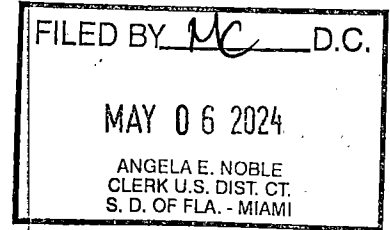


To; Southern District of Florida
Wilkie D. Ferguson Jr. US Courthouse
400 North Miami Avenue
Miami, FL 33128

Case No. 9:20-cv-81205-RAR



I have been objecting to the process of the stolen funds from the beginning.

To give the investor funds back to the thieves whom took it makes no logistic sense whatsoever.

They can deduct fees or costs at any rate they want to make up whatever they want to to reduce the amount of the funds due to the investors.

Case and point;

I was denied my claim as I was told the funds need to go through the original person I invested with Mike Tierney, Merchant Services I invested in 2019 and then again in 2020. My 2019 investment was for 450,000 and I rolled that full amount over and added 270,000 for a total investment amount of 720,000 for 2020.

I received a total back for my 2020 investment for interest payments, not principal in the amount of 22,800. This is a total investment of 720,000 and a return of 22,800 for 2020 for the 2020 contract signed by me and mike.

I sent in a very detailed proof of claim and it was denied.

I was told that mike had input a claim on my behalf and the 720,000 would be sent to him and then dispersed to me. I have tried to contact the receiver and the personal at EPIC. They DO NOT RESPOND. It is now D day for me to file a rebuttal.

There is on contact lawyer that elevated my question to another person on 12-05-2023.

I have heard nothing again.

I called EPIC over 6 times with the answer being "someone will get back to you" they have not once reached out to me via email or phone. They have provided no information whatsoever.

I contacted Mike directly to get an exact amount he was going to give back to me, he would not say. I asked him for a copy of the claim he made in my name to verify the amounts were correct, he said NO.

Today I reached out again to the person that got the email on 12-05-2023. He responded that my claimed was denied and additionally that Mike reduced my claim by another 63,000. A review of same finds that Mike reduced my claim for my 2020 contract by the amount of interest paid out on my 2019 contract. THE CONTRACTS ARE NOT RELATED IN ANY WAY EXCEPT THAT MIKE ROLLED OVER THE FULL 450,000 INVESTMENT INTO MY 2020 CONTRACT FOR A TOTAL 2020 INVESTMENT AMOUNT OF 720,000.

This demonstrates that the thieves whom stole my funds are trying to steel even more of my funds from me AGAIN.

I have found a court document provided to me by Amie Berlin, the original person leading the indictment against PAR funds that shows Mike Tierney has been brought up on fraud charges. He is literally being tried for fraud at this time. And you are going to give him the investors money back.

As I am writing this rebuttal MIKE just sent the investors and email stating that he is rebutting his approved claim as he miscalculated the investment amounts he himself submitted on the investors behalf. This again demonstrates that he is back peddling on something that he proposed and he does not want to get caught on.

In the event that his claim is denied, I WILL NOT BE COVERED AT ALL!!!!

Giving funds back in control of the people that took those funds seems fundamentally irresponsible!!

My investment amount for my 2020 contract is 720,000. That is what I invested. I got only 22,800 in interest payments back in 2020. My remaining investment amount should be **\$697,200.00.**

This amount should not be reduced any further by interest paid out in 2019 for a contract for the 2019 year.

This is a travesty of injustice and it can be easily prevented even now. Do the right thing. Give the investors their funds back directly. Do not allow the people who stole the funds in the first place to further control or manipulate our funds any more.

Attached is a copy of the email from the person at DSI consulting detailing that mike further reduced my claim by funds paid from a different contract and a copy of the court document bringing mike up on fraud charges.

Please contact me if you have any questions or need any further information @ JDL455@verizon.net or by phone (856)332-0777.

<p>UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF FLORIDA NO. 20-CV-81205-RAR</p> <p>SECURITIES AND EXCHANGE COMMISSION</p> <p>vs.</p> <p>COMPLETE BUSINESS SOLUTIONS GROUP, INC. d/b/a PAR FUNDING, et al.,</p>	<p style="font-size: 2em; font-weight: bold;">CASE</p> <p style="font-size: 1.5em; font-weight: bold;">9:20-CV-81205-RAR</p>
<p>PROOF OF CLAIM FORM (Instructions Attached)</p>	
<p><input type="checkbox"/> Check this box if this claim amends a previously filed claim, dated _____ (including Claim # if known)</p>	

