

Road Runner ABC Package Store
10900 Clemson Boulevard
Seneca, South Carolina 29678
864.654.9323 office; 864.973.1350 cell
roadrunner10900@att.net

May 12, 2016

Tenth Circuit Solicitor's Office
Worthless Check Unit
415 South Pine Street
Walhalla, South Carolina 29691

Re: Four Worthless Checks

Dear Ms. Adams:

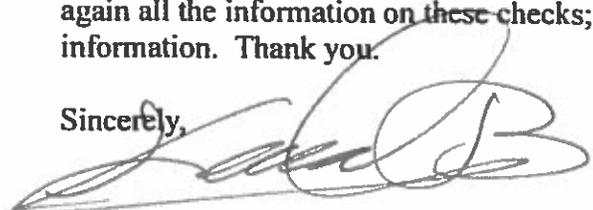
I submitted to your office on March 9, 2016 four fake payroll checks, which I believed were legitimate and cashed them at the Road Runner ABC Package Store in the amount of \$1,851.00. I completed the forms with the information I had providing the address, social security number, telephone number, made additional comments as to the "ring leader" of the group. What else should I do? It's time to do your part. Do I need to arrest them too???

I have called numerous times only reaching a person twice. The first call she wanted everything faxed on April 11, 2016 which I did. The second call she suggested I retain a lawyer, but she would talk to an investigator.

I have heard nothing back from this office after the many messages I have left. I thought the Solicitor's Worthless Check Unit was to help businesses, but apparently that is not the case.

Please help me get the funds back from the people that passed these worthless checks. I am attaching again all the information on these checks; this will be the third time your office receives the information. Thank you.

Sincerely,



Kamal Barakat, Owner

xc: ✓ Governor Nikki Haley
✓ The Seneca Journal

Attachments: Copies of Victim/Vendor Worksheet for Gregory Trotter, Charles Hightower, William Owens Jr., Robert Smith

Copies of the four worthless checks

filed 4.11.16

Oconee County

Solicitor's Worthless Check Unit

Tenth Circuit Solicitor's Office
Worthless Check Unit
Mailing Address: 415 South Pine Street
Walhalla, SC 29691
Physical Address: 205 W. Main St.
Walhalla, SC 29691



Telephone: (864) 718-1065
Fax: (864) 638-4295
Email: marla.thomas@solicitor10.org

Victim/Vendor Worksheet

1. Identification and Address information obtained at time check was accepted:

Offender's Name: Gregory G. Trotter SEX MALE W
Address: 304 E. Wesley St. City Walhalla State SC Zip 29621
Phone: 864.973.3848 ID or DL#: _____ STATE: _____
DOB: 05.15.1964 SSN: 248-39-9729

2. Date the check was accepted (Can be different than check date): 01-29-2016

3. Date check deposited (1st deposit date only): 02-01-2016

4. Deposited within 10 days? YES NO (if no, we may not be able to help you)

5. Check was received in Oconee County? YES NO

6. You or your agent believed that the check was good at the time of receipt? YES NO

7. Was the check postdated? YES NO Was the check held? YES NO

I understand that by signing this form that I attest that there was no agreement to hold the check in question. If I later want to stop the collection or prosecution process, I will be liable for costs totaling at least \$91⁰⁰.

By signing this form, I swear that the above is true.

SIGNATURE: [Signature] Date: 3.9.16

Vendor/Victim (Print name): Kamal Barakat Company Road Runner ABC Package

Address: 10900 Clemson Blvd City Seneca State SC Zip 29678

Phone: 864.973.1350 Alternate Phone: 864.654.9323

Fax: 864.654.9323 E-mail: roadrunner10900@att.net

Any additional information you provide about the check writer may be helpful in the collection process.

Mr. Trotter is ring leader. He brought the 3 other men in. He stated he worked with them and knew them. Mr. Trotter was a longtime customer & that's why we cashed the checks

Please print, complete and sign, attach check and mail or bring to Solicitor's WCU.

Staple Worthless Check Here

Oconee County

Solicitor's Worthless Check Unit

Tenth Circuit Solicitor's Office
Worthless Check Unit
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Walhalla, SC 29691
Physical Address: 205 W. Main St.
Walhalla, SC 29691



Telephone: (864) 718-1065
Fax: (864) 638-4295
Email: mnrta.thomas@solicitor10.org

Victim/Vendor Worksheet

1. Identification and Address information obtained at time check was accepted:

Offender's Name: Charles Hightower SEX M RACE W
Address: _____ City _____ State _____ Zip _____
Phone: _____ ID or DL#: _____ STATE: _____
DOB: _____ SSN: _____

2. Date the check was accepted (Can be different than check date): 01-29-2016

3. Date check deposited (1st deposit date only): 02-01-2016

4. Deposited within 10 days? YES NO (if no, we may not be able to help you)

5. Check was received in Oconee County? YES NO

6. You or your agent believed that the check was good at the time of receipt? YES NO

7. Was the check postdated? YES NO Was the check held? YES NO

I understand that by signing this form that I attest that there was no agreement to hold the check in question. If I later want to stop the collection or prosecution process, I will be liable for costs totaling at least \$91⁰⁰.

