

UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF FLORIDA  
TAMPA DIVISION

COMMODITY FUTURES TRADING  
COMMISSION,

Plaintiff,

Case No. 8:19-CV-886-T-33SPF

v.

OASIS INTERNATIONAL GROUP,  
LIMITED; *et al.*,

Defendants.

\_\_\_\_\_ /

**DECLARATION OF RECEIVER, BURTON W WIAND,  
IN SUPPORT OF MOTION TO OVERRULE OBJECTIONS**

I, Burton W. Wiand, make this declaration as receiver over the above-captioned defendants and relief defendants in support of my Motion for an Order (1) Approving a First Interim Distribution of \$10 Million; (2) Approving the Receiver's Final Determinations Regarding Unperfected or Incomplete Claims; and (3) Overruling Limited Objections to Certain Claim Determinations (the "**Motion**");

1. I am over 18 years of age, of sound mind, and competent to testify to these matters based on my personal knowledge and/or information gathered by my retained professionals at my request.

2. Claimants associated with ten claims submitted objections pursuant to the Objection Procedure (as defined in the Motion). *See* Claim Nos. 285, 342, 379, 391, 404, 408, 759, 775, 782-V, and 785. My professionals and I resolved all but three of those objections.

**Objection 1 – Claim No. 782-V – Gary Zielinski**

3. First, as discussed in Section II.B. of the Motion, the claimant associated with Claim No. 782-V (Gary Zielinski) purports to have invested in Receivership Entities through New Horizon Capital Ventures, Inc. (“**New Horizon**,” a type of “feeder fund,” as defined and explained in the Motion).

4. New Horizon initially submitted a single, collective Proof of Claim Form on behalf of 38 individuals, but the Receiver determined that the individuals should submit independent Proof of Claim Forms to personally verify their claims. The Court thus allowed the individuals to submit Proof of Claim Forms within the time afforded by the Objection Procedure.

5. Mr. Zielinski timely submitted a Proof of Claim Form, but my professionals could not find any evidence of his investment in bank statements or other Receivership records. As such, I treated the Proof of Claim Form (Claim No. 782-V) as an objection and attempted to resolve the discrepancy with the claimant. A true and correct copy of the Proof of Claim Form is attached to this declaration as **Exhibit A**.

6. My professionals made multiple attempts to obtain supporting documentation from Mr. Zielinski. He provided stock certificates and two dividend checks from New Horizon, but he could not provide any bank support or other evidence of his purported investment in Receivership Entities. Given that Receivership records also do not reflect the claimed investment or even corresponding deposits, I recommend that the objection be overruled and that this claim be denied, as set forth in Exhibit 3 to the Motion.

**Objection 2 – Claim No. 404 – Darlene & Robert Finch**

7. Second, the objection associated with Claim No. 404 (Darlene and Robert Finch) challenges a payment included in the claim's total payment amount. A true and correct copy of the Proof of Claim Form is attached to this declaration as **Exhibit B**. A copy of a letter from the claimants objecting to the Receiver's determination is attached as **Exhibit C**.

8. Between January 2014 and May 2018, the claimants made three investments in the scheme totaling \$55,000. On August 13, 2018, the claimants received a transfer in the amount of \$8,076.54. They reinvested \$8,000 of that amount on August 23, 2018. Under the Net Investment Method (as defined in the Motion), these two transactions are essentially a wash. They only affect the claimants' Allowed Amount by \$76.54. In total, the claimants invested \$63,000 and received \$8,076.54 for an Allowed Amount of \$54,923.46. Nevertheless, the

claimants repeatedly and incorrectly characterize the inclusion of the transfer as a “clawback” in the amount of \$8,076.54 and base their objection on that misunderstanding.

9. A schedule of the relevant transactions prepared at my request by my forensic accountants is attached as **Exhibit D**. Copies of the underlying checks and bank statements are available to the Court and the claimants upon request. I have not attached them to this declaration due to the significant amount of personal financial information contained therein.

10. On September 19, 2022, my professionals asked the claimants to withdraw the objection, given their receipt of the challenged payment and the operation of the Net Investment Method. On September 30, 2022, the claimants responded that any questions should be referred to their “attorney, Mr. Brent Winters.”

11. In their Personal Verification Form, dated April 13, 2022, however, the claimants marked “No” to the prompt: “Brent Winters is representing me in this Receivership, including my claim to any Receivership assets.” A true and correct copy of the Personal Verification Form is attached as **Exhibit E**.

12. The claimants have refused further communications with my representatives. Given the claimants’ contradictory representations regarding Mr. Winters, I thought it appropriate to bring this objection to the Court’s attention. The claimants appear to misunderstand the Net Investment

Method's cash-in/cash-out calculations. Because the claimants received the challenged payment, their objection should be overruled.

**Objection 3 – Claim No. 759 – Michael Squillante**

13. Third, the claimant associated with Claim No. 782-V (Michael Squillante) recently claimed entitlement to \$500,000 in communications with my representatives under the Objection Procedure. A true and correct copy of the Proof of Claim Form is attached to this declaration as **Exhibit F**.

14. Mr. Squillante's demand is baseless because he only invested \$400,000 and is not entitled to recover interest or false profits under the Net Investment Method. In addition, Receivership records show that the claimant made withdrawals of \$348,608.32 over five years.

15. A schedule of the relevant transactions prepared at my request by my forensic accountants is attached as **Exhibit G**. Copies of the underlying checks and bank statements are available to the Court and the claimant upon request. I have not attached them to this declaration due to the significant amount of personal financial information contained therein.

16. I recommend that the Court overrule the objection. The claim should be approved in part with an Allowed Amount of \$51,391.68, as set forth in Exhibit 1 to the Motion.

**Conclusion**

17. Because the objecting claimants are entitled to due process, the Motion and this declaration will be served on them and Winters. If they fail to respond to the Motion or to submit evidence supporting their claims, I recommend that the objections be overruled.

I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

A handwritten signature in blue ink, appearing to read "Burton W. Wiand", is written over a horizontal line.

BURTON W. WIAND, AS RECEIVER

# EXHIBIT A



**PROOF OF CLAIM FORM**

COMMODITY FUTURES TRADING COMMISSION,  
Plaintiff,  
v.

OASIS INTERNATIONAL GROUP, LIMITED; OASIS  
MANAGEMENT, LLC; SATELLITE HOLDINGS COMPANY;  
MICHAEL J DACORTA; JOSEPH S. ANILE, II.; RAYMOND  
P MONTIE III; FRANCISCO "FRANK" L. DURAN; and  
JOHN J. HAAS,  
Defendants;  
and

MAINSTREAM FUND SERVICES, INC.; BOWLING GREEN  
CAPITAL MANAGEMENT LLC; LAGOON INVESTMENTS,  
INC.; ROAR OF THE LION FITNESS, LLC; 444 GULF OF  
MEXICO DRIVE, LLC; 4064 FOUNDERS CLUB DRIVE,  
LLC; 6922 LACANTERA CIRCLE, LLC; 13318 LOST KEY  
PLACE, LLC; and 4 OAKS LLC,  
Relief Defendants.

Case Number: 8:19-cv-886-T-33SPF  
U.S. District Court Middle District of Florida (Tampa Division)

Name and address of Claimant  
(Please print or type):

*GARY ZIELINSKI*

Gary Zielinski

Redacted

*Gary Zielinski*

*782-V*

**ATTENTION:** The Honorable Virginia M. Hernandez Covington of the United States District Court, Middle District of Florida, entered orders appointing Burton W. Wiand as Receiver over the assets of the above-captioned defendants and relief defendants (individually, a **"Receivership Entity,"** and collectively, **"Receivership Entities"**). On February 4, 2020, the Court issued an order establishing a Claim Bar Date for all claims and approving this Proof of Claim Form and the basic procedures to administer any claims. To be eligible to receive a distribution from the Receivership Entities' assets, you must complete and return this Proof of Claim Form and, if applicable, provide the requested documentation, so that it is received on or before **June 15, 2020, to Burton W. Wiand, Receiver, c/o Maya M. Lockwood, Esquire, Wiand Guerra King P.A., 5505 West Gray Street, Tampa, Florida 33609.** *The proper filing of this completed claim form may entitle you to receive a distribution from the Receivership. Altered forms will not be accepted.*

The information provided in this Proof of Claim Form will be used to determine your distribution, if any, from the Receivership. The Receiver has the right to dispute and/or verify any information you have provided to determine the proper distribution amount, if any, to which you may be entitled. The Receiver further has the right to amend any information he may have provided as to your Net Investment Amount. **By identifying and providing a Net Investment Amount for an investor the Receiver does not waive any right to (1) deny, contest the validity of, or otherwise object to a claim or (2) if warranted, amend the provided Net Investment Amount.**

**IMPORTANT INFORMATION TO READ PRIOR TO SUBMITTING THIS FORM**

ANY PERSON OR ENTITY SUBMITTING THIS PROOF OF CLAIM FORM SUBMITS TO THE EXCLUSIVE JURISDICTION OF THE ABOVE-CAPTIONED COURT FOR ALL PURPOSES, INCLUDING, WITHOUT LIMITATION, AS TO ANY CLAIMS, OBJECTIONS, DEFENSES, OR COUNTERCLAIMS THAT COULD BE OR HAVE BEEN ASSERTED BY THE RECEIVER AGAINST SUCH CLAIMANT OR THE HOLDER OF SUCH CLAIM IN CONNECTION WITH THIS RECEIVERSHIP, INCLUDING, THOSE ARISING OUT OF (1) ANY DEALING OR BUSINESS TRANSACTED BY OR WITH ANY RECEIVERSHIP ENTITY AND/OR (2) ANY DEALING OR BUSINESS TRANSACTED THAT RELATES IN ANY WAY TO ANY RECEIVERSHIP PROPERTY. CLAIMANT FURTHER AGREES BY MAKING THIS SUBMISSION TO WAIVE ANY RIGHT TO A JURY TRIAL WITH RESPECT TO SUCH CLAIMS, OBJECTIONS, DEFENSES, AND COUNTERCLAIMS.

**RECEIVED**  
APR 01 2022  
BY: \_\_\_\_\_



IF THIS COMPLETED FORM, SIGNED UNDER PENALTY OF PERJURY, IS NOT RECEIVED BY THE RECEIVER AT THE ABOVE-REFERENCED ADDRESS BY JUNE 15, 2020, YOU WILL BE FOREVER BARRED FROM ASSERTING ANY CLAIM AGAINST THE RECEIVERSHIP ENTITIES' ASSETS AND YOU WILL NOT BE ELIGIBLE TO RECEIVE ANY DISTRIBUTIONS FROM THE RECEIVER.

**General Instructions:**

You must answer each and every question on the following pages. If you are an investor, however, you do not need to answer questions 17-19, which are specific to Non-Investor Claimants. Similarly, Non-Investor Claimants do not need to answer questions 8-16, which are specific to Investor Claimants. Please answer each question applicable to you as fully as possible. If you need additional space to complete an answer, please attach a separate sheet of paper and indicate the number of the question for which you are providing the additional information. If the question does not apply to you, please write "not applicable." If the answer to the question is "no" or "none," please answer as such.

1. Full name of the Claimant (the person or entity making this claim to Receivership assets). GARY A. ZIELINSKI
  
2. If this form is being completed by a person other than the Claimant or on behalf of an entity, please provide the full name, address, telephone number, and email address of the person completing this form and the basis for that person's authority to act on the Claimant's behalf. **If you are a power of attorney, trustee, or other fiduciary completing this form on behalf of the Claimant in question 1, you must provide documentation with this Proof of Claim Form reflecting your legal authority to do so.**  
GARY A. ZIELINSKI  
Redacted
  
3. If this form is being completed on behalf of an entity, please provide the full names of the entity's officers, directors, trustees, managing agents, shareholders, partners, beneficiaries, and any other party with an interest in the entity.  
GARY A. ZIELINSKI  
Redacted
  
4. Provide one mailing address where the Claimant authorizes the receipt of all future communications relating to this claim, including any possible distribution payment the Claimant may receive. It is the Claimant's sole responsibility to advise the Receiver of any change to this address after the submission of this form.  
Redacted
  
5. Provide one email address for the Claimant where the Claimant authorizes the receipt of all future electronic communications relating to this claim. It is the Claimant's sole responsibility to advise the Receiver of any change to this email address after the submission of this form. ZHIHOMES5@AOL.COM

Do you consent to the receipt of electronic communications from the Receiver in lieu of mailed communications where feasible and in the Receiver's discretion? Yes ✓ No       

6. Provide **one** telephone number for the Claimant. It is the Claimant's sole responsibility to advise the Receiver of any change to this telephone number after the submission of this form. Redacted
7. Provide the basis for your claim (please check applicable boxes):

- ☒ Investor  
☐ Provided Goods or Services to a Receivership Entity  
☐ Other (specify basis) \_\_\_\_\_

If you are **not** an investor, write "Not Applicable" to questions 8 through 16. If you **are** an investor, write "Not Applicable" to questions 17 through 19. All Claimants **must** answer questions 1-7 and question 20.

### Questions Specific to Investors

8. Please refer to Exhibit A attached to this document. If sufficient information is available, this Exhibit provides the following information: (1) the total amount invested; (2) the total payments received; and (3) the Net Investment Amount. Do the amounts listed in the Exhibit accurately represent the total amount of your investment and all funds you received related to this investment? Failure to respond to this question will mean that you agree with the amounts listed in the Exhibit.

       Yes, I agree with the amounts listed. ✓ No, I do not agree with the amounts listed. *782-V*

If you answered yes, you do not have to respond to questions 9, 10, and 11. If you answered no, you must answer questions 9, 10, and 11 and provide copies of the documents requested.

9. Please provide the following information regarding your investment in or with, or interest in, any Receivership Entity, and attach copies of all checks, bank or other financial account statements, invoices, wire transfer confirmations, and other documents relating to your answer.

1<sup>st</sup> investment in or with the Receivership Entities:

totalled \$ 5,513 and was made on SEE ATTACHED Paper work (date); through a check (or wire transfer) made payable to \_\_\_\_\_ and drawn on account number \_\_\_\_\_ with \_\_\_\_\_ (identify financial institution).

If applicable, 2<sup>nd</sup> investment in or with the Receivership Entities:

totalled \$ \_\_\_\_\_ and was made on \_\_\_\_\_ (date); through a check (or wire transfer) made payable to \_\_\_\_\_ and drawn on account number \_\_\_\_\_ with \_\_\_\_\_ (identify financial institution).

If additional investments were made, please attach a separate sheet identifying (1) those amounts, (2) the dates on which they were made, (3) the payee of the check (or recipient of the wire transfer), and (4) the account number and financial institution on which the check was drawn or the wire transfer initiated.



