

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

In re

Charlotte Russe Holding, Inc., *et al.*,¹

Debtors.

Chapter 11

Case No.: 19-10210 (LSS)

(Jointly Administered)

**GLOBAL NOTES, METHODOLOGY AND SPECIFIC
DISCLOSURES REGARDING THE DEBTORS' SCHEDULES OF
ASSETS AND LIABILITIES AND STATEMENT OF FINANCIAL AFFAIRS**

Introduction

Charlotte Russe Holding, Inc., Charlotte Russe Holdings Corporation, Charlotte Russe Intermediate Corporation, Charlotte Russe Enterprise, Inc., Charlotte Russe, Inc., Charlotte Russe Merchandising, Inc., and Charlotte Russe Administration, Inc. (collectively, the “**Debtors**”)² with the assistance of their advisors, have filed their respective Schedules of Assets and Liabilities (the “**Schedules**”) and Statements of Financial Affairs (the “**Statements**,” and together with the Schedules, the “**Schedules and Statements**”) with the United States Bankruptcy Court for the District of Delaware (the “**Bankruptcy Court**”), pursuant to section 521 of title 11 of the United States Code (the “**Bankruptcy Code**”) and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “**Bankruptcy Rules**”).

These Global Notes, Methodology, and Specific Disclosures Regarding the Debtors’ Schedules of Assets and Liabilities and Statement of Financial Affairs (the “**Global Notes**”) pertain to, are incorporated by reference in, and comprise an integral part of each Debtor’s Schedules and Statements. The Global Notes should be referred to, considered, and reviewed in connection with any review of the Schedules and Statements.

The Schedules and Statements do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States

¹ The Debtors and the last four digits of their respective federal taxpayer identification numbers are as follows: Charlotte Russe Holding Inc., (4325); Charlotte Russe Holdings Corporation (1045); Charlotte Russe Intermediate Corporation (6345); Charlotte Russe Enterprise, Inc. (2527); Charlotte Russe, Inc. (0505); Charlotte Russe Merchandising, Inc. (9453); and Charlotte Russe Administration, Inc. (9456). The Debtors’ headquarters are located at 5910 Pacific Center Boulevard, Suite 120, San Diego, CA 92121.

² A detailed description of the Debtors and their businesses, and the facts and circumstances surrounding the Debtors’ chapter 11 cases, are set forth in greater detail in the *Declaration of Brian M. Cashman, Chief Restructuring Officer of Charlotte Russe Holding, Inc., in Support of Debtors’ Chapter 11 Petitions and First Day Motions*, filed contemporaneously with the Debtors’ voluntary petitions for relief filed under chapter 11 of title 11 of the United States Code on February 3, 2019.

("GAAP"), nor are they intended to be fully reconciled with the financial statements of each Debtor (whether publically filed or otherwise). Additionally, the Schedules and Statements contain unaudited information that is subject to further review and potential adjustment, and reflect the Debtors' reasonable efforts to report the assets and liabilities of each Debtor on an unconsolidated basis. Moreover, given, among other things, the uncertainty surrounding the collection and ownership of certain assets and the valuation and nature of certain liabilities, to the extent that a Debtor shows more assets than liabilities, this is not an admission that the Debtor was solvent as of the Petition Date (as defined herein) or at any time before the Petition Date. Likewise, to the extent a Debtor shows more liabilities than assets, this is not an admission that the Debtor was insolvent at the Petition Date or any time before the Petition Date.

In preparing the Schedules and Statements, the Debtors relied upon information derived from their books and records that was available at the time of such preparation. Although the Debtors have made reasonable efforts to ensure the accuracy and completeness of such financial information, inadvertent errors or omissions, as well as the discovery of conflicting, revised, or subsequent information, may cause a material change to the Schedules and Statements. Accordingly, the Debtors reserve all of their rights to amend, supplement, or otherwise modify the Schedules and Statements as is necessary and appropriate. Notwithstanding the foregoing, the Debtors shall not be required to update the Schedules and Statements.

The Debtors and their officers, employees, agents, attorneys, and financial advisors do not guarantee or warrant the accuracy or completeness of the data that is provided in the Schedules and Statements and shall not be liable for any loss or injury arising out of or caused in whole or in part by the acts, omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating or delivering the information contained in the Schedules and Statements. Except as expressly required by the Bankruptcy Code, the Debtors and their officers, employees, agents, attorneys and financial advisors expressly do not undertake any obligation to update, modify, revise, or re-categorize the information provided in the Schedules and Statements or to notify any third party should the information be updated, modified, revised, or re-categorized. The Debtors, on behalf of themselves, their officers, employees, agents and advisors disclaim any liability to any third party arising out of or related to the information contained in the Schedules and Statements and reserve all rights with respect thereto.

Mr. Brian M. Cashman, in his capacity as Chief Restructuring Officer of each of the Debtor entities, has signed each of the Schedules and Statements. In reviewing and signing the Schedules and Statements, Mr. Cashman has relied upon the efforts, statements and representations of various personnel employed by the Debtors. Mr. Cashman has not (and could not have) personally verified the accuracy of each such statement and representation, contained in the Schedules and Statements, including, for example, statements and representations concerning amounts owed to creditors.

The Global Notes are in addition to any specific notes contained in each Debtor's Schedules and Statements. The fact that the Debtors have prepared Global Notes or specific notes with respect to any information in the Schedules and Statements and not to other information in the Schedules and Statements should not be interpreted as a decision by the

Debtors to exclude the applicability of such Global Notes or specific notes to any of the Debtors' remaining Schedules and Statements, as appropriate.

Disclosure of information in one or more Schedules, one or more Statements, or one or more exhibits or attachments to the Schedules or Statements, even if incorrectly placed, shall be deemed to be disclosed in the correct Schedules, Statements, exhibits, or attachments.

Global Notes and Overview of Methodology

1. **Global Notes Control.** In the event that the Schedules and Statements differ from the Global Notes, the Global Notes shall control.
2. **Reservation of Rights.** Reasonable efforts have been made to prepare and file complete and accurate Schedules and Statements; however, inadvertent errors or omissions may exist. The Debtors reserve all rights to amend or supplement the Schedules and Statements from time to time, in all respects, as may be necessary or appropriate, including, without limitation, the right to amend the Schedules and Statements with respect to any claim ("**Claim**") description, designation, or Debtor against which the Claim is asserted; dispute or otherwise assert offsets or defenses to any Claim reflected in the Schedules and Statements as to amount, liability, priority, status, or classification; subsequently designate any Claim as "disputed," "contingent," or "unliquidated;" or object to the extent, validity, enforceability, priority, or avoidability of any Claim. Any failure to designate a Claim in the Schedules and Statements as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtors that such Claim or amount is not "disputed," "contingent," or "unliquidated." Listing a Claim does not constitute an admission of liability by the Debtor against which the Claim is listed or against any of the Debtors. Furthermore, nothing contained in the Schedules and Statements shall constitute a waiver of rights with respect to the Debtors' chapter 11 cases, including, without limitation, issues involving Claims, substantive consolidation, defenses, equitable subordination, recharacterization, and/or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code, and any other relevant non-bankruptcy laws to recover assets or avoid transfers. Any specific reservation of rights contained elsewhere in the Global Notes does not limit in any respect the general reservation of rights contained in this paragraph.

The listing in the Schedules or Statements (including, without limitation, Schedule A/B, Schedule E/F or Statement 4) by the Debtors of any obligation between a Debtor and another Debtor is a statement of what appears in a particular Debtor's books and records and does not reflect any admission or conclusion of the Debtors regarding whether such amount would be allowed as a Claim or how such obligations may be classified and/or characterized in a plan of reorganization or by the Bankruptcy Court. The Debtors reserve all rights with respect to such obligations.

3. **Description of Cases and "as of" Information Date.** On February 3, 2019 (the "**Petition Date**"), the Debtors filed voluntary petitions for relief under chapter 11 of the Bankruptcy Code. The Debtors are operating their businesses and managing their properties as debtors in possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. On February 5, 2019 the Bankruptcy Court entered an order directing procedural consolidation and joint administration of the Debtors' chapter 11

cases [Docket No. 75].

The asset information provided in the Schedules and Statements, except as otherwise noted, represents the asset data of the Debtors as of February 3, 2019, and the liability information provided herein, except as otherwise noted, represents the liability data of the Debtors as of February 3, 2019.

4. **Net Book Value of Assets.** It would be prohibitively expensive, unduly burdensome, and an inefficient use of estate assets for the Debtors to obtain current market valuations for all of their assets. Accordingly, unless otherwise indicated, the Debtors' Schedules and Statements reflect net book values as of February 3, 2019, in the Debtors' books and records. Additionally, because the book values of certain assets, may materially differ from their fair market values, they may be listed as undetermined amounts as of the Petition Date. Furthermore, as applicable, assets that have fully depreciated or were expensed for accounting purposes may not appear in the Schedules and Statements if they have no net book value.
5. **Recharacterization.** Notwithstanding the Debtors' reasonable efforts to properly characterize, classify, categorize, or designate certain Claims, assets, executory contracts, unexpired leases, and other items reported in the Schedules and Statements, the Debtors may, nevertheless, have improperly characterized, classified, categorized, designated, or omitted certain items due to the complexity and size of the Debtors' businesses. Accordingly, the Debtors reserve all of their rights to recharacterize, reclassify, recategorize, redesignate, add, or delete items reported in the Schedules and Statements at a later time as is necessary or appropriate as additional information becomes available, including, without limitation, whether contracts or leases listed herein were deemed executory or unexpired as of the Petition Date and remain executory and unexpired postpetition.
6. **Real Property and Personal Property-Leased.** In the ordinary course of their businesses, the Debtors leased real property and various articles of personal property, including, fixtures, and equipment, from certain third-party lessors. The Debtors have made reasonable efforts to list all such leases in the Schedules and Statements. The Debtors have made reasonable efforts to include lease obligations on Schedule D (secured debt) to the extent applicable and to the extent the lessor filed a UCC-1. However, nothing in the Schedules or Statements is or shall be construed as an admission or determination as to the legal status of any lease (including whether to assume and assign or reject such lease or whether it is a true lease or a financing arrangement).
7. **Excluded Assets and Liabilities.** The Debtors have sought to allocate liabilities between the prepetition and post-petition periods based on the information and research conducted in connection with the preparation of the Schedules and Statements. The allocation of liabilities between the prepetition and post-petition periods may change as additional information becomes available and further research is conducted. Accordingly, the Debtors reserve all of their rights to amend, supplement or otherwise modify the Schedules and Statements as is necessary and appropriate.

The Debtors have excluded certain categories of assets, tax accruals, and liabilities from the Schedules and Statements, including, without limitation, employee benefit

accruals, and deferred gains. In addition, certain immaterial assets and liabilities may have been excluded.