By signing this form, I swear that the above is true.

SIGNATURE: [Signature] Date: 3.9.16

Vendor/Victim (Print name): Kamal Barakat Company Road Runner ABC Package

Address: 10900 Clemson Blvd City Seneca State SC Zip 29678

Phone: 864.973.1350 Alternate Phone: 864.654.9323

Fax: 864.973.864.654.9323 E-mail: roadrunner10900@att.net

Any additional information you provide about the check writer may be helpful in the collection process.
Mr. Trotter brought all 4 men in saying he knew and worked with them. Mr. Trotter was a long time customer.

Please print, complete and sign, attach check and mail or bring to Solicitor's WCU.

Staple Worthless Check Here

Oconee County

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Email: marla.thomas@solicitor10.org

Victim/Vendor Worksheet

1. Identification and Address information obtained at time check was accepted:

Offender's Name: William B. Lwnes, Jr. SEX M RACE W
Address: _____ City _____ State _____ Zip _____
Phone: _____ ID or DL#: _____ STATE: _____
DOB: _____ SSN: _____

2. Date the check was accepted (Can be different than check date): 01-29-2016

3. Date check deposited (1st deposit date only): 02-01-2016

4. Deposited within 10 days? YES NO (if no, we may not be able to help you)

5. Check was received in Oconee County? YES NO

6. You or your agent believed that the check was good at the time of receipt? YES NO

7. Was the check postdated? YES NO Was the check held? YES NO

I understand that by signing this form that I attest that there was no agreement to hold the check in question. If I later want to stop the collection or prosecution process, I will be liable for costs totaling at least \$91⁰⁰.

By signing this form, I swear that the above is true.

SIGNATURE: [Signature] Date: 3-10-2016

Vendor/Victim (Print name): Kamal Barakat Company Road Runner ABC Package

Address: 10900 Clemson Blvd City Seneca State SC Zip 29698

Phone: 864.913.1350 Alternate Phone: 864.654.9323

Fax: 864.654.9323 E-mail: roadrunner10900@att.net

Any additional information you provide about the check writer may be helpful in the collection process.
All four men came in at same time, IF Gregory Trotter is ring leader. He brought them all in and said he knew them. That's why we cashed the checks. Mr. Trotter has been a long time customer.

Please print, complete and sign, attach check and mail or bring to Solicitor's WCU.

Staple Worthless Check Here

Oconee County

Solicitor's Worthless Check Unit

Tenth Circuit Solicitor's Office
Worthless Check Unit
Mailing Address: 415 South Pine Street
Walhalla, SC 29691
Physical Address: 205 W. Main St.
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Fax: (864) 638-4295
Email: marla.thomas@solicitor10.org

Victim/Vendor Worksheet

1. Identification and Address information obtained at time check was accepted:

Offender's Name: Robert J. Smith SEX M RACE W
Address: _____ City _____ State _____ Zip _____
Phone: _____ ID or DL#: _____ STATE: _____
DOB: _____ SSN: _____

- 2. Date the check was accepted (Can be different than check date): 01-29-2016
- 3. Date check deposited (1st deposit date only): 02-01-2016
- 4. Deposited within 10 days? YES NO (if no, we may not be able to help you)
- 5. Check was received in Oconee County? YES NO
- 6. You or your agent believed that the check was good at the time of receipt? YES NO
- 7. Was the check postdated? YES NO Was the check held? YES NO

I understand that by signing this form that I attest that there was no agreement to hold the check in question. If I later want to stop the collection or prosecution process, I will be liable for costs totaling at least \$91⁰⁰.

By signing this form, I swear that the above is true.

SIGNATURE: [Signature] Date: 3.9.16

Vendor/Victim (Print name): Kamal Barakat Company Road Runner ABC Package

Address: 10900 Clemson Blvd City Seneca State SC Zip 29678

Phone: 864. 913. 1350 Alternate Phone: 864. 654. 9323

Fax: 864. 654. 9323 E-mail: roadrunner10900@att.net

Any additional information you provide about the check writer may be helpful in the collection process.
Mr. Trotter brought in all 4 men saying he knew them and worked with them. Mr. Trotter was a long time customer of the store.
Please print, complete and sign, attach check and mail or bring to Solicitor's WCU.

