****
*** TX REPORT ***
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TRANSMISSION OK

TX/RX NO	2529
CONNECTION TEL	18666500003
SUBADDRESS	
CONNECTION ID	
ST. TIME	09/28 18:41
USAGE T	02'04
PGS. SENT	5
RESULT	OK

citi

Citi Delaware
Global Cash Management Services

A Subsidiary of Citigroup
1 Penns Way
New Castle, DE 19720-000

To: E TRADE

External Phone:

External Fax: 866-650-0003

Date: 9/28/2021

From: DaPHNNE MINOR

Phone: (302) 324-6624

~~Internal Fax: (302) 323-5462~~

Number of Pages: 5 of 4

Regarding: FORGED ENDORSEMENT

Comments:

CIT210928-007950

Adding collection letter

Daphnne Minor
Fraud Prevention Unit
Citibank Delaware
One Penn's Way
New Castle, DE 19720
302-324-6624

P/S Call

Daphnne Minor
Fraud Prevention Unit
Citibank Delaware
One Penn's Way
New Castle, DE 19720
302-324-6624

GOVERNMENT EXHIBIT 1

citi

TO:
E-TRADE BANK
671 N. GLEBE RD
16TH FLOOR
ARLINGTON, VA 22203
ATTN FRAUD CHECK CLAIMS

FROM:
De Fraud Prevention And Control

Date: 28-Sep-2021
Our Reference: CIT210928-007950
Your Reference: NONE
Subject: Case Ref : CIT210928-007950 COLLECTION LETTER

Account Number: [redacted]2975
Account Name: CITIBANK NA CUSTOM OCS
Check Number: 991536681
Check Date: 04/06/2021
Issued Payee: ELIAS ELDABBAGH
Modified Payee:
In the amount of: $230024.22/USD

Claim Type: Forged Endorsement
Reference: Check(s) Returned Without Entry

Dear Sir or Madam:

Daphnne Minor
Fraud Prevention Unit
Citibank Delaware
One Penn's Way
New Castle, DE 19720
302-324-8624

We received the enclosed with advice of the claim type above.

We have enclosed the following information:
____ 1. Paid and cancelled check
__X___2. Copy of paid check
__X___3. Affidavit/Death Certificate
_____4. Other Information

We would appreciate your reimbursing us as promptly as possible unless you are in a position to furnish
us with conclusive evidence that the payment has been properly effected.

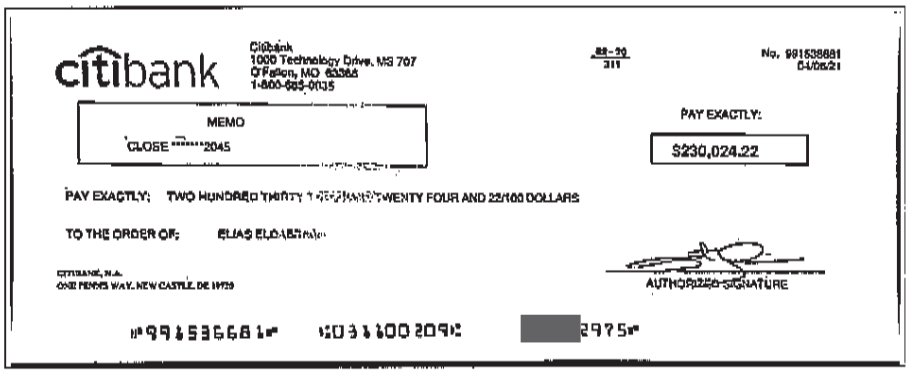
CitiDirect Check Image Delivery

citi

Print Close Window

Check Image Inquiry Results

Account #	Check #	Amount	Paid Date	Sequence #
[redacted]2975	991536681	$230,024.22	04/15/2021	1200722166



citibank

Citibank
1000 Technology Drive, MS 787
O'Fallon, MO 63368
1-800-685-0135

88-39
311

No. 991536681
04/06/21

MEMO
CLOSE ******2045

PAY EXACTLY:
$230,024.22

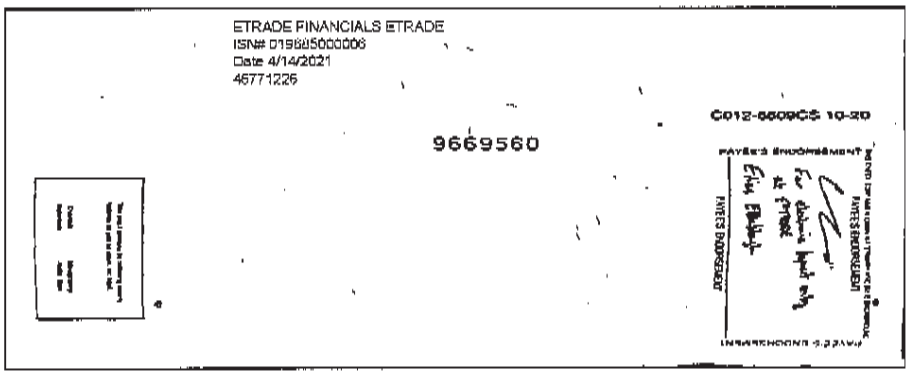
PAY EXACTLY: TWO HUNDRED THIRTY THOUSAND TWENTY FOUR AND 22/100 DOLLARS

TO THE ORDER OF: ELIAS ELOA[illegible]

CITIBANK, N.A.
ONE PENNS WAY, NEW CASTLE, DE 19720

AUTHORIZED SIGNATURE

⑈991536681⑈ ⑆031100209⑆ [redacted]2975⑈



ETRADE FINANCIALS ETRADE
ISN# 01968B5000006
Date 4/14/2021
46771226

C012-6609CS 10-20

9669560

PAYEE'S ENDORSEMENT

PAYEE SIGNATURE

Ct210928-007950

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This is a photographic facsimile of the original item, which is unavailable, destroyed or lost. Upon payment of this facsimile we agree to hold your bank harmless from any loss suffered as a result of payment of this facsimile in lieu of the original. Citibank, N.A.