The Debtors also have excluded rejection damage Claims of counterparties to executory contracts and unexpired leases that may be rejected. In addition, certain immaterial assets and liabilities may have been excluded.

The Bankruptcy Court has authorized the Debtors to pay, in their discretion, certain outstanding Claims on a post-petition basis. To the extent the Debtors pay any of the claims listed in the Schedules and Statements pursuant to any orders entered by the Bankruptcy Court, the Debtors reserve all rights to amend and supplement the Schedules and Statements and take other action, such as filing claims objections, as is necessary and appropriate to avoid overpayment or duplicate payment for such liabilities.

- 8. Insiders.** Solely, for purposes of the Schedules and Statements, the Debtors define “insiders” to include the following: (a) directors; (b) senior level officers; (c) equity holders holding in excess of 5% of the voting securities of the Debtor entities; (d) managing members; (e) Debtor affiliates; and (f) relatives of any of the foregoing (to the extent known by the Debtors).

Person or entities listed as “insiders” have been included for informational purposes only and their inclusion shall not constitute an admission that those entities are insiders for purposes of section 101(31) of the Bankruptcy Code. The Debtors do not take any position with respect to: (a) such person’s influence over the control of the Debtors; (b) the management responsibilities or functions of such individual; (c) the decision-making or corporate authority of such individual; or (d) whether such individual could successfully argue that he or she is not an “insider” under applicable law, including the federal securities laws, or with respect to any theories of liability or for any other purpose.

- 9. Intellectual Property Rights.** The exclusion of any intellectual property shall not be construed as an admission that such intellectual property rights have been abandoned, terminated, assigned, expired by their terms, or otherwise transferred pursuant to a sale, acquisition, or other transaction. Conversely, inclusion of certain intellectual property shall not be construed to be an admission that such intellectual property rights have not been abandoned, terminated, assigned, expired by their terms, or otherwise transferred pursuant to a sale, acquisition, or other transaction.

In addition, although the Debtors have made diligent efforts to attribute intellectual property to the rightful Debtor entity, in certain instances, intellectual property owned by one Debtor may, in fact, be owned by another Debtor. Accordingly, the Debtors reserve all of their rights with respect to the legal status of any and all such intellectual property rights.

- 10. Intercompany and Other Transactions.** The Debtors record certain intercompany receivables and payables for tax purposes only. As these transfers are not reflected on the Debtors’ balance sheets and the claims net to zero on a consolidated basis, the Statements and Schedules may not reflect all intercompany activity.

- 11. Executory Contracts and Unexpired Leases.** Although the Debtors made diligent attempts to attribute executory contracts and unexpired leases to their rightful Debtors, in certain instances, the Debtors may have inadvertently failed to do so. Accordingly, the

Debtors reserve all of their rights with respect to the named parties of any and all executory contracts, including the right to amend Schedule G.

Moreover, other than real property leases reported in Schedule A/B 55, the Debtors have not necessarily set forth executory contracts and unexpired leases as assets in the Schedules and Statements, even though these contracts and leases may have some value to the Debtors' estates. The Debtors' executory contracts and unexpired leases have been set forth in Schedule G.

12. **Materialman's/Mechanic's Liens.** The assets listed in the Schedules and Statements are presented without consideration of any materialman's or mechanic's liens.
13. **Classifications.** Listing a Claim or contract on (a) Schedule D as "secured," (b) Schedule E/F part 1 as "priority," (c) Schedule E/F part 2 as "unsecured," or (d) Schedule G as "executory" or "unexpired," does not constitute an admission by the Debtors of the legal rights of the Claimant, or a waiver of the Debtors' rights to recharacterize or reclassify such Claims or contracts or leases or to exercise their rights to setoff against such Claims.
14. **Claims Description.** Schedules D and E/F permit each Debtor to designate a Claim as "disputed," "contingent," and/or "unliquidated." Any failure to designate a Claim on a given Debtor's Schedules and Statements as "disputed," "contingent," or "unliquidated" does not constitute an admission by that Debtor that such amount is not "disputed," "contingent," or "unliquidated," or that such Claim is not subject to objection. The Debtors reserve all of their rights to dispute, or assert offsets or defenses to, any claim reflected on their respective Schedules and Statements on any grounds, including liability or classification. Additionally, the Debtors expressly reserve all of their rights to subsequently designate such claims as "disputed," "contingent" or "unliquidated." Moreover, listing a Claim does not constitute an admission of liability by the Debtors.
15. **Causes of Action.** Despite their reasonable efforts to identify all known assets, the Debtors may not have listed all of their causes of action or potential causes of action against third-parties as assets in the Schedules and Statements, including, without limitation, causes of actions arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers. The Debtors reserve all of their rights with respect to any cause of action (including avoidance actions), controversy, right of setoff, cross-Claim, counter-Claim, or recoupment and any Claim on contracts or for breaches of duties imposed by law or in equity, demand, right, action, lien, indemnity, guaranty, suit, obligation, liability, damage, judgment, account, defense, power, privilege, license, and franchise of any kind or character whatsoever, known, unknown, fixed or contingent, matured or unmatured, suspected or unsuspected, liquidated or unliquidated, disputed or undisputed, secured or unsecured, assertable directly or derivatively, whether arising before, on, or after the Petition Date, in contract or in tort, in law, or in equity, or pursuant to any other theory of law (collectively, "**Causes of Action**") they may have, and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any Claims or Causes of Action or in any way prejudice or impair the assertion of such Claims or Causes of Action.

16. **Summary of Significant Reporting Policies.** The following is a summary of

significant reporting policies:

- a. Undetermined Amounts. The description of an amount as “unknown,” or “undetermined” is not intended to reflect upon the materiality of such amount.
- b. Totals. All totals that are included in the Schedules and Statements represent totals of all known amounts. To the extent there are unknown or undetermined amounts, the actual total may be different than the listed total.
- c. Paid Claims. The Debtors have authority to pay certain outstanding prepetition payables pursuant to various Bankruptcy Court orders. To the extent the Debtors pay any of the liabilities listed in the Schedules pursuant to any orders entered by the Bankruptcy Court, the Debtors reserve all of their rights to amend or supplement the Schedules or take other action as is necessary and appropriate to avoid over-payment of or duplicate payments for any such liabilities.
- d. Liens. Property and equipment listed in the Schedules and Statements are presented without consideration of any liens that may attach (or have attached) to such property and equipment.
- e. Currency. Unless otherwise indicated, all amounts are reflected in U.S. dollars.

17. Estimates and Assumptions. To close the books and records of the Debtors as of the Petition Date and to prepare such information on a legal entity basis, the Debtors were required to make estimates, allocations, and assumptions that affect the reported amounts of assets, liabilities, revenue and expenses as of the Petition Date. The Debtors reserve all rights, but shall not be required, to amend the reported amounts of assets, revenue, and expenses to reflect changes in those estimates and assumptions.

18. Credits and Adjustments. The claims of individual creditors for, among other things, goods, products, services, or taxes are listed as the amounts entered on the Debtors’ books and records and may not reflect credits, allowances, or other adjustments due from such creditors to the Debtors. The Debtors reserve all of their rights with regard to such credits, allowances, and other adjustments, including the right to assert claims objections and/or setoffs with respect to the same.

19. Setoffs. The Debtors incur certain offsets and other similar rights during the ordinary course of business. Offsets in the ordinary course can result from various items, including, without limitation, intercompany transactions, pricing discrepancies, returns, refunds, warranties, debit memos, credits, and other disputes between the Debtors and their suppliers and/or customers. These offsets and other similar rights are consistent

with the ordinary course of business in the Debtors' industry and are not tracked separately. Therefore, although such offsets and other similar rights may have been accounted for when certain amounts were included in the Schedules, offsets are not independently accounted for, and as such, are or may be excluded from the Debtors' Schedules and Statements.

Specific Disclosures with Respect to the Debtors' Schedules

Schedule A/B. All values set forth in Schedule A/B reflect the book value of the Debtors' assets as of February 3, 2019, unless otherwise noted below. Other than real property leases reported on Schedule A/B 55, the Debtors have not included leases and contracts on Schedule A/B. Leases and contracts are listed on Schedule G.

Schedule A/B 3. Cash values held in financial accounts are listed on Schedule A/B 3 as of February 3, 2019. Details with respect to the Debtors' cash management system and bank accounts are provided in the *Debtors' Motion for Entry of Interim and Final Orders (I) Authorizing Continued Use of Cash Management System, (II) Authorizing Continued Use of Existing Business Forms, (III) Authorizing the Continuation of Intercompany Transactions, (IV) Granting Administrative Priority Status to Post-Petition Intercompany Transactions, (V) Authorizing Use of Prepetition Bank Accounts, Account Control Agreements, and Certain Payment Methods, and (VI) Temporarily Suspending the Requirements of 11 U.S.C. §345(B)* [Docket No. 9] (the "**Cash Management Motion**").

Schedule A/B 7. The Bankruptcy Court, pursuant to *the Interim Order (I) Approving The Debtors' Proposed Adequate Assurance of Payment For Future Utility Services, (II) Prohibiting Utility Companies From Altering, Refusing, Or Discontinuing Services, (III) Approving The Debtors' Proposed Procedures for Resolving Adequate Assurance Requests, and (IV) Granting Related Relief* [Docket No. 101], has authorized the Debtors to provide adequate assurance of payment for postpetition utility services, including a deposit in the amount of \$500,000.00. Such deposit is not listed on Schedule A/B 7, which was prepared as of the Petition Date.

Schedule A/B 11. Accounts receivable do not include intercompany receivables.

Schedule A/B 15. Ownership interests in subsidiaries have been listed in Schedules A/B 15 as an undetermined amount because the fair market value of such ownership is dependent on numerous variables and factors and likely differs significantly from their net book value.

Schedule A/B 38-42 – Dollar amounts are presented net of accumulated depreciation and other adjustments.

Schedule A/B 55. The Debtors do not own any real property. The Debtors have listed their real property leases in Schedule A/B 55, along with the value of any leasehold improvements.

Schedules A/B 60-65. Intangibles and Intellectual Property listed in Schedules A/B 60-65 are listed as an undetermined amount or at their net book value. The fair market value of such ownership is dependent on numerous variables and factors and may differ significantly from their net book value. The Debtors maintain databases into

which they collect and retain personally identifiable information of customers including a customer database which contains customers name, address, phone number, e-mail address, gender, birthday, and online purchase history. The amounts listed with respect to the database are undetermined because the fair market value of such ownership cannot be determined. The Debtors maintain various licenses in connection with the conduct of their business such as business licenses in each of the jurisdictions in which they do business. These licenses are voluminous and have not been listed on Schedule A/B 62, as their value is undetermined. In addition, the Debtors maintain Intellectual Property Out-Licenses granting sell-off rights to vendors who have manufactured, produced or otherwise directed the production of apparel and shoes containing Purchased Intellectual Property under purchase orders that were cancelled, rejected otherwise terminated by the Debtors, permitting such certain of such vendors the limited right to sell off specific goods covered by such purchase orders without removing the branded tags, rivets, heat transfers, buttons, or emblems containing Purchased Intellectual Property. In addition, the Debtors are parties to Contracts that allow third parties to use or reference the name or logo of the Debtors, including relevant Purchased Intellectual Property, in referencing the commercial relationship of the Debtors under such Contracts, including, for example, advertising or signage in real properties in which the Debtors operate a Store.

