

**Fill in this information to identify the case:**

Debtor 1 <u>Oak Creek Distribution LLC</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court <u>Northern District of Illinois</u>
Case number: <u>18-30055</u>

FILED  
 U.S. Bankruptcy Court  
 Northern District of Illinois  
 1/14/2019  
 Jeffrey P. Allsteadt, Clerk

**Official Form 410  
 Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

<b>1. Who is the current creditor?</b>	<u>John M. Draper</u>	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	<u>John M. Draper</u>	_____
	Name	Name
	<u>19411 TRAMORE LN MOKENA, IL 60448-8610</u>	_____
	Contact phone <u>708-243-5769</u>	Contact phone _____
	Contact email <u>jdraper516@icloud.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

<p><b>6. Do you have any number you use to identify the debtor?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____</p>
<p><b>7. How much is the claim?</b></p>	<p>\$ <u>7888.88</u></p> <p><b>Does this amount include interest or other charges?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p><b>8. What is the basis of the claim?</b></p>	<p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).                  Limit disclosing information that is entitled to privacy, such as healthcare information.</p> <p style="text-align: center;"><u>Vacation Pay Owed</u></p>
<p><b>9. Is all or part of the claim secured?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p><b>Nature of property:</b>  <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>.  <input type="checkbox"/> Motor vehicle  <input type="checkbox"/> Other. Describe: _____</p> <p><b>Basis for perfection:</b> _____</p> <p>Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)</p> <p><b>Value of property:</b> \$ _____</p> <p><b>Amount of the claim that is secured:</b> \$ _____</p> <p><b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p><b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____</p> <p><b>Annual Interest Rate</b> (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed  <input type="checkbox"/> Variable</p>
<p><b>10. Is this claim based on a lease?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b> \$ _____</p>
<p><b>11. Is this claim subject to a right of setoff?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Identify the property: _____</p>

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply.</i>	<b>Amount entitled to priority</b>
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ 7888.88
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* Amounts are subject to adjustment on 4/1/19 and every 3 years after that for cases begun on or after the date of adjustment.		

**Part 3: Sign Below**

**The person completing this proof of claim must sign and date it. FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.**

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 1/14/2019

MM / DD / YYYY

/s/ John M. Draper

Signature

Print the name of the person who is completing and signing this claim:

Name John M. Draper

First name      Middle name      Last name

Title \_\_\_\_\_

Company \_\_\_\_\_

Address Identify the corporate servicer as the company if the authorized agent is a servicer

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

JOHN M. DRAPER

VACATION TIME ACCRUED (SINCE LAST ANNIVERSARY)

9/8/18 → 11/5/18 = 8 WEEKS

8 x .28846 = 2.31 DAYS

DAYS AUTHORIZED = 34

DAYS TAKEN

- 16

18 DAYS (Balance Accrued THRU MY  
LAST ANNIVERSARY DATE)

+ 2.31 DAYS ACCRUED

20.31 DAYS

x 8 (STANDARD DAILY HOURS)

162.48 hrs

x \$54.95 hrly Rate

8,928.28

- 1,039.40

\$ 7,888.88

VAC PAYOUT LAST  
PAY STATEMENT

↳ ACCRUED (NOT PAID OUT)