256072691

AFFIDAVIT OF FORGERY, ALTERATION, COUNTERFEIT OR UNAUTHORIZED REMOTELY CREATED CHECK PLEASE PRINT LEGIBLY

citibank

Do not use for counterfeit official checks or money orders.

Claimant Name (Business or Individual): ELIAS ELDABBAGH

Account Number: [redacted]2045

Street Address: 2021 L ST NW STE 101-319

Home Telephone Number: (202) 746-8000

City, State, Zip, Country: WASHINGTON DC 20036

Business Telephone Number: (- X -) - - - - - - - - -

Date: 04/06/21 Check/Serial #: 991536681 Amount: $230,024.22

For additional checks, complete the Addendum to Affidavit of Forgery. Is Addendum attached? ☐ Yes ☑ No

☐ Remotely Created Check ☑ Check — ◉ Forgery ○ Alteration ○ Counterfeit

Drawer (i.e., maker): CITIBANK Payable to the Order of: ELIAS ELDABBAGH

This Claim involves a Substitute Check* ☐ Yes ☑ No

*"A substitute check is a paper reproduction of the original check that contains an image of the front and back of the original check and bears a legend, "is a legal copy of your check."

☐ Official Check ☐ Money Order — ○ Forgery ○ Alteration ○ Lost / Never Received (Must select "Endorsement Forged/Unauthorized" below)

Date Purchased: Check/Serial #: Purchaser Name:

Amount: $ Payee Name:

☐ In-Branch Withdrawal — Date: Amount: $

For additional withdrawals, complete the Addendum to Affidavit of Forgery. Is Addendum attached? ☐ Yes ☐ No

The items described above were improperly paid because of a(n) (Check all that apply):

☐ **Drawer's Signature Forged/Unauthorized**
The drawer's signature of _____ (drawer's name) on the check or withdrawal order is a forgery or is unauthorized. I did not sign and I did not authorize the signature.

☑ **Endorsement Forged / Unauthorized**
The Endorsement of ELIAS ELDABBAGH (payee's name) on the above check is a forgery. I did not write or authorize the endorsement.

☐ **Check (or Remotely Created Check) Amount/Payee Name Altered**
The amount of the above check was raised from the original amount of $_____ (amount) to $_____ (amount). I did not raise the amount of the check and I did not authorize that it be raised. I received no part of the amount of item in excess of the original amount, nor was any part of the excess amount applied to any use or purpose on my behalf.
An unknown person altered the payee's name on the check to make it payable to the order of: _____. I did not alter the payee's name and I did not authorize any alteration.

☐ **Counterfeit Check**
This check is a counterfeit and was not authorized by me. I received no benefit from the payment of this check.

☐ **Unauthorized Remotely Created Check**
The remotely created check was not authorized by me and I received no benefit from the issuance of this transaction. The person who issued the remotely created check is not authorized to use the account.

1. I did not receive any benefit or value from proceeds of the check/withdrawal order, and proceeds were not used for any purpose on my behalf.
2. I have not arranged with the person(s) who forged/altered the check/withdrawal order to be reimbursed for proceeds of the check/withdrawal order. I do not carry any insurance applicable to the loss resulting from the forgery/alteration. I suspect: UNKNOWN (Suspect Name) of, UNKNOWN (Suspect Address), of having forged or altered the item(s) described in this Affidavit, as I have stated above. I believe this person did this under the following circumstance: UNKNOWN
3. I, the Claimant, was not negligent in contributing to the forgery/alteration and discovered the forgery/ alteration on MAY 1, 2021 (date), under the following circumstances: WHEN REQUESTED CHECK FOR BALANCE OF CLOESED ACCOUNT
4. If applicable, I am the payee of the check(s). The check(s) were delivered to me under the following circumstances: ISSUED FOR CLOSURE OF ACCOUNT [redacted]2045
5. I understand that Citibank is a federally insured bank and that my making any false statements to Citibank in connection with my claims, or to induce Citibank to rely upon those statements, is a crime. I also understand that Citibank or other persons or entities, such as law enforcement may require my assistance in connection with any criminal or civil prosecution of the wrongdoer(s). Should that arise, I agree to cooperate fully, including the giving of testimony and appearing at a trial. Should I refuse to cooperate, Citibank may revoke any settlement it offered or paid to me, including charging the amount of any settlement to any account I hold at Citibank.
6. I declare under penalty of perjury under the laws of the State of DC (State) that the foregoing is true and correct.

Claimant's Signature: X Elias Eldabbagh Date: 9/15/2021 If Claimant is a Business, Print Name/Title of Authorized Signer

State of District of Columbia

County of District of Columbia

Subscribed and sworn to (or affirmed) before me on this 15th day of September 2021

by Elias Eldabbagh, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Seal

IMMANI HOOD NOTARY PUBLIC MY COMMISSION EXPIRES 11/30/2025 DISTRICT OF COLUMBIA

Notary Public Signature

District of Columbia
Signed and sworn to (or affirmed) before me
on 9/15/2021 by Elias Eldabbagh
Date Name(s) of Individual(s) making Statement

Signature of Notarial Officer

Notary Public
Title of Office

My commission expires: 11/30/2025

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GOVERNMENT EXHIBIT 1