELS Operator Inhouse#1 Sent: 2/22/2008 9:21:0 Req ID 691151 RON: 099502

fax#00

Check,SerialNumber: 380026075 CheckPaidDate:

300000044
05/01/2007
6511047706

2891932 [111011678] 04/20/2007



⑈373159⑈ ⑆02000979⑆ 68003800260755⑈

⑈373159⑈ ⑆02000979⑆ 68003800260755⑈ ⑆0001250000⑈

111000038 05/01/2007
6413068107
101000048 05/01/2007
6511047706

PAY TO THE ORDER OF
PAYEE'S BANK
RICHARDSON, TX 75080
11011678
FOR DEPOSIT ONLY
RICHARD ALEXANDER SCOTT
005213
DO NOT WRITE ABOVE THIS LINE
OFFICIAL BIRDIE

111011678 < 04/20/2007 2891932
OFFICIAL BIRDIE
RICHARDSON, TX 75080
11011678
FOR DEPOSIT ONLY
RICHARD ALEXANDER SCOTT
005213
DO NOT WRITE ABOVE THIS LINE
OFFICIAL BIRDIE

Do not endorse or write below this line.

Exhibit 12

FaxNote

CheckSerialNumber: 380026066 CheckPaidDate:

101000046
04/24/2007
6517939724

This is a LEGAL COPY of
your check. You can use it
the same way you would
use the original check.

2007/04/23 19291101113
2845913

OFFICIAL CHECK

WACHOVIA

Pay To The Order Of

\$ 45,000.00

Signature: Sylvia Daniels

380026066

599020009779 68003800260665

⑈599020009779⑈ ⑈68003800260665⑈ ⑈0004600000⑈

Exhibit 13

Check # 380026066
Date 04/23/07
Amount \$45,000.00

111000036 04/24/2007
6210369763
101000046 04/24/2007
6517939724

LOOK FOR THE ORDER OF
PAY TO THE ORDER OF
PAYEE BANK
FOR DEPOSIT ONLY
MICROFILMED COPY

Do not endorse or write below this line.

2/22/2008 9:21:00 FAX

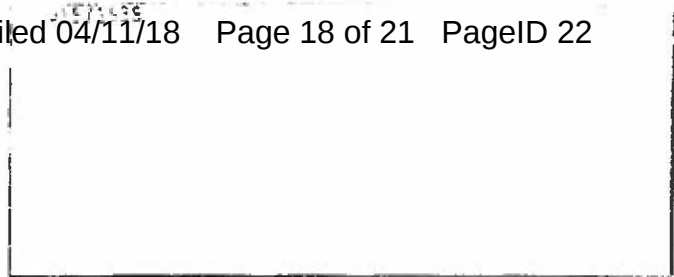
WOODFOREST
 60168333
 118 202 LA 1000
 23 June 1988