<p>ENTITY AGAINST WHICH YOU ARE ASSERTING A CLAIM (mark one)</p> <p><u>Receivership Entities</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> ALB Management <input type="checkbox"/> Beta Abigail <input type="checkbox"/> Complete Business Solutions Group d/b/a Par Funding (CBSG) <input type="checkbox"/> Contract Financing Solutions <input type="checkbox"/> Eagle Six Consulting <input type="checkbox"/> Fast Advance Funding <input type="checkbox"/> Full Spectrum Processing <input type="checkbox"/> Heritage Business Consulting <input type="checkbox"/> Liberty Eight Avenue <input type="checkbox"/> LME 2017 Family Trust <input type="checkbox"/> Recruiting and Marketing Resources (RMR) <input type="checkbox"/> Abetterfinancialplan.com <input type="checkbox"/> ABFP Management Company <input type="checkbox"/> ABFP Income Fund <input type="checkbox"/> ABFP Income Fund Parallel <input type="checkbox"/> ABFP Income Fund 2 <input type="checkbox"/> ABFP Income Fund 3 <input type="checkbox"/> ABFP Income Fund 3 Parallel <input type="checkbox"/> ABFP Income Fund 4 <input type="checkbox"/> ABFP Income Fund 4 Parallel <input type="checkbox"/> ABFP Income Fund 6 <input type="checkbox"/> ABFP Income Fund 6 Parallel <input type="checkbox"/> ABFP Multi Strategy Investment Fund <input type="checkbox"/> ABFP Multi Strategy Investment Fund 2 <input type="checkbox"/> MK Corporate Debt Investment Company <input type="checkbox"/> Fidelis Financial Planning <input type="checkbox"/> United Fidelis Group <input type="checkbox"/> Retirement Evolution Group <input type="checkbox"/> Retirement Evolution Income Fund <input type="checkbox"/> Retirement Evolution Income Fund 2 <p><u>Non-Receivership Entities</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> AGM Capital Fund <input type="checkbox"/> AGM capital Fund 2 	<ul style="list-style-type: none"> <input type="checkbox"/> Alvin Holdings <input type="checkbox"/> Blue Stream Income Fund <input type="checkbox"/> Cape Cod Income Fund <input type="checkbox"/> Capricorn Income Fund <input type="checkbox"/> Capricorn Income Fund I Parallel LLC <input type="checkbox"/> GR8 Income Fund <input type="checkbox"/> Jade Fund <input type="checkbox"/> Jax Fund <input type="checkbox"/> LWM Equity Fund <input type="checkbox"/> LWM Income Fund 2 <input type="checkbox"/> LWM Income Fund Parallel <input type="checkbox"/> Mariner MCA Income Fund <input type="checkbox"/> MCA Capital Fund <input type="checkbox"/> MCA Carolina Income Fund <input type="checkbox"/> MCA National Fund <input checked="" type="checkbox"/> Merchant Factoring Income Fund <input checked="" type="checkbox"/> Merchant Services Income Fund Parallel <input type="checkbox"/> Mid Atlantic MCA Fund <input type="checkbox"/> MK One Income Fund <input type="checkbox"/> Pisces Income Fund <input type="checkbox"/> Pisces Income Fund Parallel <input type="checkbox"/> RAZR MCA Fund <input type="checkbox"/> Retirement Evolution Insured Income Fund <input type="checkbox"/> Sherpa Income Fund 1 <input type="checkbox"/> Spartan Income Fund <input type="checkbox"/> Spartan Income Fund Parallel <input type="checkbox"/> STFG Income Fund <input type="checkbox"/> Victory Income Fund <input type="checkbox"/> Wellen Fund 1 <input type="checkbox"/> WorkWell Fund <p>OTHER (provide entity/individual name below)</p> <hr/> <hr/> <hr/>
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1. NAME AND ADDRESS OF CLAIMANT

Name John DiLullo

Street Address 6 Wubaditty ln

City / State / Zip Code/ Country Vincentown, NJ 08088

If Claimant is an entity, name of contact person for Claimant and title: _____

Telephone No. of Claimant: (856)332-0777

Email address of Claimant: JDL455@verizon.net

Last four digits of Tax I.D. No. or SSN: 9204 Account or Reference No: _____ (if known)

2. CLAIM

2a. Basis of Pre-Receivership Claim:

Good sold or services performed

Money loaned or invested or owner, partner, member, equity or other investment interest

Taxes

Wages, salaries, benefits or compensation (fill out below and attach a detailed explanation) or unpaid compensation and benefits for services performed from _____ to _____ (dates).