Total amount you are claiming you invested with the Receivership Entities: \$

5,513.<sup>00</sup>

10. Have you ever received any money from a Receivership Entity, including as an "interest" payment, "return of principal," or "referral fee" relating to your investment or for any other reason? ☒ Yes ☒ No. If yes, please provide the following information for each amount received, and attach copies of all checks, bank or other financial account statements, wire transfer confirmations, and other documents relating to your answers.

	Date	Amount	Payor/Payee of check/wire
A.	SEE DIVIDEND SHEET		
B.			
C.			

If any additional amounts were received from any Receivership Entity, please attach a separate sheet identifying those amounts, the dates on which they were received, and the payor and payee of the check(s) or wire transfers.

Total amount you are claiming you received from the Receivership Entities: \$

2,216.<sup>00</sup>

11. State the total amount of your claim (this is the amount that you are claiming you are owed from the Receivership): \$ 5,513 Plus

12. Did you receive any other funds or anything of value other than money (for example, a car or shares of stock) from any Receivership Entity or anyone acting on their behalf? Yes ☐ No ☒. If yes, please identify how much or what you received, from whom, and the date it was received.

13. Provide the name of the person or persons who solicited your investment in or with the Receivership Entities.

ROB MARCHIONY WAS MY ONLY CONTACT PERSON.

14. Please explain the way in which you came to learn about Oasis International Group, Oasis Management, and/or Satellite Holdings Company and thereafter invest in or with them, including the person who introduced you to these entities, the statements made by that person, any documents provided by that person, meetings you had with the representative(s) of those entities, information that you relied on, and any other information.

ROB MARCHIONY, THAT I HAD AS A MENTOR IN A PASSIVE COMPANY. HE WAS A MENTOR AS A ATTORNEY FOR NEW YORK STATE I TRUSTED HIM.

15. Are you related by blood or marriage to any of the individual defendants or relief defendants? Yes ☒ No. If yes, to whom are you related and what is the relationship.

16. Did you receive any commissions, referral fees, compensation for the acquisition of lenders, or any other compensation of any nature from any Receivership Entity? Yes ☒ No. If yes, please identify how



much or what you received, from whom, and the date it was received. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Questions Specific To Non-Investor Claimants**

17. If you were not an investor, state with specificity how you claim an interest in any distribution by the Receivership Entities (for example, you provided goods or services to a Receivership Entity for which you have not been paid). NOT APPLICABLE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
18. State the amount you claim you are owed by any Receivership Entity. \$ Not APPLICABLE  
Attach copies of all documents relating to your claim (for example, copies of all invoices submitted to a Receivership Entity and copies of records of all payments received from same). If you delivered goods to a Receivership Entity, include a copy of the document confirming receipt by a representative of the Receivership Entity.
19. Identify your contact person or persons at the Receivership Entities. Not APPLICABLE  
\_\_\_\_\_  
\_\_\_\_\_

**Question for all Claimants:**

20. Have you sued, threatened suit, or otherwise commenced any lawsuits, arbitrations, actions, or other proceedings, or made any demands against any person or entity relating in any way to your claim and/or any Receivership entity? \_\_\_\_ Yes X No. If yes, identify the nature and status of any such action, the date the action was initiated, the name of the attorney who commenced the action, and the amount of any money you received in connection with any such action. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send this completed and signed, under penalty of perjury, Proof of Claim Form and legible copies of any documentation requested in this form to **Burton W. Wiand, Receiver, c/o Maya M. Lockwood, Esquire, Wiand Guerra King P.A., 5505 West Gray Street, Tampa, Florida 33609, SO THAT IT IS RECEIVED NO LATER THAN JUNE 15, 2020.**

IF YOU DO NOT AGREE WITH ANY AMOUNTS PROVIDED ON EXHIBIT A OR NO AMOUNTS WERE PROVIDED ON EXHIBIT A, YOU MUST PROVIDE COPIES OF ALL DOCUMENTS OR OTHER MATERIALS THAT ARE RELATED IN ANY WAY TO YOUR INVESTMENT IN THE RECEIVERSHIP ENTITIES, OR, IF YOU ARE NOT AN INVESTOR, TO YOUR CLAIM AGAINST A RECEIVERSHIP ENTITY, INCLUDING COPIES OF YOUR CANCELLED CHECKS, BANK OR OTHER FINANCIAL ACCOUNT STATEMENTS SHOWING ALL TRANSFERS OF FUNDS BETWEEN (OR FOR THE BENEFIT OF) YOU AND THE RECEIVERSHIP ENTITIES, STATEMENTS FROM THE RECEIVERSHIP ENTITIES, WIRE TRANSFER CONFIRMATIONS, AND ANY OTHER DOCUMENTS REGARDING YOUR CLAIM.

By signing below, I certify under penalty of perjury pursuant to Florida law that the information provided in this form is true and correct. If this claim is being submitted by more than one person, all persons submitting the claim must sign below certifying under penalty of perjury that the information provided is true and correct.

Signature of Claimant: Gary Zielinski

Print Name: GARY H ZIELINSKI

Date: 3/29/2020

Title (if any): \_\_\_\_\_

**EXHIBIT A**

**Claimant Name:** Gary Zielinski

**Amount Invested:\***

5,313<sup>00</sup>

**Total Payments:**

**Net Investment Amount:**

THE RECEIVER HAS PROVIDED THE ABOVE INFORMATION BASED UPON DOCUMENTS AVAILABLE TO HIM. THESE FIGURES ARE BELIEVED TO BE ACCURATE AND REASONABLE CONCLUSIONS. PLEASE CAREFULLY REVIEW THE ABOVE AMOUNTS. IF THE NUMBERS PROVIDED ARE NOT CONSISTENT WITH YOUR RECORDS, IT IS YOUR OBLIGATION TO PROVIDE TRUE AND CORRECT INFORMATION TO THE RECEIVER. IF YOU CONFIRM THAT THE ABOVE AMOUNTS ACCURATELY REPRESENT THE AMOUNT YOU INVESTED, ALL AMOUNTS YOU RECEIVED RELATING TO THIS INVESTMENT, AND ANY OTHER FUNDS YOU RECEIVED FROM THE RECEIVERSHIP ENTITIES, YOU ARE DOING SO UNDER PENALTY OF PERJURY.

BY IDENTIFYING AND PROVIDING THE ABOVE FIGURES, THE RECEIVER DOES NOT WAIVE ANY RIGHT TO (1) DENY, CONTEST THE VALIDITY OF, OR OTHERWISE OBJECT TO A CLAIM OR, (2) IF WARRANTED, AMEND ANY OF THE PROVIDED FIGURES.

**\* The Receiver has determined not to specify a Net Investment Amount for the above-named entity and/or individual(s). You must provide copies of all documents and other materials that support and otherwise relate in any way to your claim, including copies of cancelled checks, bank and other financial account statements showing all transfers of funds to the Receivership Entities and received from the Receivership Entities, statements from the Receivership Entities, wire transfer confirmations, and any other documents regarding your claim. If you are an investor, you also must respond to questions 9, 10, and 11 on the Proof of Claim Form.**





**NEW HORIZON**  
CAPITAL VENTURES, INC.

January 11, 2019

Gary Zielinski  
Redacted

Dear Gary,

Thank you once again for your investment in New Horizon Capital Ventures, Inc. Enclosed, please find your statement showing your reinvestment of dividends for the Fourth Quarter of 2018. We were pleased to be able to provide our investors a return of 19% for the year.

<u>Date</u>	<u>Number of Shares</u>
October 1, 2018	5,352
4th Quarter Dividend	<u>161</u>
January 1, 2019	5,513

*Total dividends paid for 2018: \$935*

Enclosed is your stock certificate for all funds that were reinvested this year. Please let me know if you have any questions or would like to invest additional funds.

Best wishes for health and happiness in the New Year!

Sincerely,

Rob Marchiony  
President  
New Horizon Capital Ventures, Inc.

enc.

## **Proof of Clam's**

Gary Zielinski **VS** Oasis Int New Horizon

Redacted

Number of shares purchased Dates :

-3000 shares 6/1/2014 #17

-183 Shares 1/15/2016 #46

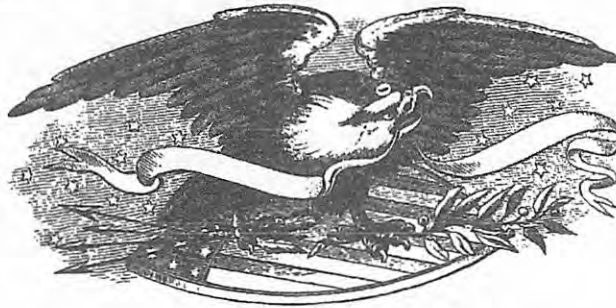
-844 shares 1/1/2017 #73

-551 shares 1/1/2018 #117

-935 shares 1/1/2019 #169

**Total shares: \$ 5,513 Shares**

NUMBER  
17



SHARES

New Horizon Capital Ventures, Inc.

INCORPORATED UNDER THE LAWS OF NEVIS

Authorized To Issue 10,000,000 Shares Ordinary Stock At No Par Value

Authorized To Issue 2,000,000 Shares Preferred Stock At No Par Value

This Certifies That

GARY ZIELINSKI

is hereby issued 3,000 fully paid

and non-assessable Shares of the Stock of the above named Corporation transferable only on the books of the Corporation by the holder hereof in person or by duly authorized Attorney upon surrender of this Certificate properly endorsed.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized officers and its Corporate Seal to be hereunto affixed this 11 day of JUNE A.D., 2014

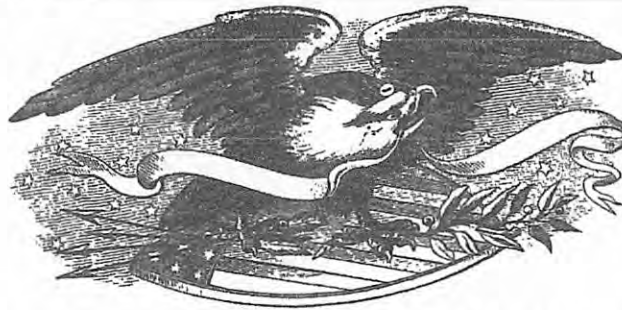
  
\_\_\_\_\_  
PRESIDENT



  
\_\_\_\_\_  
SECRETARY



NUMBER  
46



SHARES

New Horizon Capital Ventures, Inc.

INCORPORATED UNDER THE LAWS OF NEVIS

TOTAL AUTHORIZED SHARES 12,000,000

Authorized To Issue 10,000,000 Shares Ordinary Stock At No Par Value

Authorized To Issue 2,000,000 Shares Preferred Stock At No Par Value

This Certifies That

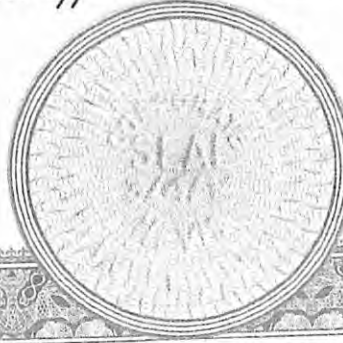
GARY ZIELINSKI

is hereby issued 183 fully paid

and non-assessable Shares of the Stock of the above named Corporation transferable only on the books of the Corporation by the holder hereof in person or by duly authorized Attorney upon surrender of this Certificate properly endorsed.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized officers and its Corporate Seal to be hereunto affixed this 15<sup>th</sup> day of JANUARY A.D., 2016

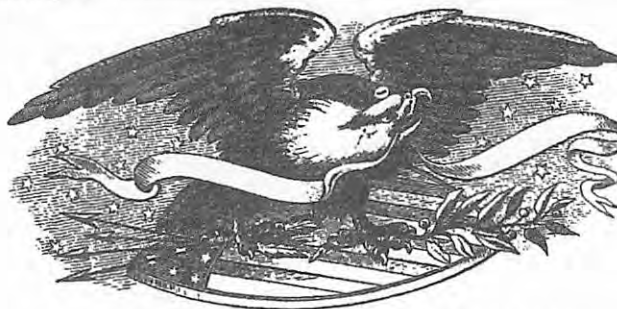
PRESIDENT



SECRETARY



NUMBER  
73



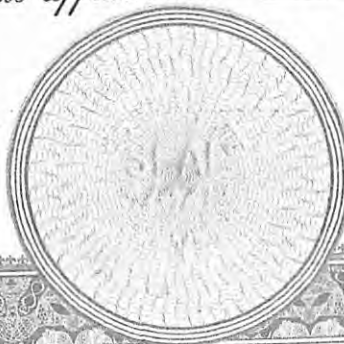
SHARES

New Horizon Capital Ventures, Inc.  
INCORPORATED UNDER THE LAWS OF NEVADA  
TOTAL AUTHORIZED SHARES 12,000,000  
Authorized To Issue 10,000,000 Shares Ordinary Stock At No Par Value  
Authorized To Issue 2,000,000 Shares Preferred Stock At No Par Value

This Certifies That GARY ZIELINSKI  
is hereby issued EIGHT HUNDRED FORTY FOUR (844) fully paid  
and non-assessable Shares of the Stock of the above named Corporation transferable only on the books  
of the Corporation by the holder hereof in person or by duly authorized Attorney upon surrender of this  
Certificate properly endorsed.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized  
officers and its Corporate Seal to be hereunto affixed this 15<sup>th</sup> day of JANUARY A.D., 2017

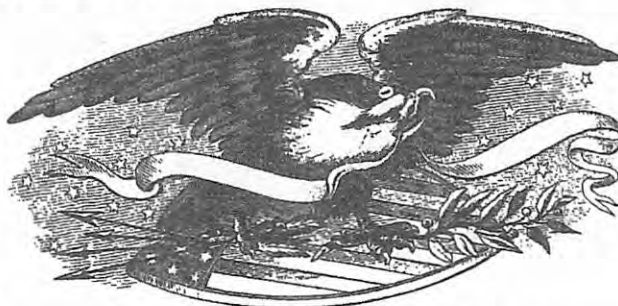
PRESIDENT



SECRETARY



NUMBER  
117



SHARES

New Horizon Capital Ventures, Inc.

INCORPORATED UNDER THE LAWS OF NEVIS  
TOTAL AUTHORIZED SHARES 12,000,000  
Authorized To Issue 10,000,000 Shares Ordinary Stock  
Authorized To Issue 2,000,000 Shares Preferred Stock

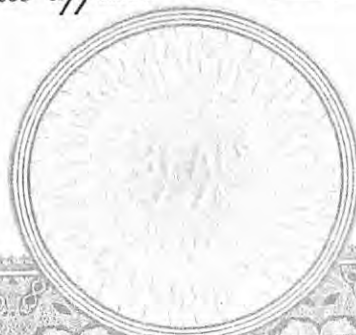
This Certifies That

GARY ZIELINSKI

is hereby issued FIVE HUNDRED FIFTY ONE (551) fully paid  
and non-assessable Shares of the Stock of the above named Corporation transferable only on the books  
of the Corporation by the holder hereof in person or by duly authorized Attorney upon surrender of this  
Certificate properly endorsed.

