EXHIBIT A

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE
TWA CLAIMS PROCESSING CENTER
C/O BANKRUPTCY SERVICES LLC
P.O. BOX 5050
FDR STATION
NEW YORK, NY 10150-5050

FILED
U.S.B.C. - DISTRICT OF DELAWARE
TRANS WORLD AIRLINES, INC., ET AL.
01-0056 (PJW) THROUTH 01-0082 (PJW)
01285

In re:
TRANS WORLD AIRLINES, INC. et. al.
Debtors and Debtors in Possession

Chapter 11
Case No. 01-0056 (PJW)
Jointly Administered

Name of Debtor Against Which Claim is Held

Case No. of Debtor

Name and address of Creditor:
ROBERT C. BOSTON
P.O. BOX 88697
L.A. CA 90009

Telephone numbers
661 273 2509

☐ 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.

Account or other number by which creditor identifies debtor:

Check here if this claim
☐ replaces
☐ amends a previously filed claim, dated: _____

1. Basis for Claim
☐ Goods sold
☑ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other

☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
☑ Wages, salaries, and compensation (fill out below)
Your SS#: 452 60 4152
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2. Date debt was incurred: 1984

3. If court judgment, date obtained:

4. Total Amount of Administrative Claim: $ _____

☐ 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. Brief Description of Claim (attach any additional information)
BOND DEFAULT / CONCESSIONS

6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.
7. 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.
8. 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 / RECEIVED
MAY 14 2001
BANKRUPTCY SERVICES, INC

Date
9 MAY 01

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):
ROBERT C. BOSTON
Robert C. Boston

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.

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE
TWA CLAIMS PROCESSING CENTER
C/O BANKRUPTCY SERVICES LLC
P.O. BOX 5050
FDR STATION
NEW YORK, NY 10150-5050

FILED
U.S.B.C. - DISTRICT OF DELAWARE
TRANS WORLD AIRLINES, INC., ET AL
01-0056 (PJW) THROUTH 01-0082 (PJW
01502

In re:
TRANS WORLD AIRLINES, INC. et. al.
Debtors and Debtors in Possession

Chapter 11
Case No. 01-0056 (PJW)
Jointly Administered

Name of Debtor Against Which Claim is Held

Case No. of Debtor

Name and address of Creditor:
JOHN N. HAGETHORN
3601 E. WYOMING #116
LAS VEGAS, NV 89104

Telephone number: 702 457-7189

☐ 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.

Account or other number by which creditor identifies debtor:

Check here
If this claim ☐ replaces
☐ amends a previously filed claim, dated:_____

1. Basis for Claim
☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other

☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
☐ Wages, salaries, and compensation (fill out below)

Your SS#:_____

Unpaid compensation for services performed
from _____ (date) to _____ (date)

2. Date debt was incurred:

3. If court judgment, date obtained:

4. Total Amount of Administrative Claim: $ _____

☐ 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. Brief Description of Claim (attach any additional information)

6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.
7. 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.
8. 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 / RECEIVED

MAY 15 2001

BANKRUPTCY SERVICES, INC

Date
5-8-01

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): JOHN N. HAGETHORN

John N. Hagethorn

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.

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE
TWA CLAIMS PROCESSING CENTER
C/O BANKRUPTCY SERVICES LLC
P.O. BOX 5050
FDR STATION
NEW YORK, NY 10150-5050

FILED
U.S.B.C. - DISTRICT OF DELAWARE
TRANS WORLD AIRLINES, INC., ET AL.
01-0056 (PJW) THROUTH 01-0082 (PJW)
02640

In re:
TRANS WORLD AIRLINES, INC. et. al.
Debtors and Debtors in Possession

Chapter 11
Case No. 01-0056 (PJW)
Jointly Administered

Name of Debtor Against Which Claim is Held	Case No. of Debtor

Name and address of Creditor :

☐ 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.

Telephone number:

Account or other number by which creditor identifies debtor:

Check here if this claim ☐ replaces ☐ amends a previously filed claim, dated:_____

1. Basis for Claim
   - ☐ Goods sold
   - ☐ Services performed
   - ☐ Money loaned
   - ☐ Personal injury/wrongful death
   - ☐ Taxes
   - ☐ Other
   - ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
   - ☐ Wages, salaries, and compensation (fill out below)

   Your SS#: 059 32 3755

   Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date debt was incurred:

3. If court judgment, date obtained:

4. Total Amount of Administrative Claim: $ _____

☐ 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. Brief Description of Claim (attach any additional information)

TAP payroll deductions - withheld from pay check

6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.
7. 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.
8. 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 / RECEIVED
MAY 25 2001
BANKRUPTCY SERVICES, INC

Date: 19 May 2001

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):

Jerry Luttenberger - customer service agent JFK Hub Ops - Atlanta Ga

Jerry Luttenberger

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.