Staple Worthless Check Here



Date: 02-04-2016
Account Number: 160162048501

RETURN ITEM(S) ATTACHED - DO NOT DISCARD

Page 5 of 6

053201186
02/04/2016
000006700073023

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

RETURN REASON-E
UNABLE TO LOCATE
ACCT

01771

9102/TD/20 [00E00E50]
E20E700000000000

UN LOCATE ACCT

D AND D RENOVATIONS 12367 FRIENDSHIP RD. SENECA, SC 29678		PALMETTO GBA LLC		No. 1295
		Date 1/29/16		
Pay To The Order Of	GREG TROTTER	\$	545.00	
		FIVE HUNDRED FOURTY FIVE DOLLARS***** Dollars		
Memo:	40 hr work.		<i>Don Johnson</i>	
⑆000001295⑆ ⑆388811608⑆601928191				

⑆000001295⑆ ⑆053201186⑆601928191⑆ ⑆0000054500⑆

053201186
02/04/2016
000006700073024

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

RETURN REASON-E
UNABLE TO LOCATE
ACCT

01773

9102/TD/20 [00E00E50]
E20E700000000000

UN LOCATE ACCT

D AND D RENOVATIONS 12367 FRIENDSHIP RD. SENECA, SC 29678		PALMETTO GBA LLC		No. 1301
		Date 1/29/16		
Pay To The Order Of	CHARLES HIGHTOWER	\$	650.00	
		SIX HUNDRED FIFTY DOLLARS***** Dollars		
Memo:	40 hr. work.		<i>Don Johnson</i>	
⑆000001301⑆ ⑆388811608⑆601928191				

⑆000001301⑆ ⑆053201186⑆601928191⑆ ⑆0000065000⑆



Central Bank Operations - DAC16
 PO Box: 27131
 Raleigh, NC 27611-7131

00532

KAMAL BARAKAT
 DBA ROADRUNNER ABC PACKAGE
 10900 CLEMSON BLVD.
 SENECA SC 29678



01
 F00

Date: 02-04-2016
 Account Number: 160162048501

RETURN ITEM(S) ATTACHED - DO NOT DISCARD

Page 3 of 6

053201186
 02/04/2016
 000006700073025

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

RETURN REASON-E
 UNABLE TO LOCATE
 ACCT

01767

9102/T0/20 000E001E50J
 220E20002900000

UN LOCATE ACCT

9102/T0/20 000E001E50J
 220E20002900000

D AND D RENOVATIONS
 12367 FRIENDSHIP RD.
 SENECA, SC 29678

PALMETTO GBA LLC

No. 1303

Date 1/29/16

Pay To The Order Of ROBERT J SMITH \$ 275.00

TWO HUNDRED SEVENTY FIVE DOLLARS NO CENTS *****Dollars

Memo: 27 1/2 HRS OF WORK *Don Johnson*

⑆000001303⑆ ⑆388811608⑆601928191

⑆000001303⑆ ⑆4⑆053201186⑆601928191⑆ ⑆0000027500⑆

053201186
 02/04/2016
 000006700073022

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

RETURN REASON-E
 UNABLE TO LOCATE
 ACCT

01769

9102/T0/20 000E001E50J
 220E20002900000

UN LOCATE ACCT

9102/T0/20 000E001E50J
 220E20002900000

D AND D RENOVATIONS
 12367 FRIENDSHIP RD.
 SENECA, SC 29678

PALMETTO GBA LLC

No. 1296

Date 1/29 / 16

Pay To The Order Of WILLIAM B OWENS JR \$ 345.00

THREE HUNDRED FOURTY FIVE DOLLARS NO CENTS*****Dollars

Memo: Beans *Don Johnson*

⑆000001296⑆ ⑆388811608⑆601928191

⑆000001296⑆ ⑆4⑆053201186⑆601928191⑆ ⑆0000034500⑆



First Citizens Bank

Central Bank Operations - DAC16
PO Box 27131
Raleigh, NC 27611-7131



01
F00

00532

KAMAL BARAKAT
DBA ROADRUNNER ABC PACKAGE
10900 CLEMSON BLVD.
SENECA SC 29678

RIA



Return Item Advice

Date:	02-04-2016
Account Number:	160162048501
Items:	4
Checks:	\$1,815.00
Fees:	\$36.00
Total:	\$1,851.00

Dear Valued Client:

This notice is to inform you that we have debited your First Citizens checking account for the returned check(s) listed below for the reasons indicated. Each attached returned check is in the form of a substitute check, which is a legal copy of the original check that can be used the same way you could use the original. You may either:

1. Submit the substitute check for redeposit into your First Citizens account; or
2. Return the substitute check to the issuer and request a replacement.

A disclosure concerning your rights with respect to substitute checks is included with this notice.

If you have any questions about this notice or believe that there has been an error, please contact your local First Citizens office or call 1.888.FC DIRECT (1.888.323.4732) between 7:00 a.m. and 11:00 p.m. Eastern time any day of the week.

Bank ABA	Return Reason	Check Amount	Fee Amount	Trace ID
05320-1186	NO ACCOUNT	\$275.00	\$9.00	9000152889
05320-1186	NO ACCOUNT	\$345.00	\$9.00	9000152891
05320-1186	NO ACCOUNT	\$545.00	\$9.00	9000152890
05320-1186	NO ACCOUNT	\$650.00	\$9.00	9000152892
Totals	4 Items	\$1,815.00	\$36.00	