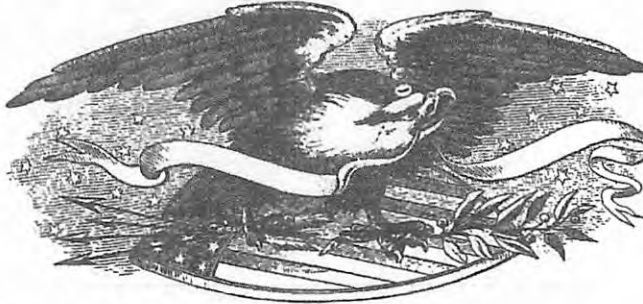
In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized  
officers and its Corporate Seal to be hereunto affixed this 1<sup>st</sup> day of JANUARY A.D., 2018

PRESIDENT

  
SECRETARY



NUMBER  
169



SHARES

New Horizon Capital Ventures, Inc.

INCORPORATED UNDER THE LAWS OF NEVIS

TOTAL AUTHORIZED SHARES 12,000,000

Authorized To Issue 10,000,000 Shares Ordinary Stock

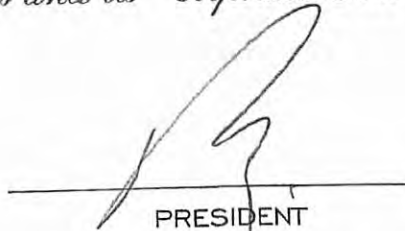
Authorized To Issue 2,000,000 Shares Preferred Stock

This Certifies That

GARY ZIELINSKI

is hereby issued NINE HUNDRED THIRTY FIVE (935) fully paid  
and non-assessable Shares of the Stock of the above named Corporation transferable only on the books of  
of the Corporation by the holder hereof in person or by duly authorized Attorney upon surrender of this is  
Certificate properly endorsed.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized  
officers and its Corporate Seal to be hereunto affixed this 1<sup>ST</sup> day of JANUARY A.D., 2019

  
PRESIDENT



  
SECRETARY

**Dividends reinvested & Dates**

Oct 1, 2015	3 <sup>rd</sup> qt	Div 90
Jan 1/2015	4 <sup>th</sup> Qt	Div 93
Oct 1,2016	4 <sup>th</sup> qt	Div 105
2016 Year end Bonus		442
Jan 1, 2017	1 st qt	Div 121
2 <sup>nd</sup> qt 2017		Div 125
3 <sup>rd</sup> qt 2017		Div 129
4 <sup>th</sup> qt 2017		Div 133
2017 Year end Bonus		43
1 <sup>st</sup> qt 2018		Div 366
2 <sup>nd</sup> qt 2018		Div 200
3 <sup>rd</sup> qt 2018		Div 208
4 <sup>th</sup> qt 2018		Div 161
Total in Dived dens and bonus's		<b>\$2,216.00</b>

**New Horizon Capital Ventures, Inc.**  
**SUBSCRIPTION AGREEMENT SIGNATURE PAGE**

Number of Shares subscribed for: \_\_\_\_\_  
Check enclosed: \$ 3,000<sup>00</sup> (\$1.00 per Unit)

INDIVIDUALS

Form of Ownership

Individual Signatures  
(Print Name(s) under  
Signature(s))

( ) INDIVIDUAL OWNERSHIP  
(One signature required)

GARY A ZIELINSKI

( ) TENANTS IN COMMON  
(All tenants must sign)

( ) JOINT TENANTS WITH RIGHT  
OF SURVIVORSHIP  
(All tenants must sign)

(Please PRINT all information exactly as you wish it to appear in the Company records.)

GARY A ZIELINSKI  
(Name of Subscriber)

Redacted

\_\_\_\_\_  
(Social Security Number of Individual  
or other Taxpayer ID Number)

Redacted

\_\_\_\_\_  
(Street Address)

Redacted

\_\_\_\_\_  
(Telephone Number)

Redacted

\_\_\_\_\_  
(City/State/Zip Code)

Under the penalties of perjury, I/we hereby certify that the social security number(s) or tax ID number(s) shown above next to my/our name(s) is/are true, correct and complete social security number(s) or tax ID number(s) and the information given in the immediately preceding sentence is true, correct and complete.

Redacted

ROB MARCCHIONY

3/4/14

**New Horizon Capital Ventures, Inc.**  
Hunkins Waterfront Plaza, Suite 556, Main Street  
Charlestown, Nevis

July 19, 2014

Gary Zielinski  
Redacted

Dear Gary,

Thank you for your investment in New Horizon Capital Ventures, Inc. We are very excited to present this opportunity to you and are confident that it will bring value to your investment portfolio.

Enclosed, please find your Acceptance of Subscription, along with your Stock Certificate.

If you have any questions, please feel free to contact me any time.

All the best,

A handwritten signature in black ink, appearing to be 'Rob Marchiony', written over the typed name.

Rob Marchiony  
President  
New Horizon Capital Ventures, Inc.

enc.

# EXHIBIT B



## PROOF OF CLAIM FORM

COMMODITY FUTURES TRADING COMMISSION,  
Plaintiff,

v.

OASIS INTERNATIONAL GROUP, LIMITED; OASIS  
MANAGEMENT, LLC; SATELLITE HOLDINGS COMPANY;  
MICHAEL J DACORTA; JOSEPH S. ANILE, II.; RAYMOND  
P MONTIE III; FRANCISCO "FRANK" L. DURAN; and  
JOHN J. HAAS,  
Defendants;

and

MAINSTREAM FUND SERVICES, INC.; BOWLING GREEN  
CAPITAL MANAGEMENT LLC; LAGOON INVESTMENTS,  
INC.; ROAR OF THE LION FITNESS, LLC; 444 GULF OF  
MEXICO DRIVE, LLC; 4064 FOUNDERS CLUB DRIVE,  
LLC; 6922 LACANTERA CIRCLE, LLC; 13318 LOST KEY  
PLACE, LLC; and 4 OAKS LLC,  
Relief Defendants.

Case Number: 8:19-cv-886-T-33SPF

U.S. District Court Middle District of Florida (Tampa Division)

Name and address of Claimant  
(Please print or type):

Type your full name and mailing address in  
the box below. Use separate lines for each  
item as you'd address a letter.

Robert Joseph Finch  
Darlene J. Finch

Redacted

IB Number: 60358

Customer Code #: 16055405

**ATTENTION:** The Honorable Virginia M. Hernandez Covington of the United States District Court, Middle District of Florida, entered orders appointing Burton W. Wiand as Receiver over the assets of the above-captioned defendants and relief defendants (individually, a "**Receivership Entity**," and collectively, "**Receivership Entities**"). On February 4, 2020, the Court issued an order establishing a Claim Bar Date for all claims and approving this Proof of Claim Form and the basic procedures to administer any claims. To be eligible to receive a distribution from the Receivership Entities' assets, you must complete and return this Proof of Claim Form and, if applicable, provide the requested documentation, so that it is received on or before **June 15, 2020, to Burton W. Wiand, Receiver, c/o Maya M. Lockwood, Esquire, Wiand Guerra King P.A., 5505 West Gray Street, Tampa, Florida 33609.** *The proper filing of this completed claim form may entitle you to receive a distribution from the Receivership. Altered forms will not be accepted.*

The information provided in this Proof of Claim Form will be used to determine your distribution, if any, from the Receivership. The Receiver has the right to dispute and/or verify any information you have provided to determine the proper distribution amount, if any, to which you may be entitled. The Receiver further has the right to amend any information he may have provided as to your Net Investment Amount. **By identifying and providing a Net Investment Amount for an investor the Receiver does not waive any right to (1) deny, contest the validity of, or otherwise object to a claim or (2) if warranted, amend the provided Net Investment Amount.**

### IMPORTANT INFORMATION TO READ PRIOR TO SUBMITTING THIS FORM

ANY PERSON OR ENTITY SUBMITTING THIS PROOF OF CLAIM FORM SUBMITS TO THE EXCLUSIVE JURISDICTION OF THE ABOVE-CAPTIONED COURT FOR ALL PURPOSES, INCLUDING, WITHOUT LIMITATION, AS TO ANY CLAIMS, OBJECTIONS, DEFENSES, OR COUNTERCLAIMS THAT COULD BE OR HAVE BEEN ASSERTED BY THE RECEIVER AGAINST SUCH CLAIMANT OR THE HOLDER OF SUCH CLAIM IN CONNECTION WITH THIS RECEIVERSHIP, INCLUDING, THOSE ARISING OUT OF (1) ANY DEALING OR BUSINESS TRANSACTED BY OR WITH ANY RECEIVERSHIP ENTITY AND/OR (2) ANY DEALING OR BUSINESS TRANSACTED THAT RELATES IN ANY WAY TO ANY RECEIVERSHIP PROPERTY. CLAIMANT FURTHER AGREES BY MAKING THIS SUBMISSION TO WAIVE ANY RIGHT TO A JURY TRIAL WITH RESPECT TO SUCH CLAIMS, OBJECTIONS, DEFENSES, AND COUNTERCLAIMS.

RECEIVED JUN 15 2020

Page 1 of 8

IB: 60358

Robert Joseph and Darlene J. Finch



IF THIS COMPLETED FORM, SIGNED UNDER PENALTY OF PERJURY, IS NOT RECEIVED BY THE RECEIVER AT THE ABOVE-REFERENCED ADDRESS BY JUNE 15, 2020, YOU WILL BE FOREVER BARRED FROM ASSERTING ANY CLAIM AGAINST THE RECEIVERSHIP ENTITIES' ASSETS AND YOU WILL NOT BE ELIGIBLE TO RECEIVE ANY DISTRIBUTIONS FROM THE RECEIVER.

**General Instructions:**

You must answer each and every question on the following pages. If you are an investor, however, you do not need to answer questions 17-19, which are specific to Non-Investor Claimants. Similarly, Non-Investor Claimants do not need to answer questions 8-16, which are specific to Investor Claimants. Please answer each question applicable to you as fully as possible. If you need additional space to complete an answer, please attach a separate sheet of paper and indicate the number of the question for which you are providing the additional information. If the question does not apply to you, please write "not applicable." If the answer to the question is "no" or "none," please answer as such.

1. Full name of the Claimant (the person or entity making this claim to Receivership assets). If IRA, then IRA Name.

Robert Joseph and Darlene J. Finch

2. If this form is being completed by a person other than the Claimant or on behalf of an entity, please provide the full name, address, telephone number, and email address of the person completing this form and the basis for that person's authority to act on the Claimant's behalf. **If you are a power of attorney, trustee, or other fiduciary completing this form on behalf of the Claimant in question 1, you must provide documentation with this Proof of Claim Form reflecting your legal authority to do so.**

Mr. Brent Allan Winters

5105 S. Hwy 41

Terre Haute, Indiana 47802

**email:** brentwinters@use.startmail.com

**phone:** (317) 515-7695

**Under Power of Attorney:** on file  
available on written request

3. If this form is being completed on behalf of an entity, please provide the full names of the entity's officers, directors, trustees, managing agents, shareholders, partners, beneficiaries, and any other party with an interest in the entity. List the full names of all interested parties. Separate by commas.

4. Provide one mailing address where the Claimant authorizes the receipt of all future communications relating to this claim, including any possible distribution payment the Claimant may receive (this does not authorize payment to be made out to anyone other than Claimant). It is the Claimant's sole responsibility to advise the Receiver of any change to this address after the submission of this form.

Mail Address: Brent Allan Winters, 5105 S. US Hwy 41, Terre Haute, Indiana 47802

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5. Provide one email address for the Claimant where the Claimant authorizes the receipt of all future electronic communications relating to this claim. It is the Claimant's sole responsibility to advise the Receiver of any change to this email address after the submission of this form.

email to: brentwinters@use.startmail.com

Do you consent to the receipt of electronic communications from the Receiver in lieu of mailed communications where feasible and in the Receiver's discretion? Yes ☒ No ☐

6. Provide one telephone number for the Claimant. It is the Claimant's sole responsibility to advise the Receiver of any change to this telephone number after the submission of this form: 317-515-7695
7. Provide the basis for your claim (please check applicable boxes):

- ☒ Investor  
☐ Provided Goods or Services to a Receivership Entity  
☐ Other (specify basis)

If you are not an investor, write "Not Applicable" to questions 8 through 16. If you are an investor, write "Not Applicable" to questions 17 through 19. All Claimants must answer questions 1-7 and question 20.

### Questions Specific to Investors

8. Please refer to Exhibit A attached to this document. If sufficient information is available, this Exhibit provides the following information: (1) the total amount invested; (2) the total payments received; and (3) the Net Investment Amount. Do the amounts listed in the Exhibit accurately represent the total amount of your investment and all funds you received related to this investment? Failure to respond to this question will mean that you agree with the amounts listed in the Exhibit.

\_\_\_\_\_. X No, I do not agree with the amounts provided by the Receiver.

**If you answered yes, you do not have to respond to questions 9, 10, and 11. If you answered no, you must answer questions 9, 10, and 11 and provide copies of the documents requested.**

9. Please provide the following information regarding your investment in or with, or interest in, any Receivership Entity, and attach copies of all checks, bank or other financial account statements, invoices, wire transfer confirmations, and other documents relating to your answer.

1<sup>st</sup> investment in or with the Receivership Entities:

totaled \$ \_\_\_\_\_ and was made on \_\_\_\_\_ (date); through a check (or wire transfer) made payable to See Addenda and drawn on account number \_\_\_\_\_ with \_\_\_\_\_ (identify financial institution).

If applicable, 2<sup>nd</sup> investment in or with the Receivership Entities:

totaled \$ \_\_\_\_\_ and was made on \_\_\_\_\_ (date); through a check (or wire transfer) made payable to \_\_\_\_\_ and drawn on account number \_\_\_\_\_ with \_\_\_\_\_ (identify financial institution).

If additional investments were made, please attach a separate sheet identifying (1) those amounts, (2) the dates on which they were made, (3) the payee of the check (or recipient of the wire transfer), and (4) the account number and financial institution on which the check was drawn or the wire transfer initiated.

**Total amount you are claiming you invested with the Receivership Entities:** \$ 88,461.35

10. Have you ever received any money from a Receivership Entity, including as an "interest" payment, "return of principal," or "referral fee" relating to your investment or for any other reason? ☒ Yes ☐ No. If yes, please provide the following information for each amount received, and attach copies of all checks, bank or other financial account statements, wire transfer confirmations, and other documents relating to your answers.