Schedule A/B 74 & 75. In the ordinary course of their businesses, the Debtors may have accrued, or may subsequently accrue, certain rights to counter-Claims, setoffs, refunds, or warranty Claims. Additionally, certain of the Debtors may be a party to pending litigation in which the Debtors have asserted, or may assert, Claims as a plaintiff or counter-Claims as a defendant. Because such Claims are unknown to the Debtors and not quantifiable as of the Petition Date, they are not listed on Schedule A/B 74 or 75. The Debtors' failure to list any contingent and/or unliquidated claim held by the Debtors in response to these questions is not an admission that such cause of action, claim, or right does not exist, and should not be construed as a waiver, release, relinquishment, or forfeiture of such cause of action, claim, or right.

Schedule D. The Claims listed on Schedule D arose or were incurred on various dates; a determination of the date upon which each Claim arose or was incurred would be unduly burdensome and cost prohibitive. Accordingly, not all such dates are included. All Claims listed on Schedule D, however, appear to have been incurred before the Petition Date.

With respect to the Claims listed on Schedule D, reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent, and priority of liens. Nothing in the Global Notes or the Schedules and Statements shall be deemed a modification or interpretation of the terms of such agreements. Except as specifically stated on Schedule D, real property lessors, utility companies, and other parties that may hold security deposits have not been listed on Schedule D. Nothing herein shall be construed as an admission by the Debtors of the legal rights of the Claimant or a waiver of the Debtors' rights to recharacterize or reclassify such Claim or contract.

Moreover, the Debtors have not included on Schedule D parties that may believe their Claims are secured through setoff rights, letters of credit, surety bonds, or inchoate statutory lien rights.

Schedule E/F part 1. The Bankruptcy Court has authorized the Debtors, in their discretion, to pay certain liabilities that may be entitled to priority under the applicable provisions of the Bankruptcy Code. For example, on February 5, 2019, the Bankruptcy Court entered that certain: *Final Order (I) Authorizing the Payment of Prepetition Sales, Use, and Franchise Taxes and Similar Taxes and Fees And (II) Authorizing Banks and Other Financial Institutions to Receive, Process, Honor, and Pay Checks Issued and Electronic Payment Requests Made Relating to the Foregoing* [Docket No. 282] and *Final Order Authorizing (I) Payment of Wages, Compensation and Employee Benefits and (II) Financial Institutions to Honor and Process Checks and Transfers Related to Such Obligations* [Docket No. 283]. The Debtors' analysis of potential priority claims is ongoing and may take significant time to complete.

The liabilities listed on the Schedules do not reflect any analysis of Claims under section 503(b)(9) of the Bankruptcy Code. Accordingly, the Debtors reserve all of their rights to dispute or challenge the validity of any asserted Claims under section 503(b)(9) of the Bankruptcy Code or the characterization of the structure of any such transaction or any document or instrument related to any creditor's Claim.

Schedule E/F part 2. The Debtors have used reasonable efforts to report all general unsecured Claims against the Debtors on Schedule E/F part 2, based upon the Debtors' books and records as of the Petition Date.

Determining the date upon which each Claim on Schedule E/F part 2 was incurred or arose would be unduly burdensome and cost prohibitive and, therefore, the Debtors do not list a date for each Claim listed on Schedule E/F part 2. Furthermore, claims listed on Schedule E/F part 2 may have been aggregated by unique creditor name and remit to address and may include several dates of incurrence for the aggregate balance listed.

Schedule E/F part 2 contains information regarding pending litigation involving the Debtors. The dollar amount of potential Claims associated with any such pending litigation is listed as "undetermined" and marked as contingent, unliquidated, and disputed in the Schedules and Statements. Some of the litigation Claims listed on Schedule E/F may be subject to subordination pursuant to section 510 of the Bankruptcy Code. In addition, as of the Petition Date, the Debtors' books and records reflected an aggregate net liability in respect of gift cards and store credits. The Debtors estimate that as of the Petition Date, approximately \$3,142,190.00³ in issued gift cards is outstanding.⁴ Because the Debtors do not know the identities of holders of such cards and credits, these are not listed on Schedule E/F, part 2.

Schedule E/F part 2 also includes potential or threatened litigation claims. Any information contained in Schedule E/F part 2 with respect to such potential litigation shall not be a binding representation of the Debtors' liabilities with respect to any of the potential suits and

³ The gross amount of Gift Cards outstanding is \$16,814,489. However, the amount that is actually reflected on the Debtors' books and records is \$3,142,190.00 as a result of annual breakage which reflects the value of all Gift Cards issued over thirteen (13) months and the estimate of the percentage of Gift Cards that were issued within the thirteen (13) months prior that will most likely not be redeemed within thirteen (13) months. The Debtors do not maintain information regarding the individual holders of unredeemed Gift Cards.

⁴ This amount includes outstanding Charlotte Russe Merchandise Credit Card balances.

proceedings included therein. The Debtors expressly incorporate by reference into Schedule E/F part 2 all parties to pending litigation listed in the Debtors' Statements 7, as contingent, unliquidated, and disputed claims, to the extent not already listed on Schedule E/F part 2.

Schedule E/F part 2 reflects the prepetition amounts owing to counterparties to executory contracts and unexpired leases. Such prepetition amounts, however, may be paid in connection with the assumption, or assumption and assignment, of executory contracts or unexpired leases. Additionally, Schedule E/F part 2 does not include potential rejection damage Claims, if any, of the counterparties to executory contracts and unexpired leases that may be rejected.

Schedule G. Although reasonable efforts have been made to ensure the accuracy of each Debtor's Schedule G, inadvertent errors may have occurred. Certain information, such as the contact information of the counter-party, may not be included where such information could not be obtained using the Debtors' reasonable efforts. Listing or omitting a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is or is not an executory contract or unexpired lease, was in effect on the Petition Date, or is valid or enforceable. Certain of the leases and contracts listed on Schedule G may contain certain renewal options, guarantees of payment, indemnifications, options to purchase, rights of first refusal, and other miscellaneous rights. Such rights, powers, duties, and obligations are not set forth separately on Schedule G.

Certain confidentiality and non-disclosure agreements may not be listed on Schedule G.

Certain of the contracts and agreements listed on Schedule G may consist of several parts, including, purchase orders, amendments, restatements, waivers, letters, and other documents that may not be listed on Schedule G or that may be listed as a single entry. In some cases, the same supplier or provider appears multiple times on Schedule G. This multiple listing is intended to reflect distinct agreements between the applicable Debtor and such supplier or provider. The Debtors expressly reserve their rights to challenge whether such related materials constitute an executory contract, a single contract or agreement, or multiple, severable or separate contracts.

The contracts, agreements, and leases listed on Schedule G may have expired or may have been modified, amended, or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters, memoranda and other documents, instruments, and agreements that may not be listed therein despite the Debtors' use of reasonable efforts to identify such documents. Further, unless otherwise specified on Schedule G, each executory contract or unexpired lease listed thereon shall include all exhibits, schedules, riders, modifications, declarations, amendments, supplements, attachments, restatements, or other agreements made directly or indirectly by any agreement, instrument, or other document that in any manner affects such executory contract or unexpired lease, without respect to whether such agreement, instrument, or other document is listed thereon.

In addition, the Debtors may have entered into various other types of agreements in the ordinary course of their businesses, such as subordination, nondisturbance, and attornment agreements, supplemental agreements, settlement agreements, amendments/letter agreements, title agreements and confidentiality agreements. Such documents may not be set forth on

Schedule G. Certain of the executory agreements may not have been memorialized and could be subject to dispute. Executory agreements that are oral in nature have not been included on the Schedule G.

The Debtors reserve all of their rights, Claims and causes of action with respect to the contracts on Schedule G, including the right to dispute or challenge the characterization of the structure of any transaction or any document or instrument related to a creditor's Claim.

Omission of a contract or agreement from Schedule G does not constitute an admission that such omitted contract or agreement is not an executory contract or unexpired lease. The Debtors' rights under the Bankruptcy Code with respect to any such omitted contracts or agreements are not impaired by the omission. Schedule G may be amended at any time to add any omitted contract, agreement or lease.

The listing of any contract on Schedule G does not constitute an admission by the Debtors as to the validity of any such contract or that such contract is an executory contract or unexpired lease. The Debtors reserve all of their rights to dispute the effectiveness of any such contract listed on Schedule G or to amend Schedule G at any time to remove any contract.

The Debtors maintain a variety of insurance policies, including, without limitation, property, general liability, and employee related policies. For purposes of Schedule G, all insurance policies are included however, multiple Debtors may be a party to or covered by the policies.

Schedule H. For purposes of Schedule H, the Debtors that are either the principal obligors or guarantors under the prepetition debt facilities are listed as Co-Debtors on Schedule H. The Debtors may not have identified certain guarantees associated with the Debtors' executory contracts, unexpired leases, secured financings, debt instruments, and other such agreements. The Debtors reserve all of their rights to amend the Schedules to the extent that additional guarantees are identified or such guarantees are discovered to have expired or be unenforceable.

In the ordinary course of their businesses, the Debtors may be involved in pending or threatened litigation. These matters may involve multiple plaintiffs and defendants, some or all of whom may assert cross-Claims and counter-Claims against other parties. Because the Debtors have treated all such Claims as contingent, disputed, or unliquidated, such Claims have not been set forth individually on Schedule H. Litigation matters can be found on each Debtor's Schedule E/F part 2 and Statement 7, as applicable.

Specific Disclosures with Respect to the Debtors' Statements

Statement 3. Statement 3 includes any disbursement or other transfer made by the Debtors within 90 days before the Petition Date except for those made to insiders (which payments appear in response to Statement question 4), employees, and bankruptcy professionals (which payments appear in Statement 11 and include any retainers paid to bankruptcy professionals). The amounts listed in Statement 3 reflect the Debtors' disbursements netted against any check level detail; thus, to the extent a disbursement was made to pay for multiple invoices, only one entry has been listed on Statement 3. All disbursements listed on Statement 3 are made through the Debtors' cash management system. Additionally, all disbursement information reported in Statement 3 for a specific Debtor pertains to the bank accounts maintained by that Debtor.

Statement 4. Statement 4 accounts for a respective Debtor's transfers to insiders as applicable, but excludes intercompany transactions. With respect to individuals, the amounts listed reflect the universe of payments and transfers to such individuals including compensation, bonus (if any), expense reimbursement, relocation reimbursement, and/or severance. Amounts paid on behalf of such employee for certain life and disability coverage, which coverage is provided to all of the Debtors' employees, has not been included.