Title: _____

Uncashed check issued prior to July 18, 2020

Other (attach a detailed explanation)

2b. Pre-Receivership Claim Amount: \$ 720,000.00

2c. Administrative (Post-Receivership) Claim:

Check this box if your claim is an Administrative Claim. Briefly state the post Receivership basis of your Administrative Claim: _____

2d: Administrative Claim Amount: \$ _____

2e. Identify any other party who you claim may be liable to you for repayment of your claim:

none _____

2f: Legal action or claim against Receivership Entity (provide caption, date commenced, Court, Case No.):

I was only able to issued a letter of demand _____

Amount recovered from other parties: \$ none

If court judgment, date obtained: none

2g: Check this box if the claim includes interest or other Charges, such as attorney's fees, lost profits or late fees in Addition to the principal amount of the claim. Attach an Itemized statement of all interest and other charges.

3. Supporting Documents: Please Review the Notice of Claims Bar Date and Procedures for Submitting a Proof of Claim, which was included with this Proof of Claim Form, for instructions of supporting documents to attach to your Proof of Claim Form (including for example, documents evidencing the amount and basis of your Claim). DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain why. If the documents are voluminous, attach a summary.

4. Signature: Sign and print the name and title, if any, of the individual or person authorized to submit this claim (attach a copy of any power of attorney, death certificate or other authorizing documents as needed).

By signing your name below, you are certifying that the information contained in this Proof of Claim Form and any attached documentation is true and correct under penalty of perjury under the laws of the United States of America.

Signature: John DiLullo Name: John DiLullo Title (if any) INVESTOR

3-2-2023

5. Dated: 02-20-2023 **YOU MUST DATE AND SIGN THIS FORM FOR THIS CLAIM TO BE VALID**

6. THIS PROOF OF CLAIM FORM MUST BE TIMELY AND PROPERLY SUBMITTED TO THE RECEIVER'S CLAIMS AGENT:

By electronic submission on the claims portal, which is available on the Receiver's website (www.parfundingreceivership.com) no later than the Claims Bar Date; or

By mail to Par Funding Receivership Claims Processing Center, c/o Epiq Corporate Restructuring, LLC, P.O. Box 4421, Beaverton, OR 97076-4421 postmarked no later than the Claims Bar Date; or

By courier service addressed to Par Funding Receivership Claims Processing Center, c/o Epiq Corporate Restructuring, LLC, 10300 SW Allen Blvd., Beaverton, OR 97005 delivered no later than the Claims Bar Date.

7. Acknowledgment of Receipt of Proof of Claim Form: Proof of Claim Forms submitted with a valid email address will receive email notification confirming receipt of the Proof of Claim.

8. Consent to Jurisdiction: Submission of this Proof of Claim Form in this case constitutes consent to the jurisdiction of the United States District Court for the Southern District of Florida and, specifically, the court in Case No. 20-CV-81205-RAR (the "Court") for all purposes and constitutes agreement to be bound by its decisions, including, without limitation, a determination as to the extent, validity and amount of any Claim asserted against the Receivership Estate. The submission of a Proof of Claim shall constitute consent to be bound by the decisions of the Court as to the treatment of the Claim in a Court-approved distribution plan.

**ADDITIONAL INFORMATION
(ATTACH ADDITIONAL SHEETS AS NECESSARY)**

Multiple Pages of Supporting Documentation

1) Proof of Claim

2) PAR Funding exhibit

3) Investment timeline

4) merchant services contract From 2019 - initial investment

5) merchant Services Contract for the Additional Funds

6) Bank Statements

7) Proof of Default delivery

INFORMATION ON COMPLETING THE PROOF OF CLAIM FORM

1. **Information about Claimant.** Complete this section giving the name, address, telephone number and email address of the individual or entity who is asserting a claim against a Par Funding Receivership Entity and the Receivership Estate, and any account or reference number associated with such debt or obligation. If the Claimant is an entity, please provide contact information and the title of the authorized representative. If a valid email address is included on this form, the Claims Agent will send email notification confirming receipt of the Proof of Claim.
2. **Claim information.**
 - 2a. Please indicate the basis of your claim in this section. If you believe you have one claim, you only need to submit one Proof of Claim Form. If you believe you have multiple claims, you should file a separate Proof of Claim Form for each such claim. Check only one box per claim. Attach additional explanations as necessary. Please refer to The Notice of Claims Bar Date and Procedures For Submitting a Proof of Claim for the definitions of a Claimant, Pre- Receivership Creditor Claim, Par Funding-Related Claim, Par Funding Receivership Entities, and any other capitalized terms not defined therein can be found in the documents available at: the Receiver's website (www.ParFundingReceivership.com). If you are a Claimant that pooled funds from individual investors for investment in CBSG (i.e., an "Agent Fund"), you must fill out and attach an "Agent Fund Supplement to Proof of Claim Form (see Exhibit B), along with the other information described in Exhibit B.
 - 2b. **Pre- Receivership Claim Amount.** For all Claims other than Administrative Claims, please state the amount of your claim as of July 28, 2020. Investors, if you claim to have made a loan to, obtained a promissory note from, or hold an interest in a Receivership Entity, please fill out and attach an "Investor Supplement to Proof of Claim Form" (see Exhibit A) to account for each time you made an investment with or provided funds to the applicable Receivership Entity and the date and amount of each transaction thereafter. You must also provide a chronological accounting indicating the date and amount of any withdrawals made by or payments received by you from any Receivership Entity, whether such payments were denominated as the return of principal, interest, commissions, finder's fee, or otherwise.

