

B10 (Official Form 10 (12/07))

FILED

"BY FAX"

NOV 12 2008

CLERK U.S. BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA
BY: _____

Case Number:
8:08-13150-RK
302-13151-RK

UNITED STATES BANKRUPTCY COURT - CENTRAL DISTRICT OF CALIFORNIA **PROOF OF CLAIM**

Name of Debtor:
 JAMES C. GIANULIAS
 CAMERO HOMES.

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 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):
Clarke Masonry, Inc.

Check this box to indicate that this claim amends a previously filed claim.
Court Claim Numbers: _____
(if known)
Filed on: _____

Name and address where notices should be sent: **Adrianna Corrado
Lanak + Hanna, L.P.
400 North Tustin Ave, st. 120
Santa Ana, CA 92705**

Telephone No. **714-550-0418**

Name and address where payment should be sent (if different from above):
Telephone No. _____

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.
 Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: **\$29,103.70 plus interest**
If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete Item 4.
If all or part of your claim is entitled to priority, complete item 5.
 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 charges

5. Amount of claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.
Specify the priority of the claim.

2. Basis for Claim: **SERVICES PERFORMED**
(See instruction #2a on reverse side.)

Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (A)(B).

3. Last four digits of any number by which creditor identifies debtor: _____
3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

Wages, salaries, or commission (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, which ever is earlier -- 11 U.S.C. § 507(a)(4).

4. Secured Claim (See instruction #4 on reverse side.)
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.
Nature of property or right of setoff: Real Estate Motor Vehicle Other
Describe: _____
Value of Property: \$ _____ Annual Interest Rate: _____ %
Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for Perfection: _____
Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

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

Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -- 11 U.S.C. § 507(a)(7).

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

Other -- Specify applicable paragraph of 11 U.S.C. § 507(a)(...).

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.
7. 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. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)

Amount entitled to priority:
\$ _____

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENT MAY BE DESTROYED AFTER SCANNING.
If the documents are not available, please explain:

* Amounts are subject to adjustment on 4/1/20 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

Date: **11-12-08**
Signature: *[Signature]*
The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

FOR COURT USE ONLY

"BY FAX"

Village Walk

Invoice #	Date	Description	Gross Invoice	Amount		Balance		Retention		Net Due	
					Paid	Due	Due	Due	Due	Due	Due
1525	11/10/2006	Contract Billing	70,656.00	63,590.40	7,063.60	7,063.60	7,063.60				
1575	2/23/2007	Contract Billing	60,718.00	54,646.20	6,071.80	6,071.80	6,071.80				
1581	3/19/2007	Contract Billing	24,000.00	21,600.00	2,400.00	2,400.00	2,400.00				
1620	5/31/2007	Contract Billing	44,333.00	39,889.70	4,433.30	4,433.30	4,433.30				
1670	10/30/2007	Contract Billing	9,133.00	9,133.00	913.30	913.30	913.30				
			205,840.00	179,736.30	29,101.70	29,101.70	29,101.70	29,101.70	29,101.70	29,101.70	29,101.70

Attn: Scott
Fx 714 550-7603