<u>Date</u>	<u>Amount</u>	<u>Payor/Payee of check/wire</u>
A. <u>08/13/2018</u>	<u>\$ 8,076.54</u>	<u>Robert &amp; Darlene Finch</u>
B. _____	_____	<u>See addenda</u>
C. _____	_____	_____

If any additional amounts were received from any Receivership Entity, please attach a separate sheet identifying those amounts, the dates on which they were received, and the payor and payee of the check(s) or wire transfers.

**Total amount you are claiming you received from the Receivership Entities:** \$ \$ 8,076.54

11. **State the total amount of your claim (this is the amount that you are claiming you are owed from the Receivership):** \$ 80,701.48
12. Did you receive any other funds or anything of value other than money (for example, a car or shares of stock) from any Receivership Entity or anyone acting on their behalf? Yes ☐ No ☒. If yes, please identify how much or what you received, from whom, and the date it was received.

13. Provide the name of the person or persons who solicited your investment in or with the Receivership Entities.  
Michael DaCorta, Ray Montie, John Haas

14. Please explain the way in which you came to learn about Oasis International Group, Oasis Management, and/or Satellite Holdings Company and thereafter invest in or with them, including the person who introduced you to these entities, the statements made by that person, any documents provided by that person, meetings you had with the representative(s) of those entities, information that you relied on, and any other information.

A family member suggested that we listen to a phone conference call with Michael DaCorta, Ray Montie and John Haas. They promoted this as a wonderful investment opportunity with great returns. We then decided to invest with Oasis.

15. Are you related by blood or marriage to any of the individual defendants or relief defendants? ☐ Yes ☒ No. If yes, to whom are you related and what is the relationship.

16. Did you receive any commissions, referral fees, compensation for the acquisition of lenders, or any other compensation of any nature from any Receivership Entity? ☐ Yes ☒ No. If yes, please identify how

much or what you received, from whom, and the date it was received.

---

**Questions Specific To Non-Investor Claimants**

17. If you were not an investor, state with specificity how you claim an interest in any distribution by the Receivership Entities (for example, you provided goods or services to a Receivership Entity for which you have not been paid).

Not applicable

- 
18. State the amount you claim you are owed by any Receivership Entity. \$ \_\_\_\_\_  
Attach copies of all documents relating to your claim (for example, copies of all invoices submitted to a Receivership Entity and copies of records of all payments received from same). If you delivered goods to a Receivership Entity, include a copy of the document confirming receipt by a representative of the Receivership Entity.

19. Identify your contact person or persons at the Receivership Entities.

Not applicable

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**Question for all Claimants:**

20. Have you sued, threatened suit, or otherwise commenced any lawsuits, arbitrations, actions, or other proceedings, or made any demands against any person or entity relating in any way to your claim and/or any Receivership entity? ☐ Yes ☒ No. If yes, identify the nature and status of any such action, the date the action was initiated, the name of the attorney who commenced the action, and the amount of any money you received in connection with any such action.

---

EMAIL this completed Proof of Claim Form and legible copies of any documentation requested in this form to **brentwinters@use.startmail.com** and a COPY to **4OasisLenders@use.startmail.com**, **SO THAT IT IS RECEIVED NO LATER THAN MAY 29, 2020**. THIS Form MUST come to us completed in digital form. Supporting documents may be mailed to **Brent Allan Winters, 5105 S. US Hwy 41, Terre Haute, Indiana 47802** if you cannot send them electronically.

IF YOU DO NOT AGREE WITH ANY AMOUNTS PROVIDED ON EXHIBIT A OR NO AMOUNTS WERE PROVIDED ON EXHIBIT A, YOU MUST PROVIDE COPIES OF ALL DOCUMENTS OR OTHER MATERIALS THAT ARE RELATED IN ANY WAY TO YOUR INVESTMENT IN THE RECEIVERSHIP ENTITIES, OR, IF YOU ARE NOT AN INVESTOR, TO YOUR CLAIM AGAINST A RECEIVERSHIP ENTITY, INCLUDING COPIES OF YOUR CANCELLED CHECKS, BANK OR OTHER FINANCIAL ACCOUNT STATEMENTS SHOWING ALL TRANSFERS OF FUNDS BETWEEN (OR FOR THE BENEFIT OF) YOU AND THE RECEIVERSHIP ENTITIES, STATEMENTS FROM THE RECEIVERSHIP ENTITIES, WIRE TRANSFER CONFIRMATIONS, AND ANY OTHER DOCUMENTS REGARDING YOUR CLAIM.

By signing below, I certify under penalty of perjury pursuant to Florida law that the information provided in this form is true and correct. If this claim is being submitted by more than one person, all persons submitting the claim must sign below certifying under penalty of perjury that the information provide is true and correct.

Signature of Claimant: BA White POA

Print Name: Robert Joseph Finch and Darlene J. Finch

Date: 5/22/20

Title (if any): \_\_\_\_\_

**EXHIBIT A****Claimant Name:** Robert Joseph and Darlene J. Finch**AMOUNTS RECEIVER CLAIMS:**

<b>Amount Invested:</b>	<b>\$</b>	<b>63,000.00</b>
<b>Total Payments:</b>	<b>\$</b>	<b>8,076.54</b>
<b>Net Investment Amount:</b>	<b>\$</b>	<b>54,923.46</b>

THE RECEIVER HAS PROVIDED THE ABOVE INFORMATION BASED UPON DOCUMENTS AVAILABLE TO HIM. THESE FIGURES ARE BELIEVED TO BE ACCURATE AND REASONABLE CONCLUSIONS. PLEASE CAREFULLY REVIEW THE ABOVE AMOUNTS. IF THE NUMBERS PROVIDED ARE NOT CONSISTENT WITH YOUR RECORDS, IT IS YOUR OBLIGATION TO PROVIDE TRUE AND CORRECT INFORMATION TO THE RECEIVER. IF YOU CONFIRM THAT THE ABOVE AMOUNTS ACCURATELY REPRESENT THE AMOUNT YOU INVESTED, ALL AMOUNTS YOU RECEIVED RELATING TO THIS INVESTMENT, AND ANY OTHER FUNDS YOU RECEIVED FROM THE RECEIVERSHIP ENTITIES, YOU ARE DOING SO UNDER PENALTY OF PERJURY.

BY IDENTIFYING AND PROVIDING THE ABOVE FIGURES, THE RECEIVER DOES NOT WAIVE ANY RIGHT TO (1) DENY, CONTEST THE VALIDITY OF, OR OTHERWISE OBJECT TO A CLAIM OR, (2) IF WARRANTED, AMEND ANY OF THE PROVIDED FIGURES.



**EXHIBIT B**  
**INTEREST and/or PRINCIPAL**  
**WITHDRAWALS**

	<b>AMOUNT</b>	<b>DATE</b>
<b>1</b>	\$ 8,076.54	8/13/18
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		
<b>10*</b>		

\*If additional withdrawals were made, please attach a separate sheet identifying the amount of the withdrawal(s) and the date(s) on which they were made.

AMOUNTS YOU CLAIM:

<b>(A) Total Invested:</b>	\$ 88,778.02
<b>(B) Total Withdrawn (Interest and/or Principal):</b>	-\$8,076.54
<b>Net Amt Due = A-B:</b>	\$80,701.48

<b>Total Other Pmts Received:</b>	\$0.00
-----------------------------------	--------

**Question 9:****Detail Addendum**

	<b><u>Invested Amt.</u></b>	<b><u>Date</u></b>	<b><u>Payable to</u></b>	<b><u>On Account</u></b> Teller Ck.	<b><u>Bank</u></b>
1	\$5,000.00	1/6/14	Oasis Mgt.	Redacted	First Niagara Bank (extinc
2	\$8,000.00	8/23/18	Satellite Holdings	XXX599	SEFCU Credit Union
3	\$10,000.00		2015 Satellite Holdings	?	SEFCU Credit Union
4	\$40,000.00	5/23/18	Satellite Holdings	XXX601	SEFCU Credit Union
Total Invested	\$63,000.00				

**Question 10:**

We were notified by Oasis that by having \$8000 in our cash account, that we did not qualify to have the account and it would be cashed out because Oasis changed the minimum investment to \$10,000. We verbally contacted John Haas to tell him we would bring it up to the \$10,000. On August 13, a check was received in the amount of \$8076.54. On August 20, 2018 we sent \$8000.00 back to Oasis via letter to John Haas at Satellite Holdings. We do not feel that this should be a "claw back" situation since we sent the money back in one week of receiving it.

Robert & Darlene Finch  
Redacted

Joint Cash Account Redacted



P.O. Box 12189  
Albany, NY 12212-2189

800-727-3328  
www.sefcu.com

Member Number: [REDACTED]  
Statement Period: 08/01/2018 through 08/31/2018  
Page: 1 of 2

Enroll in eStatements for access to current and past statements. Sign up today by selecting "eStatements" after you log into SEFCU OnLine.

Robert J. Finch  
Redacted

### S9 SHARE DRAFT

Date	Transaction Description	Transaction Amount
	Previous Balance	
08/03	[REDACTED] XFER/080318/P PD	[REDACTED]
08/02	TR#9991 SHARE DRAFT 6245	-108.00
08/02	TR#11082 SHARE DRAFT 6834	-41.04
08/06	UnitedHealthcare/PREMIUM/080618/PP D	-201.75
08/06	SHARE DRAFT 6835	-50.00
08/10	[REDACTED] ACH XFER/081018/P PD	[REDACTED]
08/10	ACH CHECK 6836 WALGREENS/PURCHASE/180808/POP/BING/N Y	-107.23
08/10	SHARE DRAFT 6837	-275.00
08/13	MULTIPLE DEPOSIT TR#6912	8,076.54
08/14	SHARE DRAFT 6838	-50.00
08/15	NYSEG/ONLINE PMT/180815/WEB/CKF274 434762POS	-198.99
08/17	FINCH ENTERPRISE/ACH XFER/081718/P PD	493.68
08/17	BOSCOVS/ONLINE PMT/180817/WEB/CKF2 74434762POS	-70.15
08/20	SHARE DRAFT 6840	-50.00
08/24	[REDACTED] ACH XFER/082418/P PD	[REDACTED]
08/23	SHARE DRAFT 6839	-50.00
08/24	TR#6542 SHARE DRAFT 6845	-150.00
08/24	SHARE DRAFT 6842	-8,000.00
08/27	ACH CHECK 6844 PASSPORTSERVICES/PAYMENT/180824/AR/C	-110.00
08/27	ACH CHECK 6843 PASSPORTSERVICES/PAYMENT/180824/AR/C	-110.00
08/27	KOHL'S/ONLINE PMT/180827/WEB/CKF274 434762POS	-54.89
08/27	SHARE DRAFT 6846	-50.00
08/28	SHARE DRAFT 6841	-250.00
08/31	[REDACTED] XFER/083118/P PD	[REDACTED]
08/31	SHARE DRAFT 6256	-11.45
08/31	SHARE DRAFT 6848	-200.00
	New Balance	\$2,907.43
	Average Monthly Balance:	\$5,615.81

	Total for this period	Total Year-to-Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

\*Joint owners listed represent first five (5) names on this account.

To verify pre-authorized transfers or to notify us of suspected errors in your statement, direct your inquiries to SEFCU at the address or telephone number listed on the top of this statement.



DocuSign Envelope ID: 09AE7CEC-5FC3-4690-9340-BAFD45D85EF4

**WIRE TRANSFER REQUEST****SEFCU MEMBER INFORMATION**

SEFCU Member's Name: Darlene J Finch  
 Daytime Phone Number: Redacted  
 Address: Redacted  
 City/State/Zip: Redacted  
 Date Account Opened: 10/18/1988

**WIRE TYPE**      ☒ **Domestic**      ☐ **International**

Reason for Wire:

Investment Account

**US PROCESSING FINANCIAL INSTITUTION INFORMATION**

Name of Financial Institution: Wells Fargo Bank  
 ABA Routing/Transit No: Redacted  
 Wire Transfer Amount: \$ 40,000.00      Currency: USD

**BENEFICIARY INFORMATION**

Name: Satellite Holdings Company  
 Account No / IBAN: Redacted  
 Address: 137 Jackson Ave  
 City/State/Zip: Syosset, NY 11791  
 Country: US  
 Phone Number: 516-677-6830  
 Additional Information:  
ATTN: JOHN HAAS RE ROBERT & DARLENE FINCH

**FURTHER / INTERNATIONAL FINANCIAL INSTITUTION INFORMATION**

Name of Financial Institution: \_\_\_\_\_  
 ABA Routing/Transit No / SWIFT Code: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Wire Transfer Amount: \$ 40,000.00      Currency: USD  
 BIC/Sort Code: \_\_\_\_\_  
 Branch Information: \_\_\_\_\_  
 Additional Information: \_\_\_\_\_

**Member #:** Redacted**Share Type:** S2

You may identify the payee or any financial institution by name and by account number (or IBAN/ABA routing number). SEFCU (and other institutions) may rely on the account or other identifying number as the proper identification, even if it identifies a different party or institution. You authorize SEFCU to transfer funds as described herein and debit your account in the amount transferred plus applicable charges. Wire transfers are governed under the Uniform Commercial Code (UCC), Article 4A. If a wire transfer is cleared through the Federal Reserve, the transaction will also be governed by Regulation J.

DocuSigned by:  
5/23/2018  
 74497C9870BC485...  
 ACCOUNT OWNER/AUTHORIZED PERSON SIGNATURE      DATE

**INTERNAL USE ONLY**

Date and Time of Request: 5/23/2018  
 Received By: S DUTCHER KIRKWOOD 18  
 Amount of Fee: \$ \_\_\_\_\_  
 Processed By: \_\_\_\_\_  
 OFAC Verification By: \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_

IMAD:

Corrections:      Yes      No

For Callbacks (if applicable):

Employee Performing Callback: \_\_\_\_\_

Phone No. Used for Callback: \_\_\_\_\_

Final Wire Transfer Amount: \$ \_\_\_\_\_

**FEDLINE ADVANTAGE**

Input By: \_\_\_\_\_ Time: \_\_\_\_\_

Released By: \_\_\_\_\_ Time: \_\_\_\_\_

Attachment:

10/16/2019

SEFCU | Account History

Robert &amp; Darlene

**SEFCU**

Savings

AccountsTransfersBill Pay

To Oasis Cash Acct.

