

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

## PROOF OF CLAIM Chapter 11

In Re Kmart Corporation, et al.

Case Numbers 02-02462 through  
02-02499

Name of Debtor: (see attached for complete list of debtors)

Case Number:

Kmart Corporation

02-02474

Your claim is scheduled as follows:

Class

NOT SCHEDULED

Amount

NOT SCHEDULED

11235027

This Space is for Court Use  
Only

Name of Creditor (The person or other entity to whom the debtor owes money or property):

10 2939184

PONSONBY, ELIZABETH L  
5644 DUNCAN DR  
NEW PORT RICHEY, FL 34653

- ☐ 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 box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.

If address differs from above, please complete the following:

Creditor Name:

Telephone: #

Address: — Same as above —

(727) 878-7146

City/State/Zip:

(has an answering machine)

Account or other number by which creditor identifies debtor: maiden

Elizabeth L. PAPA-Matalucci

Check here if  
this claim

- ☐ replaces  
☐ amends

reference to raise owed  
a previously filed claim, dated over a year.

## 1. Basis for Claim

- ☐ Goods sold
- ☒ Services performed
- ☐ Money loaned
- ☒ Personal injury/wrongful death — on job accident
- ☐ Taxes
- ☐ Other

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
- ☒ Wages, salaries, and compensation (fill out below)
- Your SS # [redacted]
- Unpaid compensation for services performed from 01-26-00 to 2-23-01
- (date) (date)

## 2. Date debt was incurred:

Feb. 2001 (around 24th)

## 3. If court judgment, date obtained:

## 4. Total Amount of Claim at Time Case Filed: \$1,744.40

\$1,744.40

#1,744.40

Thank you.

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ 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. — none

## 5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other —

Value of Collateral: \$ —

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ —

## 6. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim.

Amount entitled to priority \$

Specify the priority of the claim:

- ☒ 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 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$2,100 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 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)( ).

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.

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): Elizabeth Lee Ponsonby

April 5, 02

Elizabeth Lee Ponsonby - Pharmacy Cashier

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RECEIVED  
TRUMBULL SERVICES  
COMPANY

APR 09 2002

BANKRUPTCY  
#2364 4-9-02

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

## NOTICE

The preceding page is a copy of the creditor's original proof of claim which contains their social security number. This number has been blacked out for privacy reasons. Following is the creditor's original proof of claim showing the creditors social security number.

TRUMBULL SERVICES, LLC

<b>UNITED STATES BANKRUPTCY COURT</b> <b>NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION</b>		<b>PROOF OF CLAIM</b> <b>Chapter 11</b>
<b>In Re Kmart Corporation, et al.</b>		<b>Case Numbers 02-02462 through 02-02499</b>
<b>Name of Debtor:</b> (see attached for complete list of debtors) <b>Kmart Corporation</b>	<b>Case Number:</b> <b>02-02474</b>	Your claim is scheduled as follows:  <b>Class</b>  NOT SCHEDULED  <b>Amount</b>  NOT SCHEDULED   11235027  This Space is for Court Use Only
<small>NOTICE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. For payment of an administrative expense, see 11 U.S.C. § 503.</small>		
<b>Name of Creditor</b> (The person or other entity to whom the debtor owes money or property):  <div style="text-align: right;">10 2939184</div> <b>PONSONBY, ELIZABETH L</b> <b>5644 DUNCAN DR</b> <b>NEW PORT RICHEY, FL 34653</b>	<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.	
<b>If address differs from above, please complete the following:</b> <b>Creditor Name:</b> _____ <b>Telephone: #</b> <b>(727) 848-7146</b> <b>Address:</b> <b>— same as above —</b> <b>City/St/Zip:</b> <b>(has an answering machine)</b>		
<b>Account or other number by which creditor identifies debtor:</b> <b>maiden Elizabeth L. PAPA-Matalucci</b>		<input type="checkbox"/> Check here if this claim <input type="checkbox"/> replaces reference to raise owed <input type="checkbox"/> amends a previously filed claim, dated <b>over a year ago</b>
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Personal injury/wrongful death - <b>on job accident</b> <input type="checkbox"/> Taxes <input type="checkbox"/> Other		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input checked="" type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: <b>150-64-0140</b> Unpaid compensation for services performed from <b>01-26-00</b> to <b>2-23-01</b> <div style="display: flex; justify-content: space-between;"><span>(date)</span><span>(date)</span></div>		
<b>2. Date debt was incurred:</b> <b>Feb. 2001 (around 24th)</b>		
<b>3. If court judgment, date obtained:</b> _____		
<b>4. Total Amount of Claim at Time Case Filed:</b> <b>\$1,744.40</b> <b>\$1,744.40</b> <b>(#1,744.40)</b> <b>Thank you.</b> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input 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. <b>none</b>		
<b>5. Secured Claim</b> <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 <b>—</b> Value of Collateral: \$ <b>—</b> Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ <b>—</b>		
<b>6. Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim: <input checked="" 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 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 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 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)( ).		
<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		
<b>8. Supporting Documents:</b> 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.		
<b>9. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
<b>Date</b> <b>April 5, 02</b>	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): <b>Elizabeth Lee Ponsonby - Pharmacy Cashier</b>	This Space is for Court Use Only <b>RECEIVED</b> <b>TRUMBULL SERVICES</b> <b>COMPANY</b>  <b>APR 09 2002</b>  <b>BANKRUPTCY</b>  <b>2364</b>

Total owed on workman's comp: \$ 222.40

→ \$37.44 (difference from the three pay checks issued.