Statement 5. Statement 5 excludes goods returned in the ordinary course of business.

Statement 6. There may be instances, including, without limitation, holdbacks made by credit card processors, where such a setoff has occurred without the Debtors' knowledge.

Statement 7. Any information contained in Statement 7 shall not be a binding representation of the Debtors' liabilities with respect to any of the suits and proceedings identified therein. The Debtors track all incidents in their stores through incident reports. However, only those incidents that have resulted in active litigation and/or proceedings are reported on SOFA 7.

Statement 10. The Debtors occasionally incur losses for a variety of reasons, including theft and property damage. The Debtors, however, may not have records of all such losses if such losses do not have a material impact on the Debtors' businesses or are not reported for insurance purposes. Ordinary course shrinkage is not reflected in the Statements. The losses listed on Statement 10 are based on estimated amounts.

Statement 11. Out of an abundance of caution, the Debtors have included payments to all professionals who have rendered any advice related the Debtors' bankruptcy proceedings in Statement 11. However, it is possible that the disclosed fees also relate to other, non-bankruptcy related services, and may include services rendered to other parties.

Statement 26d. The Debtors have used their reasonable efforts to provide a listing of parties to which financial statements have been provided. However, the Debtors provide numerous banks, vendors and customers with financial statements and the listing on Statement 26d may not be a complete listing of every party provided financial statements.

Statement 30. Unless otherwise indicated in a Debtor's specific response to Statement 30, the Debtors have included a comprehensive response to Statement 30 in Statement 4.

Fill in this information to identify the case:**Debtor name:** Charlotte Russe, Inc.**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 19-10214☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from Schedule A/B	\$43,167,891.68
1b. Total personal property: Copy line 91A from Schedule A/B	\$93,931,408.58
1c. Total of all property: Copy line 92 from Schedule A/B	\$137,099,300.26

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D	\$112,179,000.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of Schedule E/F	\$5,009,160.94
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F	+ \$10,602,141.71
4. Total liabilities Lines 2 + 3a + 3b	\$127,790,302.65

Fill in this information to identify the case:**Debtor name:** Charlotte Russe, Inc.**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 19-10214☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**☐ No. Go to Part 2.☒ Yes. Fill in the information below

All cash or cash equivalents owned or controlled by the debtor	Current value of debtor's interest

2. Cash on hand

2.1. PETTY CASH (SAN FRANCISCO)	\$300.00
2.2. PETTY CASH (SAN DIEGO)	\$244.08
2.3. STORE WORKING CASH (REGISTERS)	\$707,827.00

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1.	BANK OF HAWAII	STORE DEPOSITORY	0399	\$32,064.64
3.2.	BANCO POPULAR	STORE DEPOSITORY	9819	\$31,308.70
3.3.	REGIONS	STORE DEPOSITORY	7317	\$58,194.88
3.4.	PNC BANK	STORE DEPOSITORY	4229	\$0.00
3.5.	WELLS FARGO	STORE DEPOSITORY	9724	\$44,319.27
3.6.	BANK OF AMERICA	DEPOSITORY - CREDIT CARD RECEIPT ACCOUNT	2672	\$0.00
3.7.	BANK OF AMERICA	DEPOSITORY - CONCENTRATION ACCOUNT	2607	\$26,107.47
3.8.	BANK OF AMERICA	OPERATING	2609	\$242,116.87
3.9.	BANK OF AMERICA	PAYROLL DISBURSEMENT	2420	\$21,730.55
3.10.	BANK OF AMERICA	GENERAL DISBURSEMENT	0163	\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****3. Checking, savings, money market, or financial brokerage accounts** (Identify all)

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.11.	BANK OF AMERICA	RENT DISBURSEMENT	6079	\$0.00
3.12. ¹	BANK OF AMERICA	LINE OF CREDIT	5 RUS	\$22,854,000.00

¹EXCLUDES STANDBY AND DOC LETTERS OF CREDIT**4. Other cash equivalents** (Identify all)

	Description	Name of institution	Type of account	Last 4 digits of account number	Current value of debtor's interest
4.1.	CREDIT CARD RECEIVABLE - VS/MC/DEBIT	BANK OF AMERICA	DEPOSITORY - CREDIT CARD RECEIPT ACCOUNT	2672	\$3,362,596.05
4.2.	CREDIT CARD RECEIVABLE - AMEX	BANK OF AMERICA	DEPOSITORY - CREDIT CARD RECEIPT ACCOUNT	2672	\$130,508.36
4.3.	CREDIT CARD RECEIVABLE - DISCOVER	BANK OF AMERICA	DEPOSITORY - CREDIT CARD RECEIPT ACCOUNT	2672	\$80,378.92
4.4.	CREDIT CARD RECEIVABLE - PAYPAL	BANK OF AMERICA	DEPOSITORY - CREDIT CARD RECEIPT ACCOUNT	2672	\$113,237.56
4.5.	CREDIT CARD RECEIVABLE - AFTERPAY	BANK OF AMERICA	DEPOSITORY - CREDIT CARD RECEIPT ACCOUNT	2672	\$5,654.79
4.6.	CREDIT CARD RECEIVABLE - AMAZONPAY	BANK OF AMERICA	DEPOSITORY - CREDIT CARD RECEIPT ACCOUNT	2672	\$11,689.63

5. Total of part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$27,722,278.77

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
- ☒ Yes. Fill in the information below

7. Deposits, including security deposits and utility deposits

	Description, including name of holder of deposit	Current value of debtor's interest
7.1.	UTILITIES ALABAMA GAS	\$468.00
7.2.	SEWER & WATER ALTAMONTE SPRINGS UTILITY BILL	\$100.00
7.3.	UTILITIES APS	\$2,620.00
7.4.	CASH FUNDING AT SYSTEMS (NOW GARDA)	\$58,500.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****7. Deposits, including security deposits and utility deposits**

	Description, including name of holder of deposit	Current value of debtor's interest
7.5.	UTILITIES ATMOS ENERGY	\$450.00
7.6.	UTILITIES AUTORIDAD DE ENERGIA ELECTRICA	\$38,000.00
7.7.	WATER AUTORIDAD/ACUEDUCTOS/ALCANTARILLADOS	\$1,000.00
7.8.	UTILITIES BALDWIN EMC	\$5,030.00
7.9.	UTILITIES BLACK HILL ENERGY	\$58.00
7.10.	UTILITIES CARROLL ELECTRIC	\$3,045.00
7.11.	UTILITIES CDE LIGHTBAND	\$2,762.00
7.12.	UTILITIES CENTRAL GEORGIO	\$3,605.00
7.13.	UTILITIES CHARLOTTE COUNTY UTILITIES	\$200.00
7.14.	UTILITIES CHESTERFIELD COUNTY UTILITIES DEPARTMENT	\$1.12
7.15.	UTILITIES CITY OF BEAUMONT	\$150.00
7.16.	WATER CITY OF BOYNTON BEACH	\$125.00
7.17.	WATER CITY OF DAYTONA BEACH	\$172.00
7.18.	UTILITIES CITY OF DOTHAN ALABAMA	\$1,175.00
7.19.	WATER CITY OF HURST	\$300.00
7.20.	UTILITIES CITY OF OCALA	\$2,112.00
7.21.	UTILITIES CITY OF TACOMA	\$550.00
7.22.	WATER CLARKSVILLE GAS & WATER DEPT	\$250.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****7. Deposits, including security deposits and utility deposits**

	Description, including name of holder of deposit	Current value of debtor's interest
7.23.	UTILITIES CLAY ELECTRIC COOP INC	\$3,000.00
7.24.	UTILITIES CLECO POWER	\$250.00
7.25.	UTILITIES COLUMBIA GAS OF KENTUCKY	\$100.00
7.26.	UTILITIES COMED	\$3,975.00
7.27.	UTILITIES COMMUNICATION RESOURCE(FOR CONED)	\$2,235.68
7.28.	UTILITIES CON EDISON	\$4,280.00
7.29.	UTILITIES CONSTELLATION NEW ENERGY	\$69,698.24
7.30.	UTILITIES DELMARVA POWER	\$2,460.00
7.31.	UTILITIES DOMINION VIRGINIA	\$16,687.00
7.32.	UTILITIES DUKE ENERGY	\$32,526.00
7.33.	UTILITIES EDINBURG UTILITIES	\$60.00
7.34.	UTILITIES EL PASO ELECTRIC	\$2,910.00
7.35.	SEWER & WATER EMERALD COAST UTILITIES AUTHORITY	\$250.00
7.36.	UTILITIES EMPIRE DISTRICT	\$3,000.00
7.37.	UTILITIES EMPIRE ELECTRIC	\$332.05
7.38.	UTILITIES ENERGY WORKS LANCASTER	\$3,704.26
7.39.	UTILITIES ENTERGY	\$7,001.00
7.40.	UTILITIES FLORENCE UTILITIES	\$1,650.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****7. Deposits, including security deposits and utility deposits**

	Description, including name of holder of deposit	Current value of debtor's interest
7.41.	UTILITIES FLORIDA POWER & LIGHT CO.	\$24,611.00
7.42.	UTILITIES FPL	\$29,746.66
7.43.	UTILITIES GAINESVILLE REGIONAL UT	\$2,825.00
7.44.	UTILITIES GEORGIA POWER	\$19,687.00
7.45.	UTILITIES GREEN MOUNTAIN POWER	\$2,827.00
7.46.	UTILITIES GULF POWER	\$6,855.00
7.47.	UTILITIES IMPERIAL IRRIGATION DISTRICT	\$2,200.00
7.48.	UTILITIES INTERMOUNTAIN RURAL ELECTRIC ASSOC.	\$1,388.68
7.49.	UTILITIES JACKSON ELECTRIC	\$2,400.00
7.50.	UTILITIES JACKSON ENERGY AUTHORITY	\$1,915.00
7.51.	UTILITIES JACKSONVILLE ELECTRIC	\$1,300.00
7.52.	WATER JEFFERSON WATER	\$125.00
7.53.	UTILITIES JOHNSON CITY POWER BOARD	\$3,500.00
7.54.	UTILITIES JONES-ONSLOW EMC	\$1,800.00
7.55.	UTILITIES KENTUCKY POWER COMPANY	\$2,068.00
7.56.	UTILITIES KNOXVILLE UTILITIES BOARD	\$7,000.00
7.57.	UTILITIES LAKELAND ELECTRIC	\$3,116.66
7.58.	UTILITIES LIPA	\$12,433.04

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****7. Deposits, including security deposits and utility deposits**

