

Fill in this information to identify the case:

Debtor 1 Morgan Administration, Inc.Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Illinois - Eastern Div

Case number 18-30039FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

JAN 22 2019

JEFFREY P. ALLSTEADT, CLERK
TEAM - CA

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

1. Who is the current creditor?

CHRISTI CRAGG
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

2. Has this claim been acquired from someone else?

☒ No☐ Yes. From whom?

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

CHRISTI CRAGG

Name

1805 SANDALWOOD LN

Number

Street

JOHNSBURG

City

IL

State

60051

ZIP Code

Contact phone 224-688-7186Contact email CRAGGY1969@GMAIL.COM

Where should payments to the creditor be sent? (if different)

CHRISTI CRAGG

Name

242 PINE TREE ROW

Number

Street

LAKE ZURICH IL

City

State

60047

ZIP Code

Contact phone 224-688-7186Contact email CRAGGY1969@GMAIL.COM

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☒ No☐ Yes. Claim number on court claims registry (if known)

Filed on
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No☐ Yes. Who made the earlier filing?

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

6. Do you have any number you use to identify the debtor? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 1,017.54 Does this amount include interest or other charges?
☒ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? 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 health care information.

UNPAID VACATION TIME

9. Is all or part of the claim secured?

- ☒ No
☐ Yes. The claim is secured by a lien on property.

Nature of property:

- ☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.

- ☐ Motor vehicle
☐ Other. Describe: _____

Basis for perfection:

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.)

Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %

- ☐ Fixed
☐ Variable

10. Is this claim based on a lease?

- ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff?

- ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☐ No☐ Yes. Check one:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ 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).

☒ 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).

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$

\$

\$ 1,017.54

\$

\$

\$

* Amounts are subject to adjustment on 4/01/19 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 12/27/2018

MM / DD / YYYY

Signature

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

Name

CHRIST CRAGG LYNN

First name

Middle name

CRAGG

Last name

Title

Company

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

Address

1805 SANDALWOOD LANE

Number

Street

JOHNSBURG

City

IL

State

60051

ZIP Code

Contact phone

224-688-786

Email

CRAGGY1969@gmail.com

Christi Cragg

From: Christi Feldman <bookbabe69@yahoo.com>
Sent: Wednesday, December 26, 2018 8:04 AM
To: Christi Cragg
Subject: Fw: Pay Statement and Vacation Accrual
Attachments: PayStatement - Cragg, Christi.pdf; Vac Accrual - Cragg, Christi.pdf

Sent from Yahoo Mail on Android

----- Forwarded Message -----

From: "Earl, Mike" <mearl@hoboonline.com>
To: "'bookbabe69@yahoo.com'" <bookbabe69@yahoo.com>
Sent: Mon, Dec 24, 2018 at 3:26 PM
Subject: Pay Statement and Vacation Accrual

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)

Multiply that by

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

0.28846 days per week if this is your 6th or greater year of FULL TIME employment

1. From the attached accrual report: Days Authorized – Days Taken = Balance accrued through your last anniversary date
2. Add the VACATION TIME ACCRUED since your last anniversary date Calculated above
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

Accruals History Report

Employee: Christi L. Cragg
Time Off: Vacation

Added	Transaction Type	Range	Days Authorized	Days Taken	Updated To Date	Comment	Created By	Created By Employee Id
09/24/2018 01:51p	Time Entry	09/28/2018	-	1.00			Julie A. Cwik	389
09/24/2018 01:51p	Time Entry	09/27/2018	-	1.00			Julie A. Cwik	389
07/30/2018 03:05a	Automatic Accruals Execution	07/30/2018 - 07/30/2019	10.00				System Administrator	
07/30/2018 03:05a	Carry Over Rule	07/30/2018	-		07/30/2019		System Administrator	
07/30/2018 03:05a	Carry Over Rule Prev Year Adjustment	07/30/2018	-		07/30/2018		System Administrator	
07/20/2018 09:27a	Time Entry	07/30/2018	-	1.00			Julie A. Cwik	389
06/12/2018 04:55p	Time Entry	06/08/2018	-	1.00			Julie A. Cwik	389
05/04/2018 11:00a	Time Entry	05/03/2018	-	1.00			Julie A. Cwik	389
05/01/2018 12:48p	Time Entry	04/27/2018	-	1.00			Julie A. Cwik	389
02/21/2018 02:47p	Time Entry	03/02/2018	-	1.00			Julie A. Cwik	389
02/21/2018 02:47p	Time Entry	03/01/2018	-	1.00			Julie A. Cwik	389
02/20/2018 02:47p	Time Entry	02/28/2018	-	1.00			Julie A. Cwik	389
02/20/2018 01:50p	Time Entry	02/27/2018	-	1.00			Julie A. Cwik	389
02/20/2018 01:50p	Time Entry	02/26/2018	-	1.00			Julie A. Cwik	389
02/07/2018 10:57a	Time Entry	02/09/2018	-	1.00			Julie A. Cwik	389
10/11/2017 01:08p	Manual Information Modification	07/29/2017	-		07/30/2018	Correct Updated To Date	System Administrator	
10/11/2017 01:07p	Manual Information Modification	07/29/2017	-		07/30/2017	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	10.00				System Administrator	
08/29/2017 12:30p	Time Entry	08/14/2017	-	1.00			Michael J. Earl	388
Report Total			20.00	13.00				

