


UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF _____		PROOF OF CLAIM
Name of Debtor FLEMING COMPANIES, INC		Case Number
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 USC § 503		①
Name of Creditor (The person or other entity to whom the debtor owes money or property) DANIEL R SEVENICH	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent 53 TERESA DR W ST PAUL, MN 55118	Telephone number 651-451-1028	
Account or other number by which creditor identifies debtor	Check here if this claim <input type="checkbox"/> replaces a previously filed claim dated _____ <input type="checkbox"/> amends _____	
1 Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
<input type="checkbox"/> Retiree benefits as defined in 11 USC § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from _____ (date) to _____ (date)		
2 Date debt was incurred <u>December 13, 2002</u>		3 If court judgment, date obtained
4 Total Amount of Claim at Time Case Filed \$ <u>513281</u> If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 below <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5 Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____		6 Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650) * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 USC § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan. 11 USC § 507(a)(4) <input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 USC § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child. 11 USC § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 USC § 507(a)(8) <input type="checkbox"/> Other. Specify applicable paragraph of 11 USC § 507(a)(____). <small>* Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 9 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY FILED SEP 08 2003 BMC Fleming Companies Claim  08888
Date	Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)	
<small>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 USC §§ 152 and 3571</small>		

NORTHLAND  SECURITIES

45 S Seventh Street Suite 2500
 Minneapolis MN 55402
 612 851 5900 • 1 800 851 2920

Statement 3

Account K104-7312-2876

06/01/03 - 06/30/03

PAGE 1 of 3

YNNN 1 135529 055350 0001

DANIEL R SEVENICH
 53 TERESA DR
 SAINT PAUL MN 55118-3824

1.7.03

ACCOUNT EXECUTIVE

ROBB HERJE
 NORTHLAND SECURITIES INC
 45 S SEVENTH STREET
 SUITE 2500
 MINNEAPOLIS MN 55402
 612-851-5900

ACCOUNT VALUE SUMMARY

DESCRIPTION	CURRENT PERIOD		LAST PERIOD	
	VALUE	PERCENTAGE	VALUE	PERCENTAGE
Fixed Income	14,572 40	100 00%	14,703 30	100 00%
TOTAL PORTFOLIO VALUE	14,572 40	100 00%	14,703 30	100 00%

INCOME AND EXPENSE SUMMARY

DESCRIPTION	THIS PERIOD	YEAR-TO DATE
Interest - Tax Exempt	168 75	318 75
TOTAL INCOME	168 75	318 75



NORTHLAND SECURITIES

45 S Seventh Street Suite 2500
 Minneapolis MN 55402
 612 851 5900 • 1 800 851 2920

Statement

Account K104-7312-2876

DANIEL R SEVENICH

06/01/03 - 06/30/03

PAGE 2 of 3

SECURITIES PORTFOLIO VALUATION

QUANTITY	DESCRIPTION	SYMBOL OR MAT DATE	MARKET PRICE	MARKET VALUE	YIELD % OR ANN DIV	ESTIMATED ANNUAL INC
FIXED INCOME						
5 000 000	FLEMING COS INC SENIOR SUBORDINATED NOTE SERIES D CPN 10 625% DUE 07/31/07 DTD 10/15/01 FC 01/31/02 CALL 12/23/02 @ 105 310 CUSIP 339130AT3	07/31/07	0 1250	6 25		
5 000 000	INVER GROVE HEIGHTS MN SR HSG RV PHM/INVER GROVE INC PRPJ SR A B/E CPN 6 000% DUE 11/01/31 DTD 11/29/01 FC 05/01/02 PUT 11/01/11 @ 100 000 CUSIP 461229BD7	11/01/11	100 2290	5,011 45	5 98%	300
5,000 000	MINNEAPOLIS MINN HSG & HC FACS RV AUGUSTANA CHAPEL VIEW HMS CPN 6 750% DUE 06/01/27 DTD 06/01/97 FC 12/01/97 CALL 06/01/04 @ 102 000 CUSIP 60374EAT8	06/01/27	96 2140	4 810 70	7 01%	337
5 000 000	VICTORIA MINN PVT SCH FAC RV HOLY FAM CATHOLIC HI SCH A B/E CPN 5 850% DUE 09/01/24 DTD 06/01/99 FC 09/01/99 CALL 09/01/09 @ 100 000 CUSIP 926282AL8	09/01/24	94 8800	4,744 00	6 16%	292
TOTAL MARKET VALUE - FIXED INCOME				14,572 40		929
TOTAL MARKET VALUE - SECURITIES PORTFOLIO				14,572 40		929

Some values and income information are provided by outside services and may be inexact They are displayed for informational purposes



135530 055350 0002



Miller Johnson Steichen Kinnard

Investment Securities
920 Second Avenue South
Minneapolis, MN 55402
(612) 341 6200

Statement Period

November 29, 2002 to December 31, 2002

2

004222 000000

DANIEL R SEVENICH
53 THERESA DRIVE
W ST PAUL, MN 55118 3824

Your Account Executive

JEFFREY OLSON

Office 91G/1885 AE# 574720

This Package includes Statements for the Following Accounts

Table with 5 columns: Account Number, Account Name, Cash & Money Markets, Securities, Account Totals. Row 1: 677982467, DANIEL R SEVENICH, 319 07, 17,673 20, 17,992 27.