	Description, including name of holder of deposit	Current value of debtor's interest
7.59.	UTILITIES LUS LAFAYETTE UTIL SYS	\$30.00
7.60.	SEWER & WATER MIAMI DADE WATER SEWER DEPT	\$200.00
7.61.	UTILITIES MISSOURI GAS ENERGY	\$100.00
7.62.	WATER MOBILE AREA WATER AND SEWER SYSTEM	\$100.00
7.63.	UTILITIES MONPOWER	\$1,592.00
7.64.	WATER MUNICIPAL AUTHORITY OF WESTMORELAND	\$100.00
7.65.	UTILITIES MURFREESBORO ELECTRIC	\$600.00
7.66.	UTILITIES NATIONAL GRID	\$2,927.97
7.67.	UTILITIES NEW BRAUNFELS UTILITIES	\$7,000.00
7.68.	WATER NORTH CANTON WATER - SEWER	\$65.00
7.69.	UTILITIES NORTHERN VIRGINIA ELECTRIC	\$700.00
7.70.	UTILITIES NSTAR	\$468.00
7.71.	UTILITIES NV ENERGY	\$480.00
7.72.	UTILITIES OKLAHOMA NATURAL GAS COMPANY	\$100.00
7.73.	UTILITIES ORLANDO UTILITY COMMISSION	\$5,280.00
7.74.	CLOSING PAYMENT PEEK AREN'T YOU CURIOS	\$40,225.94
7.75.	UTILITIES PEPCO	\$1,276.50
7.76.	UTILITIES PSEGLI/PSE&G	\$2,594.15

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****7. Deposits, including security deposits and utility deposits**

	Description, including name of holder of deposit	Current value of debtor's interest
7.77.	PHONE PUERTO RICO TELEPHONE CO.	\$2,150.00
7.78.	UTILITIES SANDPIPER ENERGY	\$350.00
7.79.	PHONE SBC (AMERICTECH)	\$400.00
7.80.	UTILITIES SHELBY ENERGY ELECTRIC	\$3,914.00
7.81.	UTILITIES SOUTHERN CA EDISON	\$114,370.00
7.82.	UTILITIES SRP	\$5,500.00
7.83.	UTILITIES TAMPA ELECTRIC CO	\$10,579.96
7.84.	UTILITIES TOMBIGBEE ELECTRIC POWER ASS	\$1,014.38
7.85.	UTILITIES TUCSON ELECTRIC POWER	\$6,652.00
7.86.	INSURANCE UNITED HEALTH CARE	\$259,000.00
7.87.	UTILITIES VERMONT GAS	\$150.00
7.88.	UTILITIES WASHINGTON GAS	\$1,370.00
7.89.	UTILITIES WITHLACOOCHIE RIVER ELECTRIC	\$4,070.00
7.90.	UTILITIES XCEL ENERGY	\$492.00

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

	Description, including name of holder of prepayment	Current value of debtor's interest
8.1.	CONTRACTS (RUCKUS WATCHDOG REMOTE SUPPORT) 1903 SOLUTIONS	\$2,547.50
8.2.	UTILITIES 32556MUZAK LLC	\$19,796.29
8.3.	CONTRACTS (ANNAUL CHARGE) ACTION VERB, LLC	\$996.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

	Description, including name of holder of prepayment	Current value of debtor's interest
8.4.	OTHER AMEX	\$587.60
8.5.	INSURANCE BOND - UNITED STATES CUSTOMS	\$3,900.00
8.6.	CONTRACTS (TAX RETURNS SOFTWARE) CORPTAX, INC.	\$3,332.50
8.7.	CONTRACTS (JIRA CLOUD COMMERCIAL LICENSES) CPRIME	\$2,526.04
8.8.	CONTRACTS (JIRA CLOUD COMMERCIAL LICENSES) CPRIME	\$1,166.79
8.9.	CONTRACTS (SERVICE AGREEMENT CONTRACT) CROSSPOINT NETWORK SOLUTIONS	\$4,258.99
8.10.	CONTRACTS (NETSURE-4H-FS) CURVATURE	\$82.50
8.11.	CONTRACTS (ZEBRA EVM, ONECARE SERVICE) DECISIONPOINT	\$2,027.40
8.12.	CONTRACTS (PREMIER SUPPORT) DOCUSIGN	\$1,000.00
8.13.	CONTRACTS (UP BUSINESS) EAGLE TECHNOLOGY MANAGEMENT	\$1,457.75
8.14.	CONTRACTS (DASHBOARD GEAR) ERP ACCESSORIES	\$1,287.50
8.15.	UTILITIES FEB TEL AT&T	\$444.24
8.16.	UTILITIES FEB TEL CENTURYLINK	\$2,400.79
8.17.	UTILITIES FEB TEL CHARTER COMMUNICATIONS	\$75.00
8.18.	UTILITIES FEB TEL COMCAST	\$1,935.33
8.19.	UTILITIES FEB TEL CONSOLIDATED COMMUNICA	\$155.77
8.20.	UTILITIES FEB TEL FRONTIER	\$1,266.21
8.21.	UTILITIES FEB TEL GC PIVOTAL LLC	\$589.59
8.22.	UTILITIES FEB TEL GRANDE COMMUNICATIONS	\$260.87

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

	Description, including name of holder of prepayment	Current value of debtor's interest
8.23.	UTILITIES FEB TEL GTT COMMUNICATIONS INC	\$132.26
8.24.	UTILITIES FEB TEL HARGRAY REMITTANCE CEN	\$83.93
8.25.	UTILITIES FEB TEL HAWAIIAN TELCOM	\$138.20
8.26.	UTILITIES FEB TEL HTC	\$85.39
8.27.	UTILITIES FEB TEL MEGAPATH	\$94.48
8.28.	UTILITIES FEB TEL OPTIMUM	\$80.05
8.29.	UTILITIES FEB TEL PTS	\$99.17
8.30.	UTILITIES FEB TEL PUERTO RICO TELEPHONE/	\$346.06
8.31.	UTILITIES FEB TEL RITTER COMMUNICATIONS	\$47.92
8.32.	UTILITIES FEB TEL TIME WARNER CABLE	\$139.96
8.33.	UTILITIES FEB TEL VERIZON	\$1,624.55
8.34.	UTILITIES FEB TEL WINDSTREAM GEORGIA LLC	\$143.17
8.35.	UTILITIES FEB TEL WINDSTREAM SUGAR LAND	\$337.51
8.36.	UTILITIES FEB TRA 601 WASTE PRO GAUTIER	\$257.90
8.37.	UTILITIES FEB TRA CORPORATE SVCS CONSULT	\$560.00
8.38.	UTILITIES FEB TRA KETER ENVIRONMENTAL SV	\$78,955.64
8.39.	UTILITIES FEB TRA PRECISION WASTE SOLUTI	\$1,235.90
8.40.	UTILITIES FEB TRA SUSTAINABLE SOLUTIONS	\$16,309.56
8.41.	UTILITIES FEB TRA SUSTAINABLE SOLUTIONS	\$585.52

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

	Description, including name of holder of prepayment	Current value of debtor's interest
8.42.	UTILITIES FEB TRA TOG	\$1,382.69
8.43.	UTILITIES FEB TRA WASTE MGMT INC	\$27,156.96
8.44.	UTILITIES FEB-DEC ELC XCEL ENERGY	\$332.02
8.45.	TAXES (PUERTO RICO TAX OVERPAYMENT) FRANCHISE TAX BOARD	\$309,409.74
8.46.	CONTRACTS (MESSENGERPLUS - PRIMARY LICENSE) HELPSYSTEMS LLC	\$1,401.75
8.47.	CONTRACTS (INFOR: LAWSON) INFOR (US) INC.	\$22,964.58
8.48.	CONTRACTS (EVOLUTION CONTRACT) LECTRA USA INC.	\$1,022.31
8.49.	CONTRACTS (EXTENDED WARRANTY, VERIFONE MX9XX) LEVEL 10	\$43,133.77
8.50.	CONTRACTS (LPMS-CASE MANAGEMENT) LP SOFTWARE	\$109.46
8.51.	CONTRACTS (LP: CAMS MAINTENANCE, ERMS & SMART ALERT MAINT) LP SOFTWARE	\$1,068.03
8.52.	CONTRACTS (ANNUAL SUPPORT/MAINTENANCE LPMS) LP SOFTWARE	\$2,915.50
8.53.	CONTRACTS (LICENSE SUBSCRIPTION) MAGENTO	\$3,500.00
8.54.	CONTRACTS (VM SYSTEM I PKMS SOFTWARE SUPPORT) MANHATTAN ASSOCIATES	\$85,788.07
8.55.	UTILITIES MAR TRA WASTE MGMT INC	\$25,671.55
8.56.	CONTRACTS (PREPAID ENTERPRISE LICENSE) MOVABLE INC	\$17,499.99
8.57.	CONTRACTS (PLATINUM SUBSCRIPTION) MULESOFT	\$18,863.70
8.58.	CONTRACTS (MICROS XSTORE SOFTWARE) ORACLE AMERICA, INC.	\$12,016.28
8.59.	CONTRACTS (SOFTWARE UPDATE LICENSE & SUPPORT) ORACLE AMERICA, INC.	\$13,391.91
8.60.	CONTRACTS (RETAIL XSTORE SOFTWARE UPDATE) ORACLE AMERICA, INC.	\$3,144.07

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

	Description, including name of holder of prepayment	Current value of debtor's interest
8.61.	CONTRACTS (MAIN CONTRACT SVC) PARK PLACE	\$968.46
8.62.	CONTRACTS (PERFORCE: STANDARD SUPPORT) PERFORCE SOFTWARE INC	\$218.75
8.63.	CONTRACTS (BUSINESS-PROFESSIONAL) PLURALSIGHT	\$1,330.66
8.64.	CONTRACTS (BUSINESS-PROFESSIONAL) PLURALSIGHT	\$1,127.12
8.65.	OTHER PREDICT SPRINGS INC	\$37,083.29
8.66.	CONTRACTS (FLEXFORM ANNUAL SUPPORT) PRODUCTIVE SYSTEMS, INC.	\$960.00
8.67.	CONTRACTS (2018 CORE MEMBER DUES) R-CISC	\$500.00
8.68.	OTHER S&P	\$20,625.00
8.69.	OTHER S&P FINANCIAL SERVICES	\$2,731.22
8.70.	CONTRACTS (SOLARWINDS MAINTENANCE) SHI	\$1,491.32
8.71.	CONTRACTS (SHI: CYBERARK MAINTENANCE) SHI	\$2,893.36
8.72.	CONTRACTS (SMARTNET EXTENDED SERVICES) SHI	\$5,353.44
8.73.	CONTRACTS (TOAD FOR ORACLE) SHI	\$193.00
8.74.	CONTRACTS (COMMVAULT SOFTWARE PREMIER SUPPORT) SHI	\$7,628.75
8.75.	CONTRACTS (ESD TRIPWIRE) SHI	\$2,977.98
8.76.	CONTRACTS (ESD ADOBE LICENSES) SHI	\$473.01
8.77.	CONTRACTS (ESD ADOBE LICENSES-CREATIVE CLOUD) SHI	\$3,900.00
8.78.	CONTRACTS (IMPERVA-DATABASE SECURITY MONITORING) SHI	\$3,607.67
8.79.	CONTRACTS (ADOBE CREATIVE CLOUD - 4 USERS) SHI	\$1,222.07