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE
TWA CLAIMS PROCESSING CENTER
C/O BANKRUPTCY SERVICES LLC
P.O. BOX 5050
FDR STATION
NEW YORK, NY 10150-5050

U.S.B.C. - DIS
TRANS WORLD AIR
01-0056 (PJW) TH

In re:
TRANS WORLD AIRLINES, INC. et. al.
Debtors and Debtors in Possession

Chapter 11
Case No. 01-0056 (PJW)
Jointly Administered

Name of Debtor Against Which Claim is Held

Case No. of Debtor

Name and address of Creditor:

IRWIN MEHL
110-16 67 Rd
FOREST Hills NY 11375

Telephone number: 718 263 1070

☐ 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.

Account or other number by which creditor identifies debtor:

Check here if this claim ☐ replaces ☐ amends a previously filed claim, dated:_____

1. Basis for Claim
   - ☐ Goods sold
   - ☑ Services performed
   - ☐ Money loaned
   - ☐ Personal injury/wrongful death
   - ☐ Taxes
   - ☐ Other

   ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
   ☐ Wages, salaries, and compensation (fill out below)

   Your SS#:_____

   Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date debt was incurred: Feb 2001

3. If court judgment, date obtained:

4. Total Amount of Administrative Claim: $ 3000.

☐ 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. Brief Description of Claim (attach any additional information)

Services Not Rendered or Upgrade
For Mileage – Mileage was charged

6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.
7. 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.
8. 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 / RECEIVED
MAY 10 2001
BANKRUPTCY SERVICES, INC

Date: 5/6/01

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):

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.

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE
TWA CLAIMS PROCESSING CENTER
C/O BANKRUPTCY SERVICES LLC
P.O. BOX 5050
FDR STATION
NEW YORK, NY 10150-5050

U.S.B.C. - DISTRICT OF DELAWARE
TRANS WORLD AIRLINES, INC., ET AL.
01-0056 (PJW) THROUTH 01-0082 (PJW)
05009

ADMINISTRATIVE CLAIM RECEIVED

In re:
TRANS WORLD AIRLINES, INC. et. al.
Debtors and Debtors in Possession

Chapter 11
Case No. 01-0056 (PJW)
Jointly Administered

Name of Debtor Against Which Claim is Held: Trans World Airlines, Inc

Case No. of Debtor: 01-0056 (PJW)

Name and address of Creditor:
Andrew P. Moore
139 Westlake Dr.
Brandon, MS 39047

Telephone number: (601) 919-1330

☐ 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.

Account or other number by which creditor identifies debtor:

Check here if this claim ☐ replaces ☐ amends a previously filed claim, dated: _____

1. Basis for Claim
   - ☐ Goods sold
   - ☐ Services performed
   - ☐ Money loaned
   - ☐ Personal injury/wrongful death
   - ☐ Taxes
   - ☐ Other
   - ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
   - ☑ Wages, salaries, and compensation (fill out below)

   Your SS#: 488-94-9867

   Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date debt was incurred:

3. If court judgment, date obtained: August 1, 2001

4. Total Amount of Administrative Claim: $ _____

☐ 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. Brief Description of Claim (attach any additional information)

6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.
7. 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.
8. 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 / RECEIVED
JUN 12 2001
BANKRUPTCY SERVICES, INC.

Date: 6-9-01

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):
Andrew P. Moore

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.

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE
TWA CLAIMS PROCESSING CENTER
C/O BANKRUPTCY SERVICES LLC
P.O. BOX 5050
FDR STATION
NEW YORK, NY 10150-5050

FILED
U.S.B.C. - DISTRICT OF DELAWARE
TRANS WORLD AIRLINES, INC., ET AL.
01-0056 (PJW) THROUTH 01-0082 (PJW)

ADMINISTRATIVE CLAIM RECEIVED

In re:
TRANS WORLD AIRLINES, INC. et. al.
Debtors and Debtors in Possession

Chapter 11 04310
Case No. 01-0056 (PJW)
Jointly Administered

Name of Debtor Against Which Claim is Held: Trans World Airlines

Case No. of Debtor: 01-0056 (PJW)

Name and address of Creditor:
Cedric Cecil Morrison
9804 N. Wayne
K.C. MO. 64155

Telephone number:

☐ 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.

Account or other number by which creditor identifies debtor:

Check here if this claim ☐ replaces ☐ amends a previously filed claim, dated: _____

1. Basis for Claim
   - ☐ Goods sold
   - ☐ Services performed
   - ☐ Money loaned
   - ☐ Personal injury/wrongful death
   - ☐ Taxes
   - ☐ Other
   - ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
   - ☐ Wages, salaries, and compensation (fill out below)

   Your SS#: _____

   Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date debt was incurred:

3. If court judgment, date obtained:

4. Total Amount of Administrative Claim: $ _____

☐ 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. Brief Description of Claim (attach any additional information)

6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.
7. 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.
8. 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 / RECEIVED
JUN 05 2001
BANKRUPTCY SERVICES, INC

Date: 5-01

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):
C. Cecil Morrison C. Cecil Morrison

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.