→ \$184.96 (the two missing checks owed to me)

workman's compensation: Cambridge IntARD. SRVCS

P.O. Box 3667

Tallahassee, FL 32315

→ got hurt: 1-26-2001 } (800) 342-6134

→ was out of work until: 2-23-01

Amount to receive: \$92.48 per week

only received: \$80.00 per week

received checks on: 02-07-01

02-14-01

02-14-01

} \$80.00  
Each

spoke to: Karla Harvey - Integrated Health  
Rosalind Smith - Integrated Health

→ got nowhere:

still in pain at times

Thanks so much.

Elizabeth Lee Ponsonby

Clyde Lee Ponsonby

→ when hurt:

name was: Elizabeth Lee Papa-Matalucci

pay Days: 2-28-01 - received 2-07-01 (?)

3-01-01 - received 2-14-01 (?)

3-14-01 - received 2-14-01 (?)

3-15-01 - never got

3-28-01 - never got

} Only \$80.00  
each

(Difference is \$37.44  
for these three)

→ Difference from \$92.48 And \$80.00 is \$12.48 each week

wages - from my \$1.00 raise I never received  
went back to work on 2-23-01 in the  
Pharmacy after workman's compensation:

→

got a job offer at Kash-n-Karry a week later---  
went to Bob Elliott (Pharmacy manager) and asked  
if I could have a raise - Because I enjoy working  
at K-mart -- love the people..... Bob spoke to  
Mr. Clark (Lewis) a few days later. I was told  
I was going to get a \$1.00 per hour raise.

→ I stayed on at Kmart (I would still be  
making less than Kash-n-Karry, who was offering  
\$9.50 per hour & A raise after 30 days.

→ I never received my raise I was promised  
in April 2001 -- Bob & I went to see why I  
did not receive my raise --- Mr. Lewis Clark  
told me "you are not A team player" -- he  
(Mr. Clark) told me: "you have 30-60- or 90  
days to Prove to Bob that you deserve this  
\$1.00 per hour raise -- If you Don't add up; Bob  
can let you go". Bob told me I was a great  
worker -- friendly, outgoing - wonderful with the  
customers - very well-liked. I was to keep my  
Job. Well, 30-60 - 90 days passed.. and still  
no raise. When Mr. Lewis Clark left our store,  
and our New manager is here. Mr. Bob mimick

I went back to Mr. Bob Elliott and asked if now I can have my raise-- Bob then went to our new store manager and was told NO raise because of the Bankruptcy.

→ I was promised this raise back in Feb. 2001 prior to the bankruptcy. So, why do I not have my raise?? (with the back pay from my raise; that I am entitled to?)

→ I have two children to provide for-- and I really counted on this raise. If I knew how much trouble I would have in receiving my raise-- I would have taken the job at Kask-n-Karry. My children depend on me to provide them what they need.

Thank you for listening to me. I hope you can help me out with this problem.

Thank you so much!  
Elizabeth Lee Ponsonby  
Elizabeth Lee Ponsonby

p.s. → Back-Pay from:

Feb. 23, 2001 to present Day

p.s.-- I can provide any kind of proof needed.

Pharmacy Hours I worked without \$1.00 raise  
I was promised :

<u>Pay beginning :</u>	<u>Pay ending :</u>	<u>hours worked :</u>	<u>Amount owed</u>
03-29-01	04-11-01	77.50	\$ 77.50
04-12-01	04-25-01	66.25	\$ 66.25
04-26-01	05-09-01	68.75	\$ 68.75
05-10-01	05-23-01	73.25	\$ 73.25
05-24-01	06-06-01	74.00	\$ 74.00
06-07-01	06-20-01	22.00	\$ 22.00
06-21-01	07-04-01	44.50	\$ 44.50
07-05-01	07-18-01	51.75	\$ 51.75
07-19-01	08-01-01	55.50	\$ 55.50
08-02-01	08-15-01	49.50	\$ 49.50
08-16-01	08-29-01	43.50	\$ 43.50
08-30-01	09-12-01	70.50	\$ 70.50
09-13-01	09-26-01	59.25	\$ 59.25
09-27-01	10-10-01	53.00	\$ 53.00
10-11-01	10-24-01	36.00	\$ 36.00
10-25-01	11-07-01	88.25	\$ 88.25
11-08-01	11-21-01	55.75	\$ 55.75
11-21-01	12-05-01	48.75	\$ 48.75
12-06-01	12-19-01	51.75	\$ 51.75
12-20-01	01-02-02	63.25	\$ 63.25
01-03-02	01-16-02	49.25	\$ 49.25
01-17-02	01-30-02	48.50	\$ 48.50
<u>Total SO Far owed :</u>			<u>\$1,250.75</u>

See attached

<u>Pay beginning</u>	<u>Pay ending</u>	<u>Hours worked :</u>	<u>amount owed</u>
01-31-02	02-13-02	54.50	\$ 54.50
02-14-02	02-27-02	49.75	\$ 49.75
02-28-02	03-13-02	49.25	\$ 49.25
03-14-02	03-27-02	51.75	\$ 51.75

Hours going to work without \$1.00 raise :

03-28-02	04-10-02	32.0	\$ 32.00
04-11-02	04-24-02	34.0	\$ 34.00

Total hours worked on this Page : (amount owed to me)  
\$205.25

Total hours going to work : (amount owed to me)  
\$66.00

Total owed to me in back-Pay : \$1,456.00

Total owed for work to come : \$66.00

Total In whole : \$1,522.00 plus hours to come



5644 Duncan Drive  
New Port Richey, Florida  
34653  
727-848-7146

→ people in pharmacy : sandy - 3-9-02  
michelle - 3-11-02  
Robin - 3-13-02

all got raises } or so they say - not sure