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

	Description, including name of holder of prepayment	Current value of debtor's interest
8.80.	CONTRACTS (ADOBE CREATIVE CLOUD - 1 USERS) SHI	\$339.46
8.81.	CONTRACTS (PHOTOSHOP MULTIPLE PLATFORMS ESD SOFTWARE) SHI	\$340.76
8.82.	CONTRACTS (RED HAT ENTERPRISE LINUX) SHI	\$306.67
8.83.	CONTRACTS (AUTODESK MAINTENANCE) SHI	\$686.74
8.84.	CONTRACTS (ANNUAL LICENSE PURCHASE) SLACK TECHNOLOGIES	\$15,000.00
8.85.	OTHER SMART SHEET	\$2,362.50
8.86.	OTHER ST JUDE PRINT RECLASS	(\$33,189.00)
8.87.	OTHER STANDARD AND POOR'S FINANCIAL	\$14,653.10
8.88.	CONTRACTS (IMPLEMENTATION (LT & ST)) TANGO ANALYTICS	\$45,339.16
8.89.	CONTRACTS (LICENSE HQ) TAX COMPLIANCE, INC (TCI)	\$4,524.98
8.90.	CONTRACTS (CARBON BLACK ANNUAL SUBSCRIPTION) TEVORA	\$2,199.99
8.91.	CONTRACTS (OKTA CLOUD CONNECT (LT & ST)) TRACE 3	\$41,562.50
8.92.	CONTRACTS (TRAPS ADVANCED ENDPOINT PROTECTION) TRACE3	\$2,933.33
8.93.	CONTRACTS (PALO ALTO SUPPORT RENEWAL) TRACE3	\$7,377.33
8.94.	OTHER USPS	\$3,986.67
8.95.	OTHER WGSN	\$18,024.98

9. Total of part 2

Add lines 7 through 8. Copy the total to line 81.

\$1,840,300.77

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes. Fill in the information below.

Current value of debtor's interest**11. Accounts receivable**

	Face amount	Doubtful or uncollectible accounts		
11a. 90 days old or less:	\$324,886.67	- \$0.00	= →	\$324,886.67
	Face amount	Doubtful or uncollectible accounts		
11b. Over 90 days old:	\$ _____	- \$ _____	= →	\$ _____

12. Total of part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$324,886.67**Part 4: Investments****13. Does the debtor own any investments?**

- ☐ No. Go to Part 5.
- ☒ Yes. Fill in the information below.

Valuation method used for current value**Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock

14.1. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

	Name of entity	% of ownership	
15.1.	CHARLOTTE RUSSE ADMINISTRATION, INC.	100.00%	_____ UNDETERMINED
15.2.	CHARLOTTE RUSSE MERCHANDISING, INC.	100.00%	_____ UNDETERMINED

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe

16.1. _____ \$ _____

17. Total of part 4

Add lines 14 through 16. Copy the total to line 83.

UNDETERMINED**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials					
19.1.			\$		\$
20. Work in progress					
20.1.			\$		\$
21. Finished goods, including goods held for resale					
	General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
21.1.	FINISHED GOODS HELD FOR RESALE	6/2018	\$54,926,522.00	RETAIL METHOD	\$54,926,522.00
22. Other inventory or supplies					
	General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
22.1.	CHARLOTTE RUSSE - HANGERS	1/21/2019	\$794,954.00	NET BOOK VALUE	\$794,954.00
22.2.	CHARLOTTE RUSSE - BAGS	1/21/2019	\$1,547,580.00	NET BOOK VALUE	\$1,547,580.00
22.3.	CHARLOTTE RUSSE - PREPAID SUPPLIES	1/21/2019	\$110,147.00	NET BOOK VALUE	\$110,147.00
22.4.	CHARLOTTE RUSSE - SECURITY TAGS	1/21/2019	\$132,500.00	NET BOOK VALUE	\$132,500.00
22.5.	CHARLOTTE RUSSE - SUPPLIES BOXES	1/21/2019	\$210,421.00	NET BOOK VALUE	\$210,421.00
22.6.	CHARLOTTE RUSSE - DC PACKAGING	1/21/2019	\$3,986.00	NET BOOK VALUE	\$3,986.00
22.7.	CHARLOTTE RUSSE - TICKETS / LABELS	1/21/2019	\$129.00	NET BOOK VALUE	\$129.00
22.8.	PEEK - HANGERS	1/21/2019	\$7,831.00	NET BOOK VALUE	\$7,831.00
22.9.	PEEK - BAGS	1/21/2019	\$1,672.00	NET BOOK VALUE	\$1,672.00
23. Total of part 5					\$57,735,742.00

Add lines 19 through 22. Copy the total to line 84.

24. Is any of the property listed in Part 5 perishable?

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
☒ Yes Book value: \$8,821,445.66 Valuation method: RETAIL METHOD Current value: \$8,821,445.66

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
28.1. _____	\$ _____	_____	\$ _____
29. Farm animals. Examples: Livestock, poultry, farm-raised fish			
29.1. _____	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)			
30.1. _____	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed			
31.1. _____	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6			
32.1. _____	\$ _____	_____	\$ _____
33. Total of part 6			\$0.00

Add lines 28 through 32. Copy the total to line 85.

34. Is the debtor a member of an agricultural cooperative?

- ☐ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☐ Yes Book value: \$ _____ Valuation method: _____ Current value: \$ _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☐ No
- ☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
39.1. OFFICE FURNITURE - OWNED	\$58,208.57	Cost-Based/Straight Line	\$58,208.57
40. Office fixtures			
40.1. OFFICE FIXTURES - OWNED	\$3,896,035.94	Cost-Based/Straight Line	\$3,896,035.94
41. Office equipment, including all computer equipment and communication systems equipment and software			
	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.1. OFFICE EQUIPMENT - OWNED	\$1,652,396.29	Cost-Based/Straight Line	\$1,652,396.29
42. Collectibles. Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1. _____	\$ _____	_____	\$ _____
43. Total of part 7			\$5,606,640.80

Add lines 39 through 42. Copy the total to line 86.

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☐ No
☒ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. _____	\$ _____	_____	\$ _____
48. Watercraft, trailers, motors, and related accessories. Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1. _____	\$ _____	_____	\$ _____
49. Aircraft and accessories			
49.1. _____	\$ _____	_____	\$ _____

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

50.1. EQUIPMENT - OWNED	\$701,559.57	Cost-Based/Straight Line	\$701,559.57

51. Total of part 8

Add lines 47 through 50. Copy the total to line 87.

\$701,559.57

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
- ☒ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in the information below.

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest					
55.1.	RETAIL STORE STORE # 01 AT THE SHOPPES AT CARLSBAD 2525 EL CAMINO REAL, SPACE #261 CARLSBAD CA 92008	LEASEHOLD IMPROVEMENTS	\$5,751.92	Cost-Based/Straight Line	\$5,751.92
55.2.	RETAIL STORE STORE # 02 AT MISSION VALLEY 1640 CAMINO DEL RIO NORTH, SPACE #237 SAN DIEGO CA 92108	LEASEHOLD IMPROVEMENTS	\$8,582.17	Cost-Based/Straight Line	\$8,582.17
55.3.	RETAIL STORE STORE # 04 AT PARKWAY 627 PARKWAY PLAZA EL CAJON CA 92020	LEASEHOLD IMPROVEMENTS	\$219,481.45	Cost-Based/Straight Line	\$219,481.45
55.4.	RETAIL STORE STORE # 06 AT PLAZA BONITA 3030 PLAZA BONITA ROAD, SPACE #1256 NATIONAL CITY CA 91950	LEASEHOLD IMPROVEMENTS	\$36,054.79	Cost-Based/Straight Line	\$36,054.79

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.	Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.5.	RETAIL STORE STORE # 07 AT GROSSMONT CENTER 5500 GROSSMONT CENTER, SUITE 313, SPACE #B1-60 LA MESA CA 91942	LEASEHOLD IMPROVEMENTS	\$3,636.56	Cost-Based/Straight Line	\$3,636.56
55.6.	RETAIL STORE STORE # 09 AT NORTH COUNTY FAIR 200 EAST VIA RANCHO PARKWAY, SPACE #329 ESCONDIDO CA 92025	LEASEHOLD IMPROVEMENTS	\$10,446.51	Cost-Based/Straight Line	\$10,446.51
55.7.	RETAIL STORE STORE # 10 AT MAINPLACE MALL 2800 NORTH MAIN PLACE, SPACE #416 SANTA ANA CA 92705	LEASEHOLD IMPROVEMENTS	\$289,344.28	Cost-Based/Straight Line	\$289,344.28
55.8.	RETAIL STORE STORE # 101 AT ARBOR PLACE 1440 DOUGLAS BLVD DOUGLASVILLE GA 30135	LEASEHOLD IMPROVEMENTS	\$9,930.02	Cost-Based/Straight Line	\$9,930.02
55.9.	RETAIL STORE STORE # 102 AT PARK PLACE 5870 EAST BROADWAY BLVD., SPACE #412 & 414 TUCSON AZ 85711	LEASEHOLD IMPROVEMENTS	\$352.37	Cost-Based/Straight Line	\$352.37
55.10.	RETAIL STORE STORE # 103 AT HOLYOKE MALL 50 HOLYOKE STREET, SPACE #H315 HOLYOKE MA 01040	LEASEHOLD IMPROVEMENTS	\$82,331.27	Cost-Based/Straight Line	\$82,331.27
55.11.	RETAIL STORE STORE # 104 AT CROSSGATES MALL ONECROSSGATES MALL ROAD, SPACE #P204 ALBANY NY 12203	LEASEHOLD IMPROVEMENTS	\$81,139.57	Cost-Based/Straight Line	\$81,139.57
55.12.	RETAIL STORE STORE # 108 AT DULLES TOWN CENTER 21100 DULLES TOWN CIRCLE, SPACE #81 DULLES VA 20166	LEASEHOLD IMPROVEMENTS	\$62.50	Cost-Based/Straight Line	\$62.50