Sorted By: Added Descending

Bradenton

Generated: 12/21/2018 01:03p
Generated By: Michael J. Earl
Page 1 of 1

#2344 - Christi L. Cragg CORP				Voucher # (30775)		Pay Date: 11/09/2018	
						Pay Period: 10/21/2018-11/03/2018	
Earnings							
	Rate	Hours	YTD	Current	YTD		
HOL			46:00		981.50		
OT			22:30		718.98		
REG	21.75	15:43	1565:18	341.84	33,518.30		
SICK			32:00		696.00		
TRA			0:45		15.94		
VAC			96:00		2,052.00		
VAC	21.75	27:37	27:37	600.66	600.66		
Gross Pay				942.50	38,583.38		
Deductions							
				Current	YTD		
401k					197.97	¹	
DENTAL125				18.84	936.02	²	
LTD					110.52		
MED125				46.94	2,852.70	²	
VISION125				5.61	129.03	²	
ROTH 401k					1,293.68		
Total				71.39	5,519.92		
Taxes Withheld							
	Taxable	Taxable YTD		Current	YTD		
FIT	871.11	34,467.66		41.82	2,741.49		
FICA	871.11	34,665.63		54.01	2,149.27		
MEDI	871.11	34,665.63		12.63	502.65		
SIT:IL	871.11	34,467.66		38.88	1,616.95		
Total				147.34	7,010.36		
Net Pay				723.77	26,053.10		
Checking (5017)				723.77	26,053.10		
<div style="display: flex; justify-content: space-between;"> <div> <p>HOB0 Group - Multi-EIN 2650 Belvidere Road, Waukegan, IL 60085</p> </div> <div> <p>¹ Reduces your Federal & State Withholding Taxable Wage</p> <p>² Reduces your Federal Withholding, OASDI & Medicare Taxable Wage</p> <p>³ For information purposes only. No effect on your net pay.</p> </div> </div>							

HOB0 Group - Multi-EIN 2650 Belvidere Road, Waukegan, IL 60085

1 of 1

HOB0 Group - Multi-EIN
2650 Belvidere Road
Waukegan, IL 60085

Pay Date: 11/09/2018

Voucher #: (30775)

Deposited To The Account(s) Of	Deposit #	Account Type	Account #	Transit ABA	Deposit
Christi L. Cragg	1	Checking	XXXXX5017	075000019	723.77
CORP 2344 11/09/2018 (30775)					
Christi L. Cragg 1805 Sandalwood Ln Johnsburg, IL 60051					

NON-NEGOTIABLE - THIS IS NOT A CHECK

HOB0 Group - Multi-EIN
2650 Belvidere Road
Waukegan, IL 60085

CORP 2344 11/09/2018 (30775)

Christi L. Cragg
1805 Sandalwood Ln
Johnsburg, IL 60051

PERSONAL & CONFIDENTIAL

Northern District of Illinois Claims Register

[18-30039 Morgan Administration, Inc.](#)

Honorable Judge: Jacqueline P. Cox

Chapter: 11

Office: Eastern Division

Last Date to file claims: 01/28/2019

Trustee:

Last Date to file (Govt): 04/23/2019

Creditor: (27467319)
CHRISTI CRAGG
1805 SANDALWOOD LANE
JOHNSBURG, IL 60051

Claim No: 85
Original Filed
Date: 01/22/2019
Original Entered
Date: 01/22/2019

Status:
Filed by: CR
Entered by: Kimetha Collier
Modified:

Amount claimed: \$1017.54

Priority claimed: \$1017.54

History:

[Details](#) [85-1](#) 01/22/2019 Claim #85 filed by CHRISTI CRAGG, Amount claimed: \$1017.54 (Collier, Kimetha)

Description:

Remarks:

Claims Register Summary

Case Name: Morgan Administration, Inc.

Case Number: 18-30039

Chapter: 11

Date Filed: 10/25/2018

Total Number Of Claims: 1

Total Amount Claimed*	\$1017.54
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority	\$1017.54	
Administrative		