You can also obtain the Investor Supplement to Proof of Claim Form and instructions from a link on the Receiver's website (www.ParFundingReceivership.com).
 - 2c. **Administrative Claim.** Mark the applicable box if your claim is an Administrative Claim. Please refer to The Notice of Claims Bar Date and Procedures for Submitting a Proof of Claim for the definition of an Administrative Claim, Administrative Claimant, must also designate the post- Receivership basis for the claim. Attach additional explanations as necessary.
 - 2d. **Administrative Claim Amount.** Administrative Claimants must state the unpaid amount of the post- Receivership Claim.
 - 2e. **Other liable parties.** Please identify all other parties you believe may be liable to you on the claim. Also, please provide any information regarding money recovered from such party(ies).
 - 2f. **Pending legal action.** If you have commenced a legal action against any party you believe may be liable to you on the claim, please provide the details of said legal action here, including the Court and Case number. Please attach supporting documentation. Also, please provide any information regarding court judgments and money recovered.
 - 2g. **Claim above principal amount.** Mark the applicable box if your claim amount includes interest or other charges, such as attorneys' fees, lost profits, or late fees in addition to the principal amount of your claim and attach an itemized statement of all such additional charges.
3. **Supporting Documentation.** In addition to filling out the Proof of Claim Form, you must provide supporting documentation evidencing your claim. Please Review the Notice of Claims Bar Date and Procedures for Submitting a Proof of Claim for instructions of the supporting documents which must be attached to your Proof of Claim Form, as applicable.
DO NOT SEND ORIGINAL DOCUMENTS.
If the documents are not available, explain why. If the documents are voluminous, attach a summary.
4. **Signature is required.** Sign the Proof of Claim Form and indicate your name and title, as applicable.
5. **Date.** Insert the date on which you completed and signed the Proof of Claim Form.
6. **Submit Claim Form.** Submit a completed Proof of Claim Form, along with all supporting documentation:
By electronic submission on the claims portal, which is available on the Receiver's website (www.parfundingreceivership.com);
By mail to Par Funding Receivership Claims Processing Center, c/o Epiq Corporate Restructuring, LLC, P.O. Box 4421, Beaverton, OR 97076-4421; or
By courier service addressed to Par Funding Receivership Claims Processing Center, c/o Epiq Corporate Restructuring, LLC, 10300 SW Allen Blvd., Beaverton, OR 97005.

If you submit a Proof of Claim by courier service, you should retain evidence the Proof of Claim was delivered to the Claims Agent no later than the Claims Bar Date. If you submit a Proof of Claim by mail, it is recommended that you submit your Proof of Claim by certified or registered mail and retain evidence that the Proof of Claim was postmarked no later than the Claims Bar Date.
7. **Acknowledgment of Receipt of Proof of Claim Form.** Proof of Claim Forms submitted with a valid email address will receive email notification confirming receipt by the Claims Agent of the Proof of Claim.

Exhibit A – Investor Supplement to Proof of Claim Form

If you are an investor, please provide a detailed accounting of all funds you invested with the Creditor Entity against which you are making a claim, and all amounts you received from that Creditor Entity.

