

SCHEDULE B

COMMISSION PAYMENTS
(Use additional sheets as necessary)

Name of Claimant: _____

Date of Transaction (month/day/year)	Amount of commission payments received (\$ amount)	Bank account information for Claimant Account into which payment received (include name of bank, branch, account holder name, account #)	Payor Name (e.g. Vavasour, Birgit Mechlenburg)	Bank account information re payor of commission payments if known (include name of bank, branch, account holder name, account #)	Transfers of Funds by Claimant to Other Marketers /Introducing Parties (\$ amount)	Name of Recipient of Commission Payments Transferred by Claimant	Counterparty Bank information, if known (include name of bank, branch, account holder name, account #)	Are you producing along with your Proof of Claim Form documents reflecting or relating to this transaction? (Yes or No)

All information is provided under penalty of perjury.

Please Initial: _____

SEC v. Terry Dowdell et al., 3:01CV00116(W.D. Va.)
PROOF OF CLAIM FORM
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Please Initial: _____