Annual Offer of Form ADV Part II Miller Johnson Steichen Kinnard, Inc (MJSK) is a federally registered investment advisor Pursuant to the Investment Advisors Act of 1940, MJSK shall offer to provide a copy of Form ADV Part II to clients on an annual basis Form ADV Part II contains information about MJSK's advisory services and associated fees, advisory activities, and key personnel This information is pertinent if you are currently, or considering becoming, a client in the Acc nt and/or Pnme Portfolio programs To request a copy of this document, please provide your name, MJSK account number, and address to Miller Johnson Steichen Kinnard Form ADV Request 920 Second Avenue South Minneapolis, MN 55402 Attn Compliance Department A copy will be sent at no charge

Pursuant to NYSE Rule 436 Interest on Credit Balances, only cash balances with the firm that are maintained pending investment will be eligible to earn interest

In compliance with NASD Rule 2340 which requires us to provide valuations and disclosures relating to direct participation program (DPP) and real estate investment trust (REIT) securities on customer statements, we have chosen to provide an estimated value for each security from the one of the following sources 1) annual report 2) outside service or 3) other source These estimated values have been developed from data that is as of a date no more than 18 months prior to the date of this statement Further, please note that DPP or REIT securities are generally illiquid, and that the estimated value may not be realized when the investor seeks to liquidate the security

Clearing agent for your account is
SWS Securities, Inc Member NYSE/SIPC (214) 859 1770

Please be sure to read the SWS Securities, Inc Privacy Policy located on our website www.swst.com/includes/privacypolicy.pdf



Account Number 677982467
 DANIEL R SEVENICH

Statement Period
 November 29, 2002 to December 31, 2002

Page
 1 of 4

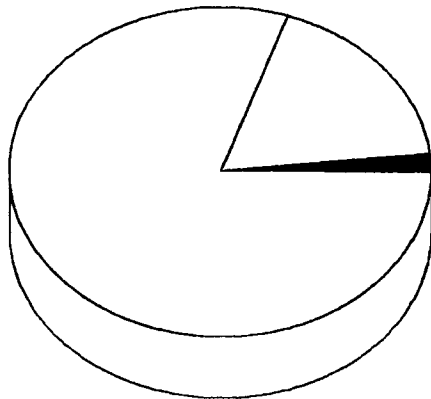
Account Summary

	11/29/02 Value	12/31/02 Value
Cash & Money Market Funds	150 20	319 07
Taxable Bonds		3,250 00
Municipal Bonds	14,381 30	14,423 20
Total Account Value	14,531 50	17,992 27
Net Account Value	14,531 50	17,992 27

Change in Account Value

	Cash/MMkt Margin/Short	Investments	Total Account
Beginning Balance	150 20	14,381 30	14,531 50
Funds Deposited	3,763 65		3,763 65
Income Activity	168 87		168 87
Securities Sold/Matured			
Securities Received			
Funds Withdrawn			
Margin Interest			
Securities Purchased	(3,763 65)	3,763 65	
Securities Delivered			
Change in Value of Securities		(471 75)	(471 75)
Ending Balance	319 07	17,673 20	17,992 27

Account Holdings



- Cash & Money Market Funds 1.77%
- Taxable Bonds 18.06%
- Municipal Bonds 80.16%

Messages

Average 7 Day Yield for American Advantage Platinum Funds on December 31, 2002

Money Market Fund	0.53%
U S Government Fund	0.46%
Municipal Money Market Fund	0.55%
Mileage Fund**	0.32%

**Mileage Fund is not available for Retirement Accounts

Annual Percentage Yield for Bank Insured Funds on December 31, 2002

PC² Bank Insured Funds	1.00%
--	-------

For questions concerning the recently introduced PC² Bank Insured Funds (SWS's new FDIC cash management account), contact your Financial Advisor today (Not available for all accounts)



Account Number 677982467
DANIEL R SEVENICH

Statement Period
November 29, 2002 to December 31, 2002

Page
3 of 4

Account Activity

Funds Deposited

Date	Transaction	Description	Account Type	Amount
12/23	Check Receipt	Check Received Thank You	Cash	3,763 65
Total Funds Deposited				3,763 65

Income Activity

Date	Transaction	Description	Account Type	Symbol/Cusip	Amount
12/02	Non Taxable Interest	MINNEAPOLIS MINN HSG & HEALTH CARE FACS REG REV AUGUSTANA CHAPEL VIEW HOMES 60374EAT8 on 5000 P 2002 12 01	Cash	60374EAT8	168 75
12/31	Taxable Mny Div	Accumulated Earnings Posted	MMkt		0 12
Total Income Activity					168 87

Securities Purchased

Date	Transaction	Description	Account Type	Symbol/Cusip	Quantity	Price	Amount
12/13	Buy	FLEMING COMPANIES INC SERIES D CALLABLE 7/31/03 @ 103 542	Cash	339130AT3	5,000 000	0 710	(3,763 65)
Total Securities Purchased							(3,763 65)

End of Account Activity

Other Important Information

Income Summary

Type of Income	Current Period		Year to Date	
	Taxable	Nontaxable	Taxable	Nontaxable
Interest		168 75		614 17
Money Market	0 12		0 43	
Total Income	0 12	168 75	0 43	614 17

*also received 11/02 887
Missed Interest 11/02*



Enclosures

- 1) Form B10 with attachment
- 2) Broker's statement showing purchase
- 3) Current broker statement

Samuel R. Sennick
53 Teresa Ave
Wt. Paul, Md 20718

Face value of bond	\$15000.00
Accrued interest	
1/1 to 4/1/03 *	
\$5000.00 x 10.625%	132.81
	<u>\$5132.81</u>

* Date of bankruptcy filing

Actually owed to me	
Face value of bond	\$5000.00
Accrued interest	
1/1 to 8/31/03 (*)	
\$5000.00 x 10.625%	354.17
	<u>\$5354.17</u>

(*) Date of this letter

***Please conform or file stamp
this page only and return in
accompanying stamped
envelope. Thank you.***

DARREL C. HORSTED