Account History

Other services

Preferred TR#435

Current

Available\*\*

YTD Dividend

Account Details ▾

Select message type

Email

Account Information

\$415.94

Print

Narrow by items containing

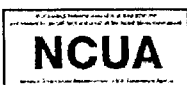
e.g. AT&amp;T, check, 5.00

&lt; May 2018 Monthly ▾ &gt;

Date ▾	Description	Amount	Balance
05/31/2018	Dividend Credit Annual / Percentage Yield Earned: 0.60% For the Period from 05/01 through 05/31.	\$48.10	
05/23/2018	Withdrawal CHARGE FEE TR#4753 - / FED WIRE OUT	-\$22.50	
05/23/2018	Withdrawal TRANSFER TR#4753 - / FED WIRE OUT WIRE OUT WELLS FARGO	-\$40,000.00	
05/22/2018	External Deposit SSA TREAS / 310/XXSOC SEC/052318/PPD		

&lt; older newer &gt;

\*This service is only available on certain line of credit funds.



Your savings federally insured to at least \$250,000  
and backed by the full faith and credit of the United  
States Government, National Credit Union  
Administration, a U.S. Government Agency



DIGITAL



THIS DOCUMENT CONTAINS SEVERAL SECURITY FEATURES ON A BLUE BACKGROUND. HOLD DOCUMENT UP TO LIGHT TO VIEW TRUE WATERMARK

**FIRST  
NIAGARA**PAYABLE AT  
First Niagara Bank  
LOCKPORT, NY 14094

## TELLER CHECK

5545769933

50-7044/2223

REMITTER

ROBERT &amp; DARLENE FINCH

01/06/2014

\$5,000.00

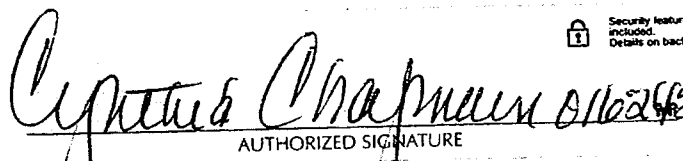
PAY

\*\*\*FIVE THOUSAND and 00/100\*\*\*USDollars

TO  
THE ORDER  
OF

OASIS MANAGEMENT LLC

BRANCH NUMBER: 908

  
 AUTHORIZED SIGNATURE
Security feature  
included.  
Details on back

⑈5545769933⑈ Redacted

**FIRST  
NIAGARA**PAYABLE AT  
First Niagara Bank  
LOCKPORT, NY 14094

## TELLER CHECK

5545769933

50-7044/2223

CUSTOMER COPY

REMITTER

ROBERT &amp; DARLENE FINCH

01/06/2014

PAY

\*\*\*FIVE THOUSAND and 00/100\*\*\*USDollars

\$5,000.00

TO  
THE ORDER  
OF

OASIS MANAGEMENT LLC

BRANCH NUMBER: 908

  
**COPY - NOT NEGOTIABLE**  
 AUTHORIZED SIGNATURE

# EXHIBIT C

EXHIBIT C

Redacted

April 12, 2022

Mr. Larry Dougherty  
Towers at Westshore  
1408 N. Westshore Blvd, Suite 1010  
Tampa, Florida 33607

Re: Missing Proof of Claim Form 60360  
Clawback Claim 60358

Dear Mr. Dougherty,

I received your email requesting the signed claim form which was originally submitted by Mr. Brent Winters, as our POA. After contacting Mr. Winters' office, he asserts that he did, in fact, submit the claim in a timely manner.

Enclosed is a copy of the claim form complete with signature originally dated May 22, 2020. I also signed a page indicating I signed it again on April 10, 2022. I trust this will constitute proof of original submission.

Also enclosed is proof of NO clawback on the claim of Robert J. Finch and Darlene J. Finch Cash account 60358. The attachments are proof that \$8076.54 was sent to us and that we returned \$8000.00 with check 6841 within one week of receiving the original \$8076.54. Copies of our check register, bank statement, and Oasis records will substantiate this fact. The clawback could claim, AT MOST, \$76.54. This would be a legitimate claim against us for ONLY the \$76.54. We trust you will agree with our supporting papers.

Please acknowledge receipt of these papers. Thank you.

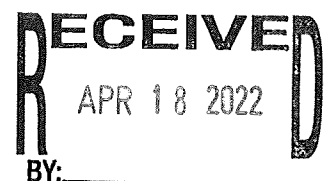
Very Sincerely,



Darlene J. Finch

Encl.

Certified letter 7009 2820 0000 8995 7806



**PROOF OF CLAIM FORM**

COMMODITY FUTURES TRADING COMMISSION,  
Plaintiff,

v.

OASIS INTERNATIONAL GROUP, LIMITED; OASIS  
MANAGEMENT, LLC; SATELLITE HOLDINGS COMPANY;  
MICHAEL J DACORTA; JOSEPH S. ANILE, II.; RAYMOND  
P MONTIE III; FRANCISCO "FRANK" L. DURAN; and  
JOHN J. HAAS,  
Defendants;

and

MAINSTREAM FUND SERVICES, INC.; BOWLING GREEN  
CAPITAL MANAGEMENT LLC; LAGOON INVESTMENTS,  
INC.; ROAR OF THE LION FITNESS, LLC; 444 GULF OF  
MEXICO DRIVE, LLC; 4064 FOUNDERS CLUB DRIVE,  
LLC; 6922 LACANTERA CIRCLE, LLC; 13318 LOST KEY  
PLACE, LLC; and 4 OAKS LLC,  
Relief Defendants.

Case Number: 8:19-cv-886-T-33SPF  
U.S. District Court Middle District of Florida (Tampa Division)

Name and address of Claimant  
(Please print or type):

Type your full name and mailing address in  
the box below. Use separate lines for each  
item as you'd address a letter.

Darlene J. Finch  
Redacted

IB Number: 60360

Customer Code #: 16055407

**ATTENTION:** The Honorable Virginia M. Hernandez Covington of the United States District Court, Middle District of Florida, entered orders appointing Burton W. Wiand as Receiver over the assets of the above-captioned defendants and relief defendants (individually, a "**Receivership Entity**," and collectively, "**Receivership Entities**"). On February 4, 2020, the Court issued an order establishing a Claim Bar Date for all claims and approving this Proof of Claim Form and the basic procedures to administer any claims. To be eligible to receive a distribution from the Receivership Entities' assets, you must complete and return this Proof of Claim Form and, if applicable, provide the requested documentation, so that it is received on or before **June 15, 2020, to Burton W. Wiand, Receiver, c/o Maya M. Lockwood, Esquire, Wiand Guerra King P.A., 5505 West Gray Street, Tampa, Florida 33609.** *The proper filing of this completed claim form may entitle you to receive a distribution from the Receivership. Altered forms will not be accepted.*

The information provided in this Proof of Claim Form will be used to determine your distribution, if any, from the Receivership. The Receiver has the right to dispute and/or verify any information you have provided to determine the proper distribution amount, if any, to which you may be entitled. The Receiver further has the right to amend any information he may have provided as to your Net Investment Amount. **By identifying and providing a Net Investment Amount for an investor the Receiver does not waive any right to (1) deny, contest the validity of, or otherwise object to a claim or (2) if warranted, amend the provided Net Investment Amount.**

**IMPORTANT INFORMATION TO READ PRIOR TO SUBMITTING THIS FORM**

ANY PERSON OR ENTITY SUBMITTING THIS PROOF OF CLAIM FORM SUBMITS TO THE EXCLUSIVE JURISDICTION OF THE ABOVE-CAPTIONED COURT FOR ALL PURPOSES, INCLUDING, WITHOUT LIMITATION, AS TO ANY CLAIMS, OBJECTIONS, DEFENSES, OR COUNTERCLAIMS THAT COULD BE OR HAVE BEEN ASSERTED BY THE RECEIVER AGAINST SUCH CLAIMANT OR THE HOLDER OF SUCH CLAIM IN CONNECTION WITH THIS RECEIVERSHIP, INCLUDING, THOSE ARISING OUT OF (1) ANY DEALING OR BUSINESS TRANSACTED BY OR WITH ANY RECEIVERSHIP ENTITY AND/OR (2) ANY DEALING OR BUSINESS TRANSACTED THAT RELATES IN ANY WAY TO ANY RECEIVERSHIP PROPERTY. CLAIMANT FURTHER AGREES BY MAKING THIS SUBMISSION TO WAIVE ANY RIGHT TO A JURY TRIAL WITH RESPECT TO SUCH CLAIMS, OBJECTIONS, DEFENSES, AND COUNTERCLAIMS.

**RECEIVED**  
APR 18 2022  
BY: \_\_\_\_\_

IB: 60360

Page 1 of 8

Equity Trust Company Custodian FBO Darlene J. Finch



IF THIS COMPLETED FORM, SIGNED UNDER PENALTY OF PERJURY, IS NOT RECEIVED BY THE RECEIVER AT THE ABOVE-REFERENCED ADDRESS BY JUNE 15, 2020, YOU WILL BE FOREVER BARRED FROM ASSERTING ANY CLAIM AGAINST THE RECEIVERSHIP ENTITIES' ASSETS AND YOU WILL NOT BE ELIGIBLE TO RECEIVE ANY DISTRIBUTIONS FROM THE RECEIVER.

**General Instructions:**

You **must** answer each and every question on the following pages. If you are an investor, however, you do not need to answer questions 17-19, which are specific to Non-Investor Claimants. Similarly, Non-Investor Claimants do not need to answer questions 8-16, which are specific to Investor Claimants. Please answer each question applicable to you as fully as possible. If you need additional space to complete an answer, please attach a separate sheet of paper and indicate the number of the question for which you are providing the additional information. If the question does not apply to you, please write "not applicable." If the answer to the question is "no" or "none," please answer as such.

1. Full name of the Claimant (the person or entity making this claim to Receivership assets). If IRA, then IRA Name.

Equity Trust Company Custodian FBO Darlene J. Finch

2. If this form is being completed by a person other than the Claimant or on behalf of an entity, please provide the full name, address, telephone number, and email address of the person completing this form and the basis for that person's authority to act on the Claimant's behalf. **If you are a power of attorney, trustee, or other fiduciary completing this form on behalf of the Claimant in question 1, you must provide documentation with this Proof of Claim Form reflecting your legal authority to do so.**

Mr. Brent Allan Winters

5105 S. Hwy 41

Terre Haute, Indiana 47802

email: brentwinters@use.startmail.com

phone: (317) 515-7695

**Under Power of Attorney:** on file  
available on written request

3. If this form is being completed on behalf of an entity, please provide the full names of the entity's officers, directors, trustees, managing agents, shareholders, partners, beneficiaries, and any other party with an interest in the entity. List the full names of all interested parties. Separate by commas.

4. Provide **one** mailing address where the Claimant authorizes the receipt of all future communications relating to this claim, including any possible distribution payment the Claimant may receive (this does not authorize payment to be made out to anyone other than Claimant). It is the Claimant's sole responsibility to advise the Receiver of any change to this address after the submission of this form.

Mail Address: Brent Allan Winters, 5105 S. US Hwy 41, Terre Haute, Indiana 47802

5. Provide **one** email address for the Claimant where the Claimant authorizes the receipt of all future electronic communications relating to this claim. It is the Claimant's sole responsibility to advise the Receiver of any change to this email address after the submission of this form.

email to: brentwinters@use.startmail.com

Do you consent to the receipt of electronic communications from the Receiver in lieu of mailed communications where feasible and in the Receiver's discretion? Yes ☒ No ☐

6. Provide one telephone number for the Claimant. It is the Claimant's sole responsibility to advise the Receiver of any change to this telephone number after the submission of this form: 317-515-7695
7. Provide the basis for your claim (please check applicable boxes):

- ☒ Investor  
☐ Provided Goods or Services to a Receivership Entity  
☐ Other (specify basis)

If you are not an investor, write "Not Applicable" to questions 8 through 16. If you are an investor, write "Not Applicable" to questions 17 through 19. All Claimants must answer questions 1-7 and question 20.

### Questions Specific to Investors

8. Please refer to Exhibit A attached to this document. If sufficient information is available, this Exhibit provides the following information: (1) the total amount invested; (2) the total payments received; and (3) the Net Investment Amount. Do the amounts listed in the Exhibit accurately represent the total amount of your investment and all funds you received related to this investment? Failure to respond to this question will mean that you agree with the amounts listed in the Exhibit.

       Yes, I agree with the amounts listed.   X   No, I do not agree with the amounts provided by the Receiver.

If you answered yes, you do not have to respond to questions 9, 10, and 11. If you answered no, you must answer questions 9, 10, and 11 and provide copies of the documents requested.

9. Please provide the following information regarding your investment in or with, or interest in, any Receivership Entity, and attach copies of all checks, bank or other financial account statements, invoices, wire transfer confirmations, and other documents relating to your answer.

1<sup>st</sup> investment in or with the Receivership Entities:

totaled \$ 20,000.00 and was made on 02/10/2015 (date); through a check (or wire transfer) made payable to Satellite Holdings Co. and drawn on account number Plan242806901S with American Funds (identify financial institution).

If applicable, 2<sup>nd</sup> investment in or with the Receivership Entities:

totaled \$ 25,000.00 and was made on 06/27/2018 (date); through a check (or wire transfer) made payable to Satellite Holdings Co. and drawn on account number Plan242806901SS# with American Funds (identify financial institution).

If additional investments were made, please attach a separate sheet identifying (1) those amounts, (2) the dates on which they were made, (3) the payee of the check (or recipient of the wire transfer), and (4) the account number and financial institution on which the check was drawn or the wire transfer initiated.

**Total amount you are claiming you invested with the Receivership Entities:** \$ 64,733.30

10. Have you ever received any money from a Receivership Entity, including as an "interest" payment, "return of principal," or "referral fee" relating to your investment or for any other reason? ☐ Yes ☒ No. If yes, please provide the following information for each amount received, and attach copies of all checks, bank or other financial account statements, wire transfer confirmations, and other documents relating to your answers.

	<u>Date</u>	<u>Amount</u>	<u>Payor/Payee of check/wire</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

If any additional amounts were received from any Receivership Entity, please attach a separate sheet identifying those amounts, the dates on which they were received, and the payor and payee of the check(s) or wire transfers.

**Total amount you are claiming you received from the Receivership Entities:** \$ \$ 0.00

11. **State the total amount of your claim (this is the amount that you are claiming you are owed from the Receivership):** \$ 64,733.30
12. Did you receive any other funds or anything of value other than money (for example, a car or shares of stock) from any Receivership Entity or anyone acting on their behalf? Yes ☐ No ☒. If yes, please identify how much or what you received, from whom, and the date it was received.

13. Provide the name of the person or persons who solicited your investment in or with the Receivership Entities.  
Michael DaCorta, Ray Montie, John Haas

14. Please explain the way in which you came to learn about Oasis International Group, Oasis Management, and/or Satellite Holdings Company and thereafter invest in or with them, including the person who introduced you to these entities, the statements made by that person, any documents provided by that person, meetings you had with the representative(s) of those entities, information that you relied on, and any other information.