# Accruals History Report

Employee: John M. Draper  
Time Off: Vacation

Case 18-30055 Claim 42-1 Part 2 Filed 01/14/19 Desc Attachment 1 Page 2 of 5

Added	Transaction Type	Range	Days Authorized	Days Taken	Updated To Date	Comment	Created By	Created By Employee ID
10/22/2018 06:20p	Time Entry	10/26/2018	-	1.00			Julie A. Cwik	389
10/22/2018 06:20p	Time Entry	10/25/2018	-	1.00			Julie A. Cwik	389
10/22/2018 06:20p	Time Entry	10/24/2018	-	1.00			Julie A. Cwik	389
10/22/2018 06:20p	Time Entry	10/23/2018	-	1.00			Julie A. Cwik	389
09/08/2018 03:06a	Automatic Accruals Execution	09/08/2018 - 09/08/2019	15.00	-	09/08/2019		System Administrator	
09/08/2018 03:06a	Carry Over Rule	09/08/2018	7.00	-	09/08/2018		System Administrator	
09/08/2018 03:06a	Carry Over Rule Prev Year Adjustment	09/08/2018	-7.00	-	09/08/2018		System Administrator	
08/07/2018 11:17a	Time Entry	08/06/2018	-	1.00			Julie A. Cwik	389
08/02/2018 02:02p	Time Entry	08/03/2018	-	1.00			Julie A. Cwik	389
05/01/2018 12:59p	Time Entry	05/17/2018	-	1.00			Julie A. Cwik	389
02/20/2018 01:32p	Time Entry	02/23/2018	-	1.00			Julie A. Cwik	389
02/20/2018 01:32p	Time Entry	02/22/2018	-	1.00			Julie A. Cwik	389
02/20/2018 01:32p	Time Entry	02/21/2018	-	1.00			Julie A. Cwik	389
02/20/2018 01:32p	Time Entry	02/20/2018	-	1.00			Julie A. Cwik	389
02/19/2018 05:19p	Time Entry	02/19/2018	-	1.00			Julie A. Cwik	389
12/26/2017 05:53p	Time Entry	12/29/2017	-	1.00			Julie A. Cwik	389
12/26/2017 05:53p	Time Entry	12/28/2017	-	1.00			Julie A. Cwik	389
10/30/2017 05:43p	Time Entry	11/01/2017	-	1.00			Julie A. Cwik	389
10/23/2017 12:57p	Time Entry	10/31/2017	-	1.00			Julie A. Cwik	389
10/11/2017 01:13p	Manual Accruals Execution	09/08/2017 - 09/08/2018	15.00	-	09/08/2018		System Administrator	
10/11/2017 01:13p	Carry Over Rule	09/08/2017	4.00	-	09/08/2017		System Administrator	
10/11/2017 01:13p	Carry Over Rule Prev Year Adjustment	09/08/2017	-4.00	-	09/08/2017		System Administrator	
10/11/2017 01:09p	Manual Information Modification	09/07/2017	-	-	09/08/2017	Correct Updated To Date	System Administrator	
10/11/2017 12:43p	Manual Information Modification	08/12/2017	-	-	08/13/2017	Correct Updated to Date	System Administrator	
10/06/2017 08:59a	Initial Import Adjustment	08/13/2017	4.00	-	07/31/2018		System Administrator	
<b>Report Total</b>			34.00	16.00				

34 DAYS AUTHORIZED  
 - 16 DAYS TAKEN  
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 18 DAYS BALANCE OWED

#365 - John M. Draper 47		Voucher # (30824)		Pay Date: 11/23/2018 Pay Period: 11/04/2018-11/17/2018	
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Earnings					
	Rate	Hours	YTD	Current	YTD
HOL			40:00		2,144.25
SAL	54.95	8:00	1648:00	439.57	88,717.56
SICK			48:00		2,594.53
VAC			112:00		6,046.74
VAC	54.95	18:55	18:55	1,039.40	1,039.40
<b>Gross Pay</b>				<b>1,478.97</b>	<b>100,542.48</b>

  

Deductions			
		Current	YTD
401K			2,573.09
DENTAL125			612.74
FSA MED 125			2,344.16
LTD			1,465.86
MED125			6,027.11
VISION125			189.75
VOL ACCIDENT			339.24
VOL LIFE CHILD			17.16
VOL LIFE EE			498.87
VOL LIFE SPOUSE			186.99
<b>Total</b>		<b>0.00</b>	<b>14,254.97</b>

  

Taxes Withheld				
	Taxable	Taxable YTD	Current	YTD
FIT	1,478.97	88,795.63		4,603.95
FICA	1,478.97	91,368.72	91.70	5,664.86
MEDI	1,478.97	91,368.72	21.45	1,324.85
SIT:IL	1,478.97	88,795.63	30.85	3,461.12
<b>Total</b>			<b>144.00</b>	<b>15,054.78</b>

  

Net Pay		
	1,334.97	71,232.73
Savings (3614)	250.00	6,000.00
Checking (1896)	300.00	7,200.00
Checking (4530)	784.97	58,032.73

  

Company Paid Benefits		
	Current	YTD
MED125		10,075.55
FUTA		42.00
FICA	91.70	5,664.86
MEDI	21.45	1,324.85
SUTA:IL		68.05
<b>Total</b>	<b>113.15</b>	<b>17,175.31</b>

  

Tax Allowance Settings		
Federal:	Married/10	
Illinois:	Allowances: 10	
	Additional Allowances: 0	

  

FINAL PAY STUB

  

1 Reduces your Federal & State Withholding Taxable Wage  
 2 Reduces your Federal Withholding, OASDI & Medicare Taxable Wage  
 3 For information purposes only. No effect on your net pay.