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55.	Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.13.	RETAIL STORE STORE # 109 AT SUNVALLEY SHOPPING CENTER 1 SUN VALLEY MALL, SPACE #D204 CONCORD CA 94520	LEASEHOLD IMPROVEMENTS	\$541.18	Cost-Based/Straight Line	\$541.18
55.14.	RETAIL STORE STORE # 110 AT FAIRLANE TOWN CENTER 18900 MICHIGAN AVENUE, SPACE #H108 DEARBORN MI 48126	LEASEHOLD IMPROVEMENTS	\$19,178.14	Cost-Based/Straight Line	\$19,178.14
55.15.	RETAIL STORE STORE # 111 AT DESTINY USA 1 DESTINY USA DR., SPACE #B-202 SYRACUSE NY 13204	LEASEHOLD IMPROVEMENTS	\$11,318.41	Cost-Based/Straight Line	\$11,318.41
55.16.	RETAIL STORE STORE # 112 AT LAKEFOREST 701 RUSSELL AVENUE, SPACE #H219 GAITHERSBURG MD 20877	LEASEHOLD IMPROVEMENTS	\$0.00	Cost-Based/Straight Line	\$0.00
55.17.	RETAIL STORE STORE # 113 AT OPRY MILLS 436 OPRY MILLS DRIVE NASHVILLE TN 37214	LEASEHOLD IMPROVEMENTS	\$3,347.68	Cost-Based/Straight Line	\$3,347.68
55.18.	RETAIL STORE STORE # 114 AT PLAZA CAROLINA 65 INFANTRY HWY & FRAGOSO AVE., SPACE #124 CAROLINA PR 00983	LEASEHOLD IMPROVEMENTS	\$293,393.70	Cost-Based/Straight Line	\$293,393.70
55.19.	RETAIL STORE STORE # 116 AT MONROEVILLE MALL 114 MONROEVILLE MALL MONROEVILLE PA 15146	LEASEHOLD IMPROVEMENTS	\$3,579.53	Cost-Based/Straight Line	\$3,579.53
55.20.	RETAIL STORE STORE # 117 AT SPRING HILL MALL 1322 SPRING HILL MALL CARPENTERSVILLE IL 60110	LEASEHOLD IMPROVEMENTS	\$93,432.16	Cost-Based/Straight Line	\$93,432.16

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

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55.	Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.21.	RETAIL STORE STORE # 118 AT PLAZA LAS AMERICAS 525 F.D. ROOSEVELT AVENUE, SPACE #52 HATO REY PR 00918	LEASEHOLD IMPROVEMENTS	\$5,043.24	Cost-Based/Straight Line	\$5,043.24
55.22.	RETAIL STORE STORE # 12 AT CHULA VISTA CENTER* 555 BROADWAY, SPACE #1034 CHULA VISTA CA 91910	LEASEHOLD IMPROVEMENTS	\$82,730.31	Cost-Based/Straight Line	\$82,730.31
55.23.	RETAIL STORE STORE # 120 AT FOX VALLEY MALL 1500 FOX VALLEY CENTER DR., SPACE F7 AURORA IL 60504	LEASEHOLD IMPROVEMENTS	\$502,984.39	Cost-Based/Straight Line	\$502,984.39
55.24.	RETAIL STORE STORE # 121 AT LA PLAZA MALL 2200 SOUTH 10TH STREET, SPACE #Q12B MCALLEN TX 78503	LEASEHOLD IMPROVEMENTS	\$6,114.28	Cost-Based/Straight Line	\$6,114.28
55.25.	RETAIL STORE STORE # 122 AT STONEBRIAR CENTRE 2601 PRESTON ROAD, SPACE #1086 FRISCO TX 75034	LEASEHOLD IMPROVEMENTS	\$71,079.90	Cost-Based/Straight Line	\$71,079.90
55.26.	RETAIL STORE STORE # 123 AT FLATIRON CROSSING 1 WEST FLATIRON CROSSING DRIVE, SPACE #2012 BROOMFIELD CO 80021	LEASEHOLD IMPROVEMENTS	\$3,924.77	Cost-Based/Straight Line	\$3,924.77
55.27.	RETAIL STORE STORE # 124 AT GALLERIA AT ROSEVILLE 1151 GALLERIA BLVD., SPACE #211 ROSEVILLE CA 95678	LEASEHOLD IMPROVEMENTS	\$230,282.11	Cost-Based/Straight Line	\$230,282.11
55.28.	RETAIL STORE STORE # 125 AT NORTH EAST MALL 1101 MELBOURNE ST., SPACE #C03E HURST TX 76053	LEASEHOLD IMPROVEMENTS	\$12,684.61	Cost-Based/Straight Line	\$12,684.61

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

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55.	Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.29.	RETAIL STORE STORE # 126 AT WOODFIELD F330 WOODFIELD SHOPPING CENTER SCHAUMBURG IL 60173	LEASEHOLD IMPROVEMENTS	\$0.00	Cost-Based/Straight Line	\$0.00
55.30.	RETAIL STORE STORE # 127 AT GENESEE VALLEY CENTER 3239 S. LINDEN ROAD, SPACE #480 FLINT MI 48507	LEASEHOLD IMPROVEMENTS	\$92,647.83	Cost-Based/Straight Line	\$92,647.83
55.31.	RETAIL STORE STORE # 130 AT TOWN EAST MALL 2063 TOWN EAST MALL, SPACE #1016 MESQUITE TX 75150	LEASEHOLD IMPROVEMENTS	\$34,118.92	Cost-Based/Straight Line	\$34,118.92
55.32.	RETAIL STORE STORE # 131 AT WOODLAND HILLS MALL 7021 S. MEMORIAL DR., SPACE #125 TULSA OK 74133	LEASEHOLD IMPROVEMENTS	\$4,670.57	Cost-Based/Straight Line	\$4,670.57
55.33.	RETAIL STORE STORE # 132 AT OXFORD VALLEY MALL 2300 E. LINCOLN HIGHWAY, SPACE #M5 & M5A LANGHORNE PA 19047	LEASEHOLD IMPROVEMENTS	\$86,580.37	Cost-Based/Straight Line	\$86,580.37
55.34.	RETAIL STORE STORE # 133 AT NEWPARK MALL 2093-2086 NEW PARK MALL NEWARK CA 94560	LEASEHOLD IMPROVEMENTS	\$181,076.46	Cost-Based/Straight Line	\$181,076.46
55.35.	RETAIL STORE STORE # 135 AT MONTGOMERY MALL 230 MONTGOMERY MALL, SPACE 1017 NORTH WALES PA 19454	LEASEHOLD IMPROVEMENTS	\$3,654.14	Cost-Based/Straight Line	\$3,654.14
55.36.	RETAIL STORE STORE # 137 AT DOLPHIN MALL 11401 NW 12TH STREET, SPACE #327 MIAMI FL 33172	LEASEHOLD IMPROVEMENTS	\$66.67	Cost-Based/Straight Line	\$66.67

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

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55.	Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.37.	RETAIL STORE STORE # 138 AT EMERALD SQUARE 999 S. WASHINGTON ST.,SPACE E211A NORTH ATTLEBOROUGH MA 02760	LEASEHOLD IMPROVEMENTS	\$104.17	Cost-Based/Straight Line	\$104.17
55.38.	RETAIL STORE STORE # 139 AT GURNEE MILLS 6170 GRAND AVENUE, SPACE #313 GURNEE IL 60031	LEASEHOLD IMPROVEMENTS	\$970.97	Cost-Based/Straight Line	\$970.97
55.39.	RETAIL STORE STORE # 14 AT WESTMINSTER MALL 2150E WESTMINSTER MALL WESTMINSTER CA 92683	LEASEHOLD IMPROVEMENTS	\$958.06	Cost-Based/Straight Line	\$958.06
55.40.	RETAIL STORE STORE # 140 AT CASTLETON SQUARE 6020 EAST 82ND STREET, SPACE #510 INDIANAPOLIS IN 46250	LEASEHOLD IMPROVEMENTS	\$104.17	Cost-Based/Straight Line	\$104.17
55.41.	RETAIL STORE STORE # 141 AT SMITH HAVEN MALL 465 SMITH HAVEN MALL,SPACE H01B LAKE GROVE NY 11755	LEASEHOLD IMPROVEMENTS	\$222,725.87	Cost-Based/Straight Line	\$222,725.87
55.42.	RETAIL STORE STORE # 142 AT ALTAMONTE MALL 451 EAST ALTAMONTE DRIVE, SPACE #1373 ALTAMONTE SPRINGS FL 32701	LEASEHOLD IMPROVEMENTS	\$48,529.11	Cost-Based/Straight Line	\$48,529.11
55.43.	RETAIL STORE STORE # 144 AT BROADWAY MALL 878 BROADWAY MALL,SPACE #878 HICKSVILLE NY 11801	LEASEHOLD IMPROVEMENTS	\$45,597.76	Cost-Based/Straight Line	\$45,597.76
55.44.	RETAIL STORE STORE # 146 AT FORD CITY MALL 7601 S. CICERO AVENUE, SPACE #1350 CHICAGO IL 60652	LEASEHOLD IMPROVEMENTS	\$128,799.70	Cost-Based/Straight Line	\$128,799.70

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

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55.	Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.45.	RETAIL STORE STORE # 147 AT INDIAN RIVER MALL 6200 20TH STREET, SPACE #350A VERO BEACH FL 32966	LEASEHOLD IMPROVEMENTS	\$34.92	Cost-Based/Straight Line	\$34.92
55.46.	RETAIL STORE STORE # 148 AT SOUTHERN PARK MALL 7401 MARKET STREET, SPACE #245 YOUNGSTOWN OH 44512	LEASEHOLD IMPROVEMENTS	\$80,791.16	Cost-Based/Straight Line	\$80,791.16
55.47.	RETAIL STORE STORE # 15 AT BREA MALL 1118A BREA MALL BREA CA 92821	LEASEHOLD IMPROVEMENTS	\$265,457.34	Cost-Based/Straight Line	\$265,457.34
55.48.	RETAIL STORE STORE # 150 AT MALL OF NEW HAMPSHIRE 1500 S. WILLOW BLVD., SPACE #S-167 MANCHESTER NH 03103	LEASEHOLD IMPROVEMENTS	\$1,550.65	Cost-Based/Straight Line	\$1,550.65
55.49.	RETAIL STORE STORE # 152 AT SUNRISE MALL 2135 SUNRISE MALL MASSAPEQUA NY 11758	LEASEHOLD IMPROVEMENTS	\$168,484.28	Cost-Based/Straight Line	\$168,484.28
55.50.	RETAIL STORE STORE # 153 AT CLACKAMAS TOWN CENTER 12000 SE 82ND AVENUE, SPACE #2108 HAPPY VALLEY OR 97086	LEASEHOLD IMPROVEMENTS	\$99,767.40	Cost-Based/Straight Line	\$99,767.40
55.51.	RETAIL STORE STORE # 156 AT MAPLEWOOD MALL 3001 WHITE BEAR AVENUE, SPACE #1040A ST. PAUL MN 55109	LEASEHOLD IMPROVEMENTS	\$62.30	Cost-Based/Straight Line	\$62.30
55.52.	RETAIL STORE STORE # 157 AT DEPTFORD MALL 1750 DEPTFORD CENTER ROAD, SPACE # 1003 DEPTFORD NJ 08096	LEASEHOLD IMPROVEMENTS	\$418,364.69	Cost-Based/Straight Line	\$418,364.69