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE
TWA CLAIMS PROCESSING CENTER
C/O BANKRUPTCY SERVICES LLC
P.O. BOX 5050
FDR STATION
NEW YORK, NY 10150-5050

FILED
U.S.B.C. - DISTRICT OF DELAWAR
TRANS WORLD AIRLINES, INC., ET
01-0056 (PJW) THROUTH 01-0082 (
01785

In re:
TRANS WORLD AIRLINES, INC. et. al.
Debtors and Debtors in Possession

Chapter 11
Case No. 01-0056 (PJW)
Jointly Administered

Name of Debtor Against Which Claim is Held: T.W.A

Case No. of Debtor:

Name and address of Creditor:
Jean Moylan
PO Box 030645
Elmont NY 11003

Telephone number:

☐ 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.

Account or other number by which creditor identifies debtor:

Check here if this claim ☐ replaces ☐ amends a previously filed claim, dated: _____

1. Basis for Claim
   - ☐ Goods sold
   - ☐ Services performed
   - ☐ Money loaned
   - ☐ Personal injury/wrongful death
   - ☐ Taxes
   - ☒ Other
   - ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
   - ☐ Wages, salaries, and compensation (fill out below)

   Your SS#: 108 48 9390
   Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date debt was incurred:

3. If court judgment, date obtained:

4. Total Amount of Administrative Claim: $ _____

☐ 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. Brief Description of Claim (attach any additional information)

6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.
7. 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.
8. 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 / RECEIVED
MAY 18 2001
BANKRUPTCY SERVICES, INC

Date: 05/09/01

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):

Jean Ellen Moylan

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.

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE
TWA CLAIMS PROCESSING CENTER
C/O BANKRUPTCY SERVICES LLC
P O BOX 5050 FDR STATION
NEW YORK, NY 10150-5050

FILED
U S B C - DISTRICT OF DELAW
TRANS WORLD AIRLINES, INC , E
01-0056 (PJW) THROUTH 01-0082
01762

In re
TRANS WORLD AIRLINES et al
Debtors

Chapter 11
Case No 01-0056 (PJW)
Jointly Administered

Name of Debtor Against Which Claim is Held

Case No of Debtor

Name and address of Creditor

☐ 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

Telephone number

PROOF OF CLAIM FILING DEADLINE May 31, 2001

Account or other number by which creditor identifies debtor

Check here if this claim
☐ replaces
☐ amends a previously filed claim dated _____

1 Basis for Claim
☐ Goods sold
☑ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes

☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages salaries, and compensation (fill out below)
☐ Other _____ (explain)

Your SS# 493 62 5118

Unpaid compensation for services performed from May 30, 00 (date) to Feb. 8, 2001 (date)

2 Date debt was incurred

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $ _____
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

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 Wages Owed - For Service Tendered
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 $4,300) 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 $1 950 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

THIS SPACE IS FOR COURT USE ONLY

FILED / RECEIVED
MAY 18 2001
BANKRUPTCY SERVICES, INC

Date 5.14.01

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)
Ebni a Porter

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

Document Separator
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UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE
TWA CLAIMS PROCESSING CENTER
C/O BANKRUPTCY SERVICES LLC
P O BOX 5050 FDR STATION
NEW YORK NY 10150-5050

Document Separator
00000

FILED
U S B C - DISTRICT OF DELAWARE
TRANS WORLD AIRLINES, INC , ET AL
THROUTH 01-0082 (PJW)
02830

In re
TRANS WORLD AIRLINES et al
Debtors

Chapter 11
Case No 01 0056 (PJW)
Jointly Administered

Name of Debtor Against Which Claim is Held
C. Spinella

Case No of Debtor 01-0056 (PJW)

[redacted]

Name and address of Creditor
C. SPINELLA
477 OCEAN AVE.
OAKDALE NY. 11769

Telephone number

PROOF OF CLAIM FILING DEADLINE May 31, 2001

☐ 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

Account or other number by which creditor identifies debtor

Check here
if this claim ☐ replaces
☐ amends a previously filed claim dated _____

1 Basis for Claim
☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes

☒ Retiree benefits as defined in 11 U S C § 1114(a)
☒ Wages salaries and compensation (fill out below)
☒ Other Secured Bond (explain)
Your SS# 094 50 2212
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2 Date debt was incurred

3 If court judgment date obtained

4 Total Amount of Claim at Time Case Filed $ _____
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

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 Secured Bond.

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 $4 300) 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 $1 950 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

FOR BANKRUPTCY COURT USE ONLY

FILED / RECEIVED
MAY 29 2001
BANKRUPTCY SERVICES, INC

Date
5/23/01

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)

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