HOBO Group - Multi-EIN 2650 Belvidere Road, Waukegan, IL 60085

1 of 1

**HOBO Group - Multi-EIN**  
 2650 Belvidere Road  
 Waukegan, IL 60085

**Pay Date: 11/23/2018**

**Voucher #: (30824)**

Deposited To The Account(s) Of	Deposit #	Account Type	Account #	Transit ABA	Deposit
John M. Draper	1	Savings			250.00
47 365 11/23/2018 (30824)	2	Checking			300.00
<b>John M. Draper</b>	3	Checking			784.97
19411 Tramore Ln					1,334.97
Mokena, IL 60448					

**NON-NEGOTIABLE - THIS IS NOT A CHECK**

**HOBO Group - Multi-EIN**  
 2650 Belvidere Road  
 Waukegan, IL 60085

47 365 11/23/2018 (30824)

**John M. Draper**  
 19411 Tramore Ln  
 Mokena, IL 60448

**PERSONAL & CONFIDENTIAL**

From: Earl, Mike mearl@hoboonline.com  
Subject: Pay Statement and Vacation Accruals  
Date: Dec 24, 2018 at 3:41:10 PM  
To: jdraper516@icloud.com

Attached is your last pay Statement and your vacation accrual report.

On your last pay check you would have received:

1. Vacation Time accrued in the 180 days prior to filing bankruptcy (10/25/2018) less time used during that same 180 days.
2. Vacation Time accrued since 10/25/2018 through to your termination date.

You can file a claim in the bankruptcy for any time you accrued that was not included in your final payout. Please be aware that the attached Vac Accrual Report only shows vacation time accrued through to your last anniversary date as well as vacation time taken through to your last day worked. This does not show time accrued from your last anniversary date through to your last day of employment which you will need to manually calculate.

**VACATION TIME ACCRUED since your last anniversary date**

count the number of full weeks worked since your last anniversary date (For example: 7 weeks and 3 days that will round down to 7 weeks. 7 weeks and 4 days will round up to 8 weeks)

$9/8/18 \Rightarrow 11/5/18 = 8 \text{ WEEKS}$

Multiply that by

0.069615 days per week if this is your first year of FULL TIME employment

0.19231 days per week if this is your 2<sup>nd</sup> through 5<sup>th</sup> year of FULL TIME employment

~~0.28846 days per week if this is your 6<sup>th</sup> or greater year of FULL TIME employment~~

$8 \times .28846 = 2.31 \text{ days}$

$34 - 16 = 18 \text{ DAYS ACCRUED}$

1. From the attached accrual report: Days Authorized – Days Taken = Balance accrued through your last anniversary date **18 DAYS**
2. Add the **VACATION TIME ACCRUED since your last anniversary date** Calculated above **2.31 DAYS**
3. Multiply the total by your standard daily hours
  - a. 8 hours per day for hourly, warehouse or corporate staff.
  - b. 10 hours per day for salaried STORE management.
4. Multiple that by your hourly rate (you can find that in PayServ:
  - a. <https://secure2.saashr.com/ta/PayServ173001.login?rnd=ZIE>
5. Subtract the vacation payout on your last pay statement (attached)
6. The result is what you accrued that was not paid out.



**Michael J Earl, SPHR, SHRM-SCP**

Director of Human Resources

Home Owners Bargain Outlet



2650 Belvidere Road

Waukegan, IL 60085

PH: 847-263-1240 ext 12

FX: 847-263-9170



PayStat...ohn.pdf

86.2 KB



Vac Acc...ohn.pdf

91.3 KB