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

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55.	Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.53.	RETAIL STORE STORE # 158 AT LOUIS JOLIET 3340 MALL LOOP DRIVE, SUITE #1198 JOLIET IL 60431	LEASEHOLD IMPROVEMENTS	\$271,434.92	Cost-Based/Straight Line	\$271,434.92
55.54.	RETAIL STORE STORE # 159 AT GLENBROOK SQUARE 4201 COLDWATER ROAD, SPACE #M01 FORT WAYNE IN 46805	LEASEHOLD IMPROVEMENTS	\$145,795.89	Cost-Based/Straight Line	\$145,795.89
55.55.	RETAIL STORE STORE # 160 AT EDEN PRAIRIE CENTER 1138 EDEN PRAIRIE CENTER EDEN PRAIRIE MN 55344	LEASEHOLD IMPROVEMENTS	\$62.30	Cost-Based/Straight Line	\$62.30
55.56.	RETAIL STORE STORE # 162 AT INDEPENDENCE 3500 OLEANDER DRIVE, SPACE 1024 & 1026 WILMINGTON NC 28403	LEASEHOLD IMPROVEMENTS	\$5,801.45	Cost-Based/Straight Line	\$5,801.45
55.57.	RETAIL STORE STORE # 163 AT AVENUES, THE 10300 SOUTHSIDE BLVD., SPACE #215 JACKSONVILLE FL 32256	LEASEHOLD IMPROVEMENTS	\$974.75	Cost-Based/Straight Line	\$974.75
55.58.	RETAIL STORE STORE # 165 AT THE MALL AT WELLINGTON GREEN 10300 W. FOREST HILL BOULEVARD, SPACE #159 WELLINGTON FL 33414	LEASEHOLD IMPROVEMENTS	\$283.83	Cost-Based/Straight Line	\$283.83
55.59.	RETAIL STORE STORE # 168 AT POLARIS FASHION PLACE 1500 POLARIS PARKWAY, SPACE #1170 COLUMBUS OH 43240	LEASEHOLD IMPROVEMENTS	\$41,682.55	Cost-Based/Straight Line	\$41,682.55
55.60.	RETAIL STORE STORE # 169 AT ROBINSON, MALL AT 100 ROBINSON CENTRE DR., SPACE #1330 PITTSBURGH PA 15205	LEASEHOLD IMPROVEMENTS	\$230,687.46	Cost-Based/Straight Line	\$230,687.46

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

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55.61.	RETAIL STORE STORE # 171 AT SOUTHRIDGE MALL 5300 SOUTH 76TH STREET, SPACE #300 & 310 GREENDALE WI 53129	LEASEHOLD IMPROVEMENTS	\$62.34	Cost-Based/Straight Line	\$62.34
55.62.	RETAIL STORE STORE # 172 AT TIPPECANOE MALL 2415 SAGAMORE PARKWAY SOUTH, SPACE #D06A LAFAYETTE IN 47905	LEASEHOLD IMPROVEMENTS	\$54,774.43	Cost-Based/Straight Line	\$54,774.43
55.63.	RETAIL STORE STORE # 173 AT NORTH RIVERSIDE PARK MALL® 7501 W. CERMAK ROAD, SPACE #K4 NORTH RIVERSIDE IL 60546	LEASEHOLD IMPROVEMENTS	\$0.00	Cost-Based/Straight Line	\$0.00
55.64.	RETAIL STORE STORE # 176 AT PARKS AT ARLINGTON, THE 3811 SOUTH COOPER STREET, SPACE #2302 ARLINGTON TX 76015	LEASEHOLD IMPROVEMENTS	\$3,144.88	Cost-Based/Straight Line	\$3,144.88
55.65.	RETAIL STORE STORE # 177 AT LYNNHAVEN MALL 701 LYNNHAVEN PKWY, SUITE #1085 OR SPACE #E-11 VIRGINIA BEACH VA 23452	LEASEHOLD IMPROVEMENTS	\$727.71	Cost-Based/Straight Line	\$727.71
55.66.	RETAIL STORE STORE # 178 AT WESTSHORE PLAZA 297 WESTSHORE PLAZA, SPACE #C2 TAMPA FL 33609	LEASEHOLD IMPROVEMENTS	\$48,193.55	Cost-Based/Straight Line	\$48,193.55
55.67.	RETAIL STORE STORE # 179 AT BAYBROOK MALL 1318 BAYBROOK MALL FRIENDSWOOD TX 77546	LEASEHOLD IMPROVEMENTS	\$79,300.04	Cost-Based/Straight Line	\$79,300.04
55.68.	RETAIL STORE STORE # 181 AT TREASURE COAST SQUARE 3410A N.W. FEDERAL HIGHWAY JENSEN BEACH FL 34957	LEASEHOLD IMPROVEMENTS	\$4,140.38	Cost-Based/Straight Line	\$4,140.38

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55.69.	RETAIL STORE STORE # 184 AT THE GALLERIA AT FT. LAUDERDALE 2414 E. SUNRISE BLVD., SPACE #2003 FT. LAUDERDALE FL 33304	LEASEHOLD IMPROVEMENTS	\$344,196.26	Cost-Based/Straight Line	\$344,196.26
55.70.	RETAIL STORE STORE # 185 AT WOODBRIDGE CENTER @ 250 WOODBRIDGE CENTER DRIVE, SPACE #2320 WOODBIDGE NJ 07095	LEASEHOLD IMPROVEMENTS	\$111.21	Cost-Based/Straight Line	\$111.21
55.71.	RETAIL STORE STORE # 186 AT BOYNTON BEACH MALL 801 N. CONGRESS AVE., SUITE #249 BOYNTON BEACH FL 33426	LEASEHOLD IMPROVEMENTS	\$291.66	Cost-Based/Straight Line	\$291.66
55.72.	RETAIL STORE STORE # 189 AT LAKES MALL, THE 5600 HARVEY STREET, SUITE #1020 MUSKEGON MI 49444	LEASEHOLD IMPROVEMENTS	\$66.12	Cost-Based/Straight Line	\$66.12
55.73.	RETAIL STORE STORE # 190 AT CHICAGO RIDGE MALL 571 CHICAGO RIDGE MALL DR. CHICAGO RIDGE IL 60415	LEASEHOLD IMPROVEMENTS	\$3,318.30	Cost-Based/Straight Line	\$3,318.30
55.74.	RETAIL STORE STORE # 191 AT PENN SQUARE 1901 NW EXPRESSWAY, SUITE #1106 OKLAHOMA CITY OK 73118	LEASEHOLD IMPROVEMENTS	\$6,364.96	Cost-Based/Straight Line	\$6,364.96
55.75.	RETAIL STORE STORE # 192 AT WHITE OAKS MALL 2501 W. WABASH AVE., SPACE #H13B SPRINGFIELD IL 62704	LEASEHOLD IMPROVEMENTS	\$62.50	Cost-Based/Straight Line	\$62.50
55.76.	RETAIL STORE STORE # 193 AT CORONADO CENTER 6600 MENAUL BLVD. NE, SPACE #B-8 & B-9 ALBUQUERQUE NM 87110	LEASEHOLD IMPROVEMENTS	\$85,690.97	Cost-Based/Straight Line	\$85,690.97

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55.77.	RETAIL STORE STORE # 194 AT LIVINGSTON MALL 112 EISENHOWER PARKWAY, SPACE #2032 LIVINGSTON NJ 07039	LEASEHOLD IMPROVEMENTS	\$2,788.35	Cost-Based/Straight Line	\$2,788.35
55.78.	RETAIL STORE STORE # 196 AT PARAMUS PARK 700 PARAMUS PARK, SUITE #1026 PARAMUS NJ 07652	LEASEHOLD IMPROVEMENTS	\$86,147.25	Cost-Based/Straight Line	\$86,147.25
55.79.	RETAIL STORE STORE # 197 AT ANNAPOLIS 2550 ANNAPOLIS MALL, SPACE #1300 ANNAPOLIS MD 21401	LEASEHOLD IMPROVEMENTS	\$138,114.63	Cost-Based/Straight Line	\$138,114.63
55.80.	RETAIL STORE STORE # 198 AT WESTROADS MALL 10000 CALIFORNIA STREET, SPACE #3635 OMAHA NE 68114	LEASEHOLD IMPROVEMENTS	\$719.27	Cost-Based/Straight Line	\$719.27
55.81.	RETAIL STORE STORE # 199 AT MERIDIAN MALL 1982 W. GRAND RIVER AVENUE, SPACE #249 OKEMOS MI 48864	LEASEHOLD IMPROVEMENTS	\$239,811.52	Cost-Based/Straight Line	\$239,811.52
55.82.	RETAIL STORE STORE # 200 AT INGRAM PARK MALL 6301 N.W. LOOP 410, SPACE #S-16A-1 SAN ANTONIO TX 78238	LEASEHOLD IMPROVEMENTS	\$67.66	Cost-Based/Straight Line	\$67.66
55.83.	RETAIL STORE STORE # 201 AT ROCKAWAY TOWNSQUARE 301 MT. HOPE AVENUE, SPACE #1085 & 1086 ROCKAWAY NJ 07866	LEASEHOLD IMPROVEMENTS	\$66.64	Cost-Based/Straight Line	\$66.64
55.84.	RETAIL STORE STORE # 202 AT DESOTO SQUARE 303 U.S. HWY 301 BLVD. WEST, SPACE #609A BRADENTON FL 34205	LEASEHOLD IMPROVEMENTS	\$212.62	Cost-Based/Straight Line	\$212.62

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55.85.	RETAIL STORE STORE # 204 AT LAKESIDE MALL 14000 LAKESIDE CIRCLE, SPACE #D210 & D211 STERLING HEIGHTS MI 48313	LEASEHOLD IMPROVEMENTS	\$110.42	Cost-Based/Straight Line	\$110.42
55.86.	RETAIL STORE STORE # 205 AT DAYTON MALL 2700 MIAMISBURG-CENTERVILLE RD., SPACE # 360 DAYTON OH 45459	LEASEHOLD IMPROVEMENTS	\$544.14	Cost-Based/Straight Line	\$544.14
55.87.	RETAIL STORE STORE # 206 AT REGENCY MALL 5666 DURAND AVE., SPACE # B240 RACINE WI 53406	LEASEHOLD IMPROVEMENTS	\$62.50	Cost-Based/Straight Line	\$62.50
55.88.	RETAIL STORE STORE # 207 AT DEERBROOK MALL 20131 HIGHWAY 59, SPACE # 2072 HUMBLE TX 77338	LEASEHOLD IMPROVEMENTS	\$115,017.22	Cost-Based/Straight Line	\$115,017.22
55.89.	RETAIL STORE STORE # 209 AT CHAPEL HILLS MALL 1710 BRIARGATE BLVD., SPACE # 127 COLORADO SPRINGS CO 