PAY TO THE ORDER OF Money Order

FIFTY SEVEN THOUSAND NINE HUNDRED FIFTY DOLLARS AND 71 CENTS
 \$57,950.71

CASHIER'S CHECK

0050156333 11820200100 00000357 05



Date 03/12/2007 Sequence 0200796100 Amount 9060035 Amount \$57,950.71

WOODFOREST
 60168333
 118 202 LA 1000
 23 June 1988

PAY TO THE ORDER OF Money Order

FIFTY SEVEN THOUSAND NINE HUNDRED FIFTY DOLLARS AND 71 CENTS
 \$57,950.71

CASHIER'S CHECK

0050156333 11820200100 00000357 05

01571939

WOODFOREST
 60168333
 118 202 LA 1000
 23 June 1988

0050156333 11820200100 00000357 05

Date 03/20/2007 Sequence 1511941300 Amount 9060035 Amount \$57,950.71

Exhibit 14

WOODFOREST NATIONAL BANK

Account: C. Collins CD System McGraw

DATE: 04/11/18

PAY TO THE ORDER OF: C. Collins Group

FIFTY SEVEN THOUSAND NINE HUNDRED FIFTY DOLLARS AND 71 CENTS

CASHIER'S CHECK

⑆004015783⑆ ⑆113000425⑆ ⑆9000035⑆

⑆1572063⑆

⑆1571939⑆

Date: 04/11/2018 Sequence: 2250796720 Amount: 9000035 Amount: \$57,950.71

WOODFOREST NATIONAL BANK

Account: C. Collins CD System McGraw

DATE: 04/11/18

PAY TO THE ORDER OF: Mabury Collins

FIFTY SEVEN THOUSAND NINE HUNDRED FIFTY DOLLARS AND 71 CENTS

CASHIER'S CHECK

BANK'S REGISTER COPY

⑆005015633⑆ ⑆113000425⑆ ⑆9000035⑆ 05

⑆1571939⑆

Date: 04/11/2018 Sequence: 2250796720 Amount: 9000035 Amount: \$57,950.71

Small illegible text

Exhibit 15

FaxNote

CheckSerialNumber: 393365689 CheckPaidDate:

101000046
 11/01/2006
 6112626206

This is a LEGAL COPY of
 your check. You can use it
 the same way you would
 use the original check

9002/TE/OT 262006
 68291101111

OFFICIAL CHECK

4706697

10/30/2006

WACHOVIA Expressway Financial Inc.
 Pay To The Order Of C/O Labeacus Johnson \$ 13,000.00

*THIRTEEN THOUSAND DOLLARS AND 00 CENTS

Cecil U Coleman

Authorized Signature

⑆373159⑆ ⑆102000979⑆ ⑆8003933656892⑆ ⑆0001300000⑆
 ⑆000001000⑆ ⑆28895936930089⑆ ⑆68000201⑆ ⑆654743⑆

Exhibit 16

111000030 11/01/2006
 6116563242
 101000046 11/01/2006
 6112626206

3006 41464

10/31/2006
 300797

001600880

DO NOT WRITE IN THESE SPACES

DO NOT SIGN BELOW THIS LINE

DO NOT ENDORSE OR WRITE BELOW THIS LINE

2/22/2008 9:24 PAGE 1/1

COPY

Richard Alan Arledge
Federal Register:16769-078
FPC Seagoville
2113 North Highway 175
P.O. Box 9000
Seagoville, Texas 75159

September 5, 2017

Internal Revenue Service
Attn: Ronald Leazer III, CI
Earle Cabell Federal Building
1100 Commerce St. Room 121
Washington DC 20224

1 RECEIVED 1

SEP 13 2017

IRS-AUSTIN, TEXAS

Dear Freedom of Information Act Officer,

This a Freedom of Information Act ("FOIA") request under §§ 552 and 552(a), and my agreement to pay costs associated herewith in obtaining all records, all documents, and all information pertaining to a subpoena issued to Wachovia Bank (currently "Wells Fargo Bank") dated 2/13/2008 in the case (No. 674697) referencing U.S. District TX vs. Cecil W. Coleman. The name of the person to which this FOIA request pertains to is Karen Wilkerson, CI, Internal Revenue Service, retired, and/or Ronald Leazer III, Internal Revenue Service CI.

The time period of the search is from from February 1, 2008 to March 31, 2008 for the document dated March 1, 2008.

My date of birth 11/02/1958.

I declare under the penalty of perjury pursuant to 28 U.S.C § 1746(1), under the laws of the United States of America, that the foregoing is true and correct to the best of my knowledge and belief.

Richard Alan Arledge
Richard Alan Aldredge

I declare under penalty of perjury pursuant to 28 U.S.C § 1746(1) under the laws of the United States of America, that on September 5, 2017, I deposited the above FOIA request to the U.S. Mailbox located inside FPC Seagoville, to the address listed above.

Richard Alan Arledge
Declarant

Internal Revenue Service
RECEIVED
SEP 19 2017
Disclosure Office 09
Austin, TX

COPY