A family member suggested that I listen to a phone conference call with DaCorta, Montie and Haas who explained that this is a fabulous investment opportunity. I then decided to put in the first \$20,000.

15. Are you related by blood or marriage to any of the individual defendants or relief defendants? ☐ Yes ☒ No. If yes, to whom are you related and what is the relationship.

16. Did you receive any commissions, referral fees, compensation for the acquisition of lenders, or any other compensation of any nature from any Receivership Entity? ☐ Yes ☒ No. If yes, please identify how



much or what you received, from whom, and the date it was received.

---

**Questions Specific To Non-Investor Claimants**

17. If you were not an investor, state with specificity how you claim an interest in any distribution by the Receivership Entities (for example, you provided goods or services to a Receivership Entity for which you have not been paid).

Not applicable

- 
18. State the amount you claim you are owed by any Receivership Entity. \$ 64,733.30  
Attach copies of all documents relating to your claim (for example, copies of all invoices submitted to a Receivership Entity and copies of records of all payments received from same). If you delivered goods to a Receivership Entity, include a copy of the document confirming receipt by a representative of the Receivership Entity.

19. Identify your contact person or persons at the Receivership Entities.

Not applicable

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**Question for all Claimants:**

20. Have you sued, threatened suit, or otherwise commenced any lawsuits, arbitrations, actions, or other proceedings, or made any demands against any person or entity relating in any way to your claim and/or any Receivership entity? ☐ Yes ☒ No. If yes, identify the nature and status of any such action, the date the action was initiated, the name of the attorney who commenced the action, and the amount of any money you received in connection with any such action.

---

**EMAIL** this completed Proof of Claim Form and legible copies of any documentation requested in this form to **brentwinters@use.startmail.com** and a COPY to **4OasisLenders@use.startmail.com**, **SO THAT IT IS RECEIVED NO LATER THAN MAY 29, 2020. THIS Form MUST come to us completed in digital form. Supporting documents may be mailed to Brent Allan Winters, 5105 S. US Hwy 41, Terre Haute, Indiana 47802 if you cannot send them electronically.**

IF YOU DO NOT AGREE WITH ANY AMOUNTS PROVIDED ON EXHIBIT A OR NO AMOUNTS WERE PROVIDED ON EXHIBIT A, YOU MUST PROVIDE COPIES OF ALL DOCUMENTS OR OTHER MATERIALS THAT ARE RELATED IN ANY WAY TO YOUR INVESTMENT IN THE RECEIVERSHIP ENTITIES, OR, IF YOU ARE NOT AN INVESTOR, TO YOUR CLAIM AGAINST A RECEIVERSHIP ENTITY, INCLUDING COPIES OF YOUR CANCELLED CHECKS, BANK OR OTHER FINANCIAL ACCOUNT STATEMENTS SHOWING ALL TRANSFERS OF FUNDS BETWEEN (OR FOR THE BENEFIT OF) YOU AND THE RECEIVERSHIP ENTITIES, STATEMENTS FROM THE RECEIVERSHIP ENTITIES, WIRE TRANSFER CONFIRMATIONS, AND ANY OTHER DOCUMENTS REGARDING YOUR CLAIM.

**By signing below, I certify under penalty of perjury pursuant to Florida law that the information provided in this form is true and correct. If this claim is being submitted by more than one person, all persons submitting the claim must sign below certifying under penalty of perjury that the information provide is true and correct.**

Signature of Claimant: Darlene J. Finch

Print Name: Darlene J. Finch

Date: April 16, 2022

Title (if any): \_\_\_\_\_

By signing below, I certify under penalty of perjury pursuant to Florida law that the information provided in this form is true and correct. If this claim is being submitted by more than one person, all persons submitting the claim must sign below certifying under penalty of perjury that the information provide is true and correct.

Signature of Claimant: Darlene J. Finch

Print Name: Darlene J. Finch

Date: 5/22/20

Title (if any): \_\_\_\_\_

**EXHIBIT A**

**Claimant Name:** Equity Trust Company Custodian FBO Darlene J. Finch

**AMOUNTS RECEIVER CLAIMS:**

<b>Amount Invested:</b>	<b>\$</b>	<b>45,000.00</b>
<b>Total Payments:</b>	<b>\$</b>	<b>0.00</b>
<b>Net Investment Amount:</b>	<b>\$</b>	<b>45,000.00</b>

THE RECEIVER HAS PROVIDED THE ABOVE INFORMATION BASED UPON DOCUMENTS AVAILABLE TO HIM. THESE FIGURES ARE BELIEVED TO BE ACCURATE AND REASONABLE CONCLUSIONS. PLEASE CAREFULLY REVIEW THE ABOVE AMOUNTS. IF THE NUMBERS PROVIDED ARE NOT CONSISTENT WITH YOUR RECORDS, IT IS YOUR OBLIGATION TO PROVIDE TRUE AND CORRECT INFORMATION TO THE RECEIVER. IF YOU CONFIRM THAT THE ABOVE AMOUNTS ACCURATELY REPRESENT THE AMOUNT YOU INVESTED, ALL AMOUNTS YOU RECEIVED RELATING TO THIS INVESTMENT, AND ANY OTHER FUNDS YOU RECEIVED FROM THE RECEIVERSHIP ENTITIES, YOU ARE DOING SO UNDER PENALTY OF PERJURY.

BY IDENTIFYING AND PROVIDING THE ABOVE FIGURES, THE RECEIVER DOES NOT WAIVE ANY RIGHT TO (1) DENY, CONTEST THE VALIDITY OF, OR OTHERWISE OBJECT TO A CLAIM OR, (2) IF WARRANTED, AMEND ANY OF THE PROVIDED FIGURES.



**EXHIBIT B**  
**INTEREST and/or PRINCIPAL**  
**WITHDRAWALS**

	<b>AMOUNT</b>	<b>DATE</b>
<b>1</b>	\$ 0.00	
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		
<b>10*</b>		

\*If additional withdrawals were made, please attach a separate sheet identifying the amount of the withdrawal(s) and the date(s) on which they were made.

AMOUNTS YOU CLAIM:

<b>(A) Total Invested:</b>	<b>\$ 64,733.30</b>
<b>(B) Total Withdrawn (Interest and/or Principal):</b>	<b>\$ 0.00</b>
<b>Net Amt Due = A-B:</b>	<b>\$ 64,733.30</b>
 <b>Total Other Pmts Received:</b>	 <b>\$0.00</b>

*Cash Account 60358***Question 9:****Detail Addendum**

	<u>Invested Amt.</u>	<u>Date</u>	<u>Payable to</u>	<u>On Account</u>	<u>Bank</u>
				Teller Ck. Redacted	
1	\$5,000.00	1/6/14	Oasis Mgt.		First Niagara Bank (extinct)
2	\$8,000.00	8/23/18	Satellite Holdings	XXX599	SEFCU Credit Union
3	\$10,000.00		2015 Satellite Holdings	?	SEFCU Credit Union
4	\$40,000.00	5/23/18	Satellite Holdings	XXX601	SEFCU Credit Union
Total Invested	\$63,000.00				

**Question 10:**

We were notified by Oasis that by having \$8000 in our cash account, that we did not qualify to have the account and it would be cashed out because Oasis changed the minimum investment to \$10,000. We verbally contacted John Haas to tell him we would bring it up to the \$10,000. On August 13, a check was received in the amount of \$8076.54. On August 20, 2018 we sent \$8000.00 back to Oasis via letter to John Haas at Satellite Holdings. We do not feel that this should be a "claw back" situation since we sent the money back in one week of receiving it.

Robert & Darlene Finch  
Redacted

Joint Cash Account Redacted

**RECEIVED**  
APR 18 2022  
BY: \_\_\_\_\_

Redacted

Robert J. Finch and Darlene J. Finch

Cash account

Redacted

CLAWBACK ATTEMPTED

We initially made a small (\$5,000) investment into a Cash Account in 2013 to begin our association with John Haas through Satellite Holdings. We knew John and Ray Montie through our participation in Ambit Energy.

At some point, Satellite joined with Oasis group and the funds were transferred to Oasis. Then, we were told that the \$8,076 was not enough to keep the account open because they changed the minimum investment from \$5,000 to \$10,000. We did not act quickly enough to send additional money and the \$8,076.54 was sent to us in the form of a check. We deposited the check and wrote a personal check #6842 to Satellite in the amount of \$8,000 on August 23, 2018.

Attached are copies of informal notes and emails regarding the transaction, our bank statement, check register and carbon copy of the actual check sending the \$8,000 back to Satellite. The only possible clawback could be the \$76.54 difference from the check we received and the check we sent back to Satellite.

On May 23, 2018, we wired from SEFCU Credit Union an additional \$40,000 to add to the account. Copy attached.

The total amount invested in the Cash Account was \$58,000. The amount we were led to believe in the account including interest, was \$80,807.19

We have included the Promisory Notes, copies of pertinent pages from the Back Office, a copy of the initial check for \$5,000 and other pertinent information.

We hope this is helpful with the case.

Date	Loan Account Number	Start Balance (As of Beginning of Month)	Daily Interest at 1% per Month	Daily Interest at 1% per Month (Month to Date Total)	Daily Special Interest at 25% of Txn Fees	Special Interest at 25% of Txn Fees (Month to Date Total)	Interest Withdrawal	Principal Withdrawal	Additional Loans (New Loan Principal & Rollovers)
07/23/2018	16055405	\$58,737.19	\$19.31	\$444.15	\$79.36	\$617.98	\$0.00	\$0.00	\$0.00
07/24/2018	16055405	\$58,737.19	\$19.31	\$463.46	\$35.52	\$653.50	\$0.00	\$0.00	\$0.00
07/25/2018	16055405	\$58,737.19	\$19.31	\$482.77	\$67.24	\$720.74	\$0.00	\$0.00	\$0.00
07/26/2018	16055405	\$58,737.19	\$19.31	\$502.08	\$117.93	\$838.67	\$0.00	\$0.00	\$0.00
07/27/2018	16055405	\$58,737.19	\$19.31	\$521.39	\$531.91	\$1,370.58	\$0.00	\$0.00	\$0.00
07/30/2018	16055405	\$58,737.19	\$19.31	\$579.33	\$33.81	\$1,404.39	\$0.00	\$0.00	\$0.00
07/31/2018	16055405	\$58,737.19	\$19.31	\$598.64	\$76.64	\$1,481.03	\$0.00	\$0.00	\$0.00
08/01/2018	16055405	\$58,737.19	\$19.31	\$19.31	\$16.35	\$16.35	-\$1,481.03	\$0.00	\$1,481.03
08/02/2018	16055405	\$60,218.22	\$19.80	\$39.60	\$20.21	\$36.56	\$0.00	\$0.00	\$0.00
08/03/2018	16055405	\$60,218.22	\$19.80	\$59.39	\$36.20	\$72.76	\$0.00	\$0.00	\$0.00
08/06/2018	16055405	\$60,218.22	\$19.80	\$118.79	\$8.98	\$81.74	\$0.00	\$0.00	\$0.00
08/07/2018	16055405	\$60,218.22	\$19.80	\$138.58	\$17.99	\$99.73	\$0.00	\$0.00	\$0.00
08/08/2018	16055405	\$60,218.22	\$19.80	\$158.38	\$34.03	\$133.76	\$0.00	\$0.00	\$0.00
08/09/2018	16055405	\$60,218.22	\$19.80	\$178.18	\$10.19	\$143.95	\$0.00	\$0.00	\$0.00
08/10/2018	16055405	\$60,218.22	\$19.80	\$197.98	\$7.67	\$151.62	\$0.00	\$0.00	\$0.00
08/13/2018	16055405	\$60,218.22	\$19.80	\$257.37	\$29.61	\$181.23	\$0.00	\$0.00	\$0.00
08/14/2018	16055405	\$60,218.22	\$19.80	\$277.17	\$5.67	\$186.90	\$0.00	\$0.00	\$0.00
08/15/2018	16055405	\$60,218.22	\$19.80	\$296.97	\$7.49	\$194.39	\$0.00	\$0.00	\$0.00
08/16/2018	16055405	\$60,218.22	\$19.80	\$316.76	\$10.59	\$204.98	\$0.00	\$0.00	\$0.00
08/17/2018	16055405	\$60,218.22	\$19.80	\$336.56	\$321.34	\$526.32	\$0.00	\$0.00	\$0.00
08/20/2018	16055405	\$60,218.22	\$19.80	\$395.96	\$21.60	\$547.92	\$0.00	\$0.00	\$0.00
08/21/2018	16055405	\$60,218.22	\$19.80	\$415.75	\$48.15	\$596.07	\$0.00	\$0.00	\$0.00
08/22/2018	16055405	\$60,218.22	\$19.80	\$435.55	\$15.72	\$611.79	\$0.00	\$0.00	\$0.00
08/23/2018	16055405	\$60,218.22	\$19.80	\$455.35	\$16.33	\$628.12	\$0.00	\$0.00	\$8,000.00

Friday 03 May 2019

\* Data Reflects Current Day's Closing Balance as of 7pm EST

\*\* Undergoing Beta Testing

Page 2 of 9

Cash Acct.





P.O. Box 12189  
Albany, NY 12212-2189

800-727-3328  
www.sefcu.com

Member Number [REDACTED]  
Statement Period: 08/01/2018 through 08/31/2018  
Page: 1 of 2

Enroll in eStatements for access to current and past statements. Sign up today by selecting "eStatements" after you log into SEFCU OnLine.

Robert J Finch  
Redacted

Date	Transaction Description	Transaction Amount
	Previous Balance	
08/03	[REDACTED]	493.69
08/02	TR#9991 SHARE DRAFT 6245	-108.00
08/02	TR#11082 SHARE DRAFT 6834	-41.04
08/06	UnitedHealthcare/PREMIUM/080618/PP D	-201.75
08/06	SHARE DRAFT 6835	-50.00
08/10	[REDACTED]	501.85
08/10	ACH CHECK 6836 [REDACTED] PURCHASE/180808/POP/BING/N Y	-107.23
08/10	SHARE DRAFT 6837	-275.00
08/13	MULTIPLE DEPOSIT TR#6912	8,076.54
08/14	SHARE DRAFT 6838	-50.00
08/15	NYSEG/ONLINE PMT/180815/WEB/CKF274 434762POS	-198.99
08/17	[REDACTED] 18/P PD	493.68
08/17	NYSEG/ONLINE PMT/180817/WEB/CKF2 74434762POS	-70.15
08/20	SHARE DRAFT 6840	-50.00
08/24	[REDACTED] 082418/P PD	493.68
08/23	SHARE DRAFT 6839	-50.00
08/24	TR#6542 SHARE DRAFT 6845	-150.00
08/24	SHARE DRAFT 6842	-8,000.00
08/27	ACH CHECK 6844 [REDACTED] PAYMENT/180824/AR/C	-110.00
08/27	ACH CHECK 6843 [REDACTED] PAYMENT/180824/AR/C	-110.00
08/27	NYSEG/ONLINE PMT/180827/WEB/CKF274 434762POS	-54.89
08/27	SHARE DRAFT 6846	-50.00
08/28	SHARE DRAFT 6841	-250.00
08/31	[REDACTED]	493.69
08/31	SHARE DRAFT 6256	-11.45
08/31	SHARE DRAFT 6848	-200.00
	New Balance	
	Average Monthly Balance:	

	Total for this period	Total Year-to-Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

\*Joint owners listed represent first five (5) names on this account.