Investor Name: John DiLullo

Creditor Entity: Merchant Services

Amounts Invested:

<u>Date</u>	<u>Amount</u>	<u>Payor/Payee of Check/Wire</u>
<u>01-02-2019</u>	<u>\$450,000.00</u>	<u>Merchant Services/electronic transfer</u>
<u>01-07-2020</u>	<u>\$270,000.00</u>	<u>Merchant Services/check</u>
Total Amount Invested:	<u>\$720,000.00</u>	

Amounts Received:

<u>Date</u>	<u>Amount</u>	<u>Return of Principal/ Interest/Other (Describe)</u>	<u>Payor/Payee of Check/Wire</u>
<u>02-12-2020</u>	<u>\$8,400.00</u>	<u>interest</u>	<u>John DiLullo/ wire</u>
<u>02-13-2020</u>	<u>\$600.00</u>	<u>interest</u>	<u>John DiLullo/ wire</u>
<u>03-12-2020</u>	<u>\$9,000.00</u>	<u>interest</u>	<u>John DiLullo/ wire</u>
<u>06-03-2020</u>	<u>\$2,400.00</u>	<u>interest</u>	<u>John DiLullo/ wire</u>
<u>07-02-2020</u>	<u>\$2,400.00</u>	<u>interest</u>	<u>John DiLullo/ wire</u>
Total Amounts Received:	<u>\$22,800.00</u>		

Net Investment: \$697,200.00

(Calculate by Adding Total Amounts Invested, and then Subtracting Total Amounts Received)

**ADDITIONAL INFORMATION
(ATTACH ADDITIONAL SHEETS AS NECESSARY)**

Exhibit B – Agent Fund Supplement to Proof of Claim Form

If you are an Agent Fund, please provide a detailed list of all investors who invested through your Agent Fund (name, mailing address, email address), the amounts invested in your Agent Fund by each individual investor, and all amounts the Agent Fund paid back to each individual investor (regardless of whether the payment was characterized as the return of principal, interest, or otherwise).

Agent Fund Name: N/A

<u>Investor Name</u>	<u>Mailing Address</u>	<u>Email Address</u>	<u>Amount Invested</u>	<u>Amount Paid Back</u>

In addition, please certify whether you will be able, and agree, to distribute to your individual investors any funds you receive from a distribution from the Receivership Estate, and, if so, provide additional information on a separate sheet describing in detail the process you would follow in making distributions to your individual investors, including how you would allocate to your individual investors any amounts the Agent Fund receives in a distribution. By indicating "Yes" in the space provided below, you are certifying that you agree to make such distributions to your individual investors in accordance with the process you have described in the additional information you are submitting with this Proof of Claim.

YES: _____ NO: _____

ADDITIONAL INFORMATION
(ATTACH ADDITIONAL SHEETS AS NECESSARY)

FW: COMPLETE BUSINESS SOLUTIONS GROUP, INC. d/b/a PAR FUNDING, et al. - Notice to Claimants:

From: Jacqmein, Victoria (jacqmein@sec.gov)

To: jdl455@verizon.net

Cc: berlina@sec.gov

Date: Tuesday, April 30, 2024 at 01:19 PM EDT

Please mail your papers/documents for filing to the following address:

Clerk's Office
Southern District of Florida
Wilkie D. Ferguson Jr. US Courthouse
400 North Miami Avenue
Miami, FL 33128

Telephone number is 305.523-5100

Please make sure you put the following on your documents/filing papers

SEC v Complete Business Solutions Group Inc. et al; Case No. 9:20-cv-81205-RAR

If you have any further questions please contact Amie Riggle Berlin.

Thank you.

Victoria A. Jacqmein, CLA (Vicki)
Paralegal
U.S. Securities and Exchange Commission
801 Brickell Avenue, Suite 1950
Miami, Florida 33131
(305) 982.6391 (direct)
(305) 536.4154 (fax)
jacqmein@sec.gov
<https://www.sec.gov/regional-office/miami>

Investor
John DiLullo
6 wubaditty ln
Vincentown NJ 08088
(856) 332-0777

EXHIBIT

John Doe

is hereby

admitted to

(SEE PAGE 11)

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PRESS

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EP19F July 2022
OD: 12-1/2 x 9 1/2



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FROM: PLEASE PRINT
John DiLullo
6 Wobaditty Ln
Vincentown, NJ 08008

DELIVERY OPTIONS (Customer Use Only)
 SIGNATURE REQUIRED: The sender must check the "Signature Required" box if the recipient must sign for the package. OR PURCHASE RETURN RECEIPT SERVICE: Purchaser Return Receipt Service. If the box is not checked, the Postal Service will leave the item in the address and no receipt or other action taken without attempting to obtain the addressee's signature on delivery.
Delivery Options
 Ins Suremail Delivery (delivered next business day)
 Saturday/Holiday Delivery Required (additional fee, where available)
*Refer to USPS.com or local Post Office for availability.

TO: PLEASE PRINT
Clerk's Office
Southern District of Florida
Wilkie Ferguson U.S. Courthouse
400 North Miami Ave
MIAMI, FL 33128
33128

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
*10000 Insurance included.

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