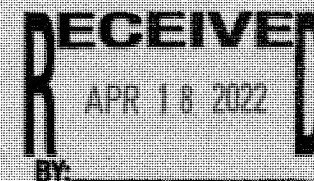
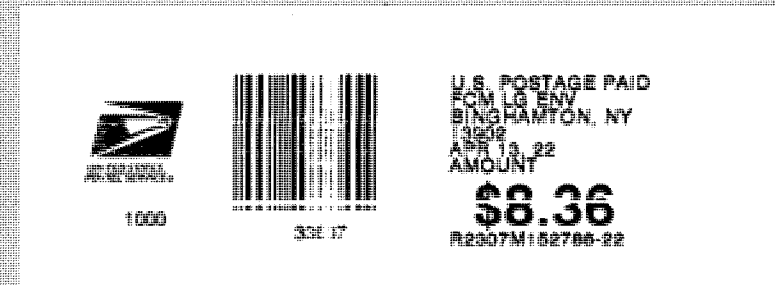
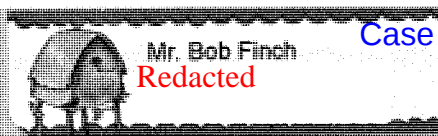
To verify pre-authorized transfers or to notify us of suspected errors in your statement, direct your inquiries to SEFCU at the address or telephone number listed on the top of this statement.

[REDACTED]


	8/5	NYSEG.		198	99	✓		
	8/2	Medicare/AARP Aug.		201	75	✓		
6836	8/8	Walgreens	R 89.97	102	23	✓	230	
6837	8/9	John Lord	landscap	275	00	✓		
6838	8/10	Terry Ross		50	00	✓		
	8/16	Bosco's		70	15	✓		
	8/13	Deposit Fr. Dasi's	(.60)			✓	8076.54	
6839	8/15	ALS Assoc		50	00	✓		
6840	8/17	Terry Ross		50	00	✓		
	8/27	Kohl's		54	89	✓		
6841	8/19	Church		250	00	✓		
6841	8/20	Satellite Holdings		8000	00	✓		
6842		US Dept of State	ports	110	00	✓		
6843		"	ports	110	00	✓		

Check Register showing  
 \$8,076.54 in and  
 \$8,000.00 back to Satellite





Larry Dougherty  
Towers at Westshore  
1408 N. Westshore Blvd, Suite 1010  
Tampa, Florida 33607



# EXHIBIT D



**COMMODITY FUTURES TRADING COMMISSION V. OASIS INTERNATIONAL GROUP, LIMITED,  
Case No. 8:19-cv-00886-VMC-SPF  
United States District Court  
Middle District of Florida  
Tampa Division**

**Darlene J & Robert Finch Transactions**

**Source:** Bank Records

<b>Date</b>	<b>Bank ID</b>	<b>Bank Account Name</b>	<b>Funds Received from Investor</b>	<b>Funds Paid to Investor</b>
01/08/14	WF-9302	Oasis Management, LLC	\$ 5,000.00	\$ -
11/03/15	WF-5347	Satellite Holdings Company	10,000.00	-
05/23/18	WF-5347	Satellite Holdings Company	40,000.00	-
08/13/18	WF-9302	Oasis Management, LLC	-	8,076.54
08/23/18	WF-5347	Satellite Holdings Company	8,000.00	-
<b>Total</b>			<b>63,000.00</b>	<b>8,076.54</b>
<b>Net Investment</b>				<b>\$ 54,923.46</b>

# EXHIBIT E

## EXHIBIT E

**PERSONAL VERIFICATION FORM****C.F.T.C. v. Oasis International Group, Ltd., et al.**

**INSTRUCTIONS:** The Court-approved instructions governing this claims process required that each Proof of Claim Form be signed by the Claimant or, if the Claimant is not an individual, by an authorized agent of the Claimant. The Claimant must also attest under penalty of perjury that the information, including any information provided by the Receiver, is true and correct. Certain Claimants failed to personally sign their Proof of Claim Forms under penalty of perjury. Personal verification is essential to the integrity of the claims process, and the Receiver is entitled to reject unsigned or otherwise unverified claims. To avoid the outright rejection of unverified claims, the Receiver is allowing these Claimants to verify their claims through this Personal Verification Form. Claimants who failed to personally sign a Proof of Claim Form must complete and serve this Personal Verification Form to Burton W. Wiand, Receiver c/o Maya M. Lockwood, Esq., Guerra King P.A., The Towers at Westshore, 1408 N Westshore Blvd., Suite 1010, Tampa, Florida 33607 no later than April 14, 2022. Altered forms will not be accepted. This form should not be filed with the Court. Claimants who have not personally verified their claim and do not return a complete and executed Personal Verification Form to the Receiver within the time specified will not be permitted to participate in distributions of recovered money from the Receivership. If a claim was submitted by more than one person, all persons submitting the claim must sign below certifying under penalty of perjury that the information provided is true and correct. If you have any questions regarding this form or whether you are required to submit a Personal Verification Form, you may contact Amanda Stephens at (813) 347-5120 or [astephens@guerraking.com](mailto:astephens@guerraking.com).

**VERIFICATION**

1. State the full name of the Claimant(s) (the person or entity who submitted the claim or who had a claim submitted on his, her, its, or their behalf). \_\_\_\_\_  
Robert J. Finch and Darlene J. Finch

2. Brent Winters is representing me in this Receivership, including my claim to any Receivership assets: Yes \_\_\_\_\_ No X

3. I confirm and accept the **one** mailing address provided in my Proof of Claim Form where I authorize the receipt of all future communications relating to my claim, including any possible distribution payment I may be entitled to receive. If you wish to change this address, provide the new address here: \_\_\_\_\_  
 \_\_\_\_\_

It is the Claimant's sole responsibility to advise the Receiver of any change to this address after submission of this form.

By signing below, I certify under penalty of perjury ~~pursuant to Florida law~~ that I have reviewed the Proof of Claim Form submitted to the Receiver by me and/or on my behalf and that the information provided in this Personal Verification Form and in the Proof of Claim Form is true and correct.

Signature of Claimant: Robert J. Finch  
Print Name: Robert J. Finch  
Date: April 13, 2022  
Title (if any): \_\_\_\_\_

*If joint claim:*

Signature of Claimant: Darlene J. Finch  
Print Name: Darlene J. Finch  
Date: April 13, 2022  
Title (if any): \_\_\_\_\_



# EXHIBIT F

**PROOF OF CLAIM FORM**

COMMODITY FUTURES TRADING COMMISSION,  
Plaintiff,

v.

OASIS INTERNATIONAL GROUP, LIMITED; OASIS  
MANAGEMENT, LLC; SATELLITE HOLDINGS COMPANY;  
MICHAEL J DACORTA; JOSEPH S. ANILE, II.; RAYMOND  
P MONTIE III; FRANCISCO "FRANK" L. DURAN; and  
JOHN J. HAAS,  
Defendants;

and

MAINSTREAM FUND SERVICES, INC.; BOWLING GREEN  
CAPITAL MANAGEMENT LLC; LAGOON INVESTMENTS,  
INC.; ROAR OF THE LION FITNESS, LLC; 444 GULF OF  
MEXICO DRIVE, LLC; 4064 FOUNDERS CLUB DRIVE,  
LLC; 6922 LACANTERA CIRCLE, LLC; 13318 LOST KEY  
PLACE, LLC; and 4 OAKS LLC,  
Relief Defendants.

Case Number: 8:19-cv-886-T-33SPF  
U.S. District Court Middle District of Florida (Tampa Division)

Name and address of Claimant  
(Please print or type):

Michael Squillante  
Redacted

**ATTENTION:** The Honorable Virginia M. Hernandez Covington of the United States District Court, Middle District of Florida, entered orders appointing Burton W. Wiand as Receiver over the assets of the above-captioned defendants and relief defendants (individually, a **"Receivership Entity,"** and collectively, **"Receivership Entities"**). On February 4, 2020, the Court issued an order establishing a Claim Bar Date for all claims and approving this Proof of Claim Form and the basic procedures to administer any claims. To be eligible to receive a distribution from the Receivership Entities' assets, you must complete and return this Proof of Claim Form and, if applicable, provide the requested documentation, so that it is received on or before **June 15, 2020, to Burton W. Wiand, Receiver, c/o Maya M. Lockwood, Esquire, Wiand Guerra King P.A., 5505 West Gray Street, Tampa, Florida 33609.** *The proper filing of this completed claim form may entitle you to receive a distribution from the Receivership. Altered forms will not be accepted.*

The information provided in this Proof of Claim Form will be used to determine your distribution, if any, from the Receivership. The Receiver has the right to dispute and/or verify any information you have provided to determine the proper distribution amount, if any, to which you may be entitled. The Receiver further has the right to amend any information he may have provided as to your Net Investment Amount. **By identifying and providing a Net Investment Amount for an investor the Receiver does not waive any right to (1) deny, contest the validity of, or otherwise object to a claim or (2) if warranted, amend the provided Net Investment Amount.**

**IMPORTANT INFORMATION TO READ PRIOR TO SUBMITTING THIS FORM**

ANY PERSON OR ENTITY SUBMITTING THIS PROOF OF CLAIM FORM SUBMITS TO THE EXCLUSIVE JURISDICTION OF THE ABOVE-CAPTIONED COURT FOR ALL PURPOSES, INCLUDING, WITHOUT LIMITATION, AS TO ANY CLAIMS, OBJECTIONS, DEFENSES, OR COUNTERCLAIMS THAT COULD BE OR HAVE BEEN ASSERTED BY THE RECEIVER AGAINST SUCH CLAIMANT OR THE HOLDER OF SUCH CLAIM IN CONNECTION WITH THIS RECEIVERSHIP, INCLUDING, THOSE ARISING OUT OF (1) ANY DEALING OR BUSINESS TRANSACTED BY OR WITH ANY RECEIVERSHIP ENTITY AND/OR (2) ANY DEALING OR BUSINESS TRANSACTED THAT RELATES IN ANY WAY TO ANY RECEIVERSHIP PROPERTY. CLAIMANT FURTHER AGREES BY MAKING THIS SUBMISSION TO WAIVE ANY RIGHT TO A JURY TRIAL WITH RESPECT TO SUCH CLAIMS, OBJECTIONS, DEFENSES, AND COUNTERCLAIMS.

JUN 22 2020

IF THIS COMPLETED FORM, SIGNED UNDER PENALTY OF PERJURY, IS NOT RECEIVED BY THE RECEIVER AT THE ABOVE-REFERENCED ADDRESS BY JUNE 15, 2020, YOU WILL BE FOREVER BARRED FROM ASSERTING ANY CLAIM AGAINST THE RECEIVERSHIP ENTITIES' ASSETS AND YOU WILL NOT BE ELIGIBLE TO RECEIVE ANY DISTRIBUTIONS FROM THE RECEIVER.

**General Instructions:**

You **must** answer each and every question on the following pages. If you are an investor, however, you do not need to answer questions 17-19, which are specific to Non-Investor Claimants. Similarly, Non-Investor Claimants do not need to answer questions 8-16, which are specific to Investor Claimants. Please answer each question applicable to you as fully as possible. If you need additional space to complete an answer, please attach a separate sheet of paper and indicate the number of the question for which you are providing the additional information. If the question does not apply to you, please write "not applicable." If the answer to the question is "no" or "none," please answer as such.

1. Full name of the Claimant (the person or entity making this claim to Receivership assets). \_\_\_\_\_

MICHAEL D SQUILLANTE OR MICKEY SQUILLANTE

2. If this form is being completed by a person other than the Claimant or on behalf of an entity, please provide the full name, address, telephone number, and email address of the person completing this form and the basis for that person's authority to act on the Claimant's behalf. If you are a power of attorney, trustee, or other fiduciary completing this form on behalf of the Claimant in question 1, you must provide documentation with this Proof of Claim Form reflecting your legal authority to do so.

NO

3. If this form is being completed on behalf of an entity, please provide the full names of the entity's officers, directors, trustees, managing agents, shareholders, partners, beneficiaries, and any other party with an interest in the entity. \_\_\_\_\_

NO

4. Provide **one** mailing address where the Claimant authorizes the receipt of all future communications relating to this claim, including any possible distribution payment the Claimant may receive. It is the Claimant's sole responsibility to advise the Receiver of any change to this address after the submission of this form.

Redacted

5. Provide **one** email address for the Claimant where the Claimant authorizes the receipt of all future electronic communications relating to this claim. It is the Claimant's sole responsibility to advise the Receiver of any change to this email address after the submission of this form.

TIGER2963@GMAIL.COM

Do you consent to the receipt of electronic communications from the Receiver in lieu of mailed communications where feasible and in the Receiver's discretion? Yes ☒ No ☐

6. Provide one telephone number for the Claimant. It is the Claimant's sole responsibility to advise the Receiver of any change to this telephone number after the submission of this form. Redacted

7. Provide the basis for your claim (please check applicable boxes):

- ☒ Investor  
☐ Provided Goods or Services to a Receivership Entity  
☒ Other (specify basis) TRUST CONVERTED TO DAMAGES FOR NEW OFFICE BUILDING

If you are not an investor, write "Not Applicable" to questions 8 through 16. If you are an investor, write "Not Applicable" to questions 17 through 19. All Claimants must answer questions 1-7 and question 20.

### Questions Specific to Investors

8. Please refer to Exhibit A attached to this document. If sufficient information is available, this Exhibit provides the following information: (1) the total amount invested; (2) the total payments received; and (3) the Net Investment Amount. Do the amounts listed in the Exhibit accurately represent the total amount of your investment and all funds you received related to this investment? Failure to respond to this question will mean that you agree with the amounts listed in the Exhibit.

EXHIBIT NOT HIS OWN SET  
 \_\_\_\_\_ Yes, I agree with the amounts listed. \_\_\_\_\_ No, I do not agree with the amounts listed.

If you answered yes, you do not have to respond to questions 9, 10, and 11. If you answered no, you must answer questions 9, 10, and 11 and provide copies of the documents requested.

9. Please provide the following information regarding your investment in or with, or interest in, any Receivership Entity, and attach copies of all checks, bank or other financial account statements, invoices, wire transfer confirmations, and other documents relating to your answer.

1<sup>st</sup> investment in or with the Receivership Entities:

totalled \$ 100,000 and was made on 8/17 (date); through a check (or wire transfer) made payable to DAVIS INTERNATIONAL and drawn on account number Redacted with Bank of New York (identify financial institution).

If applicable, 2<sup>nd</sup> investment in or with the Receivership Entities:

totalled \$ 350,000 and was made on 9/17 (date); through a check (or wire transfer) made payable to DAVIS INTERNATIONAL and drawn on account number Redacted with Bank of New York (identify financial institution).

If additional investments were made, please attach a separate sheet identifying (1) those amounts, (2) the dates on which they were made, (3) the payee of the check (or recipient of the wire transfer), and (4) the account number and financial institution on which the check was drawn or the wire transfer initiated.



Total amount you are claiming you invested with the Receivership Entities: \$ 500,702.21

10. Have you ever received any money from a Receivership Entity, including as an "interest" payment, "return of principal," or "referral fee" relating to your investment or for any other reason? \_\_\_\_ Yes ☒ No. If yes, please provide the following information for each amount received, and attach copies of all checks, bank or other financial account statements, wire transfer confirmations, and other documents relating to your answers.

	<u>Date</u>	<u>Amount</u>	<u>Payor/Payee of check/wire</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

If any additional amounts were received from any Receivership Entity, please attach a separate sheet identifying those amounts, the dates on which they were received, and the payor and payee of the check(s) or wire transfers.

Total amount you are claiming you received from the Receivership Entities: \$ 500,702.21

11. State the total amount of your claim (this is the amount that you are claiming you are owed from the Receivership): \$ 500,702.21

12. Did you receive any other funds or anything of value other than money (for example, a car or shares of stock) from any Receivership Entity or anyone acting on their behalf? Yes \_\_\_\_ No ☒. If yes, please identify how much or what you received, from whom, and the date it was received. \_\_\_\_\_

13. Provide the name of the person or persons who solicited your investment in or with the Receivership Entities.

MICHAEL D'ACOSTA

14. Please explain the way in which you came to learn about Oasis International Group, Oasis Management, and/or Satellite Holdings Company and thereafter invest in or with them, including the person who introduced you to these entities, the statements made by that person, any documents provided by that person, meetings you had with the representative(s) of those entities, information that you relied on, and any other information.

FRIEND OF MINE TOLD ME ABOUT OASIS AND HOW WELL ITS DOING FOR HIM - THEN INTRODUCED ME TO MIKE D'ACOSTA.

15. Are you related by blood or marriage to any of the individual defendants or relief defendants? \_\_\_\_ Yes ☒ No. If yes, to whom are you related and what is the relationship. \_\_\_\_\_

16. Did you receive any commissions, referral fees, compensation for the acquisition of lenders, or any other compensation of any nature from any Receivership Entity? \_\_\_\_ Yes ☒ No. If yes, please identify how

much or what you received, from whom, and the date it was received. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Questions Specific To Non-Investor Claimants**

17. If you were not an investor, state with specificity how you claim an interest in any distribution by the Receivership Entities (for example, you provided goods or services to a Receivership Entity for which you have not been paid). \_\_\_\_\_

*NOT APPLICABLE*

18. State the amount you claim you are owed by any Receivership Entity. \$ *NOT APPLICABLE*  
Attach copies of all documents relating to your claim (for example, copies of all invoices submitted to a Receivership Entity and copies of records of all payments received from same). If you delivered goods to a Receivership Entity, include a copy of the document confirming receipt by a representative of the Receivership Entity.

19. Identify your contact person or persons at the Receivership Entities. \_\_\_\_\_  
*NOT APPLICABLE*

**Question for all Claimants:**

20. Have you sued, threatened suit, or otherwise commenced any lawsuits, arbitrations, actions, or other proceedings, or made any demands against any person or entity relating in any way to your claim and/or any Receivership entity? \_\_\_\_ Yes ☒ No. If yes, identify the nature and status of any such action, the date the action was initiated, the name of the attorney who commenced the action, and the amount of any money you received in connection with any such action. *I WANT TO SUE HOW THIS GOES.*

Send this completed and signed, under penalty of perjury, Proof of Claim Form and legible copies of any documentation requested in this form to **Burton W. Wiand, Receiver, c/o Maya M. Lockwood, Esquire, Wiand Guerra King P.A., 5505 West Gray Street, Tampa, Florida 33609, SO THAT IT IS RECEIVED NO LATER THAN JUNE 15, 2020.**

IF YOU DO NOT AGREE WITH ANY AMOUNTS PROVIDED ON EXHIBIT A OR NO AMOUNTS WERE PROVIDED ON EXHIBIT A, YOU MUST PROVIDE COPIES OF ALL DOCUMENTS OR OTHER MATERIALS THAT ARE RELATED IN ANY WAY TO YOUR INVESTMENT IN THE RECEIVERSHIP ENTITIES, OR, IF YOU ARE NOT AN INVESTOR, TO YOUR CLAIM AGAINST A RECEIVERSHIP ENTITY, INCLUDING COPIES OF YOUR CANCELLED CHECKS, BANK OR OTHER FINANCIAL ACCOUNT STATEMENTS SHOWING ALL TRANSFERS OF FUNDS BETWEEN (OR FOR THE BENEFIT OF) YOU AND THE RECEIVERSHIP ENTITIES, STATEMENTS FROM THE RECEIVERSHIP ENTITIES, WIRE TRANSFER CONFIRMATIONS, AND ANY OTHER DOCUMENTS REGARDING YOUR CLAIM.

By signing below, I certify under penalty of perjury pursuant to Florida law that the information provided in this form is true and correct. If this claim is being submitted by more than one person, all persons submitting the claim must sign below certifying under penalty of perjury that the information provided is true and correct.

Signature of Claimant: Michael D. Squillante

Print Name: MICHAEL D SQUILLANTE

Date: 6/15/20

Title (if any): \_\_\_\_\_

P.S.

Sorry for the sloppy handwriting. I was on the hospital lately, which is why the appearance is late and sloppy.

**EXHIBIT A**

**Claimant Name: Michael Squillante**

**Amount Invested:\***

**Total Payments:**

**Net Investment Amount:**

THE RECEIVER HAS PROVIDED THE ABOVE INFORMATION BASED UPON DOCUMENTS AVAILABLE TO HIM. THESE FIGURES ARE BELIEVED TO BE ACCURATE AND REASONABLE CONCLUSIONS. PLEASE CAREFULLY REVIEW THE ABOVE AMOUNTS. IF THE NUMBERS PROVIDED ARE NOT CONSISTENT WITH YOUR RECORDS, IT IS YOUR OBLIGATION TO PROVIDE TRUE AND CORRECT INFORMATION TO THE RECEIVER. IF YOU CONFIRM THAT THE ABOVE AMOUNTS ACCURATELY REPRESENT THE AMOUNT YOU INVESTED, ALL AMOUNTS YOU RECEIVED RELATING TO THIS INVESTMENT, AND ANY OTHER FUNDS YOU RECEIVED FROM THE RECEIVERSHIP ENTITIES, YOU ARE DOING SO UNDER PENALTY OF PERJURY.

BY IDENTIFYING AND PROVIDING THE ABOVE FIGURES, THE RECEIVER DOES NOT WAIVE ANY RIGHT TO (1) DENY, CONTEST THE VALIDITY OF, OR OTHERWISE OBJECT TO A CLAIM OR, (2) IF WARRANTED, AMEND ANY OF THE PROVIDED FIGURES.

**\* The Receiver has determined not to specify a Net Investment Amount for the above-named entity and/or individual(s). You must provide copies of all documents and other materials that support and otherwise relate in any way to your claim, including copies of cancelled checks, bank and other financial account statements showing all transfers of funds to the Receivership Entities and received from the Receivership Entities, statements from the Receivership Entities, wire transfer confirmations, and any other documents regarding your claim. If you are an investor, you also must respond to questions 9, 10, and 11 on the Proof of Claim Form.**

*Michael Squillante - Loan # 227548*

**OGN 021MSq, AUGUST 27, 2018 M. Squillante**

Total Loans \$ 450,831.93  
 Total Interest \$ 137,373.50 \$ 496,878.37  
 Total Payments \$ (91,327.06)

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Beginning Balance	\$ 483,953.88	\$ 506,374.61	\$ 484,441.86	\$ 484,466.01	\$ 484,594.12	\$ 454,896.15
Greater of (Please see below):						
Interest (Calculated @ 12% Annum)	\$ 4,932.35	\$ 4,661.42	\$ 4,937.33	\$ 4,778.29	\$ 4,938.88	\$ 4,486.65
Or						
Interest (Calculated @ 25% Transaction Fees)	\$ 28,920.73	\$ 18,117.25	\$ 14,074.15	\$ 7,678.11	\$ 7,902.03	\$ 13,136.34
Interest Payment	\$ (6,500.00)	\$ (40,050.00)	\$ (14,050.00)	\$ (7,550.00)	\$ (37,600.00)	
Additional Loans	\$ 28,920.73	\$ 18,117.25	\$ 14,074.15	\$ 7,678.11	\$ 7,902.03	\$ 13,136.34
Ending Balance	\$ 506,374.61	\$ 484,441.86	\$ 484,466.01	\$ 484,594.12	\$ 454,896.15	\$ 468,032.49

**OGN 021MSq, AUGUST 27, 2018 M. Squillante**

Loan / Interest Payment Date	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
1/10/2018	\$ (6,500.00)					\$ -
2/6/2018		\$ (25,000.00)				
3/2/2018		\$ (15,000.00)				
3/2/2018		\$ (50.00)				
4/9/2018			\$ (14,000.00)			
4/9/2018			\$ (50.00)			
5/7/2018				\$ (7,500.00)		
5/7/2018				\$ (50.00)		
5/22/2018					\$ (30,000.00)	
5/22/2018					\$ (50.00)	
6/4/2018					\$ (7,500.00)	
6/4/2018					\$ (50.00)	
Total for Month	\$ (6,500.00)	\$ (40,050.00)	\$ (14,050.00)	\$ (7,550.00)	\$ (37,600.00)	\$ -

**OGN 021MSq, AUGUST 27, 2018 M. Squillante**

Total Loans \$ 450,831.93  
 Total Interest \$ 137,373.50 \$ 496,878.37  
 Total Payments \$ (91,327.06)

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Beginning Balance	\$ 468,032.49	\$ 468,032.49	\$ -	\$ -	\$ -	\$ -
Greater of (Please see below):						
Interest (Calculated @ 12% Annum)	\$ 4,770.08	\$ 4,770.08	\$ -	\$ -	\$ -	\$ -
Or						
Interest (Calculated @ 25% Transaction Fees)		\$ 14,422.94				
Interest Payment		\$ (15,050.00)				
Additional Loans		\$ 47,719.72	\$ -	\$ -	\$ -	\$ -
Ending Balance	\$ 468,032.49	\$ 500,702.21	\$ -	\$ -	\$ -	\$ -

**OGN 021MSq, AUGUST 27, 2018 M. Squillante**

Loan / Interest Payment Date	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
8/6/2018		\$ (15,000.00)				
8/6/2018		\$ (50.00)				
8/16/2018		\$ 33,296.78				
Total for Month	\$ -	\$ 18,246.78	\$ -	\$ -	\$ -	\$ -

**\* Loan Status Disclaimer**

This document was prepared by Oasis International Group Ltd. ("Oasis") for internal purposes ONLY. Oasis does not make any warranty, expressed or implied, or assume any legal liability or responsibility for the accuracy, completeness, or usefulness of any information contained herein.



# EXHIBIT G

**COMMODITY FUTURES TRADING COMMISSION V. OASIS INTERNATIONAL GROUP, LIMITED,**  
**Case No. 8:19-cv-00886-VMC-SPF**  
**United States District Court**  
**Middle District of Florida**  
**Tampa Division**

**Michael Squillante Transactions**

**Source:** Bank Records

<b>Date</b>	<b>Bank ID</b>	<b>Bank Account Name</b>	<b>Funds Received from Investor</b>	<b>Funds Paid to Investor</b>
09/22/14	BOA-8346	Fundadminstration Inc	\$ 200,000.00	\$ -
10/06/14	WF-9302	Oasis Management, LLC	100,000.00	-
10/20/14	BOA-8346	Fundadminstration Inc	-	591.78
01/22/15	BOA-8346	Fundadminstration Inc	-	6,049.32
04/24/15	BOA-8346	Fundadminstration Inc	-	5,917.81
07/22/15	BOA-8346	Fundadminstration Inc	-	5,983.56
10/22/15	BOA-8346	Fundadminstration Inc	-	6,049.32
01/27/16	BOA-8346	Fundadminstration Inc	-	6,049.32
04/22/16	BOA-8346	Fundadminstration Inc	-	5,967.21
05/19/16	WF-9302	Oasis Management, LLC	100,000.00	-
02/22/17	WF-9302	Oasis Management, LLC	-	50,000.00
01/12/18	Citi-0764	Fundadminstration Inc F/B/O	-	6,500.00
02/06/18	Citi-0764	Fundadminstration Inc F/B/O	-	25,000.00
03/05/18	Citi-0764	Fundadminstration Inc F/B/O	-	15,000.00
04/11/18	Citi-0764	Fundadminstration Inc F/B/O	-	14,000.00
05/16/18	Citi-0764	Fundadminstration Inc F/B/O	-	7,500.00
05/24/18	Citi-0764	Fundadminstration Inc F/B/O	-	30,000.00
06/06/18	Citi-0764	Fundadminstration Inc F/B/O	-	7,500.00
08/09/18	Citi-0764	Fundadminstration Inc F/B/O	-	15,000.00
09/06/18	Citi-0764	Fundadminstration Inc F/B/O	-	60,000.00
10/02/18	Citi-0764	Fundadminstration Inc F/B/O	-	9,000.00
11/05/18	Citi-0764	Fundadminstration Inc F/B/O	-	10,000.00
12/06/18	Citi-0764	Fundadminstration Inc F/B/O	-	15,000.00
01/07/19	Citi-0764	Fundadminstration Inc F/B/O	-	14,000.00
02/08/19	Citi-0764	Fundadminstration Inc F/B/O	-	14,000.00
03/07/19	Citi-0764	Fundadminstration Inc F/B/O	-	9,500.00
04/05/19	Citi-0764	Fundadminstration Inc F/B/O	-	10,000.00
<b>Total</b>			<b>400,000.00</b>	<b>348,608.32</b>
<b>Net Investment</b>				<b>\$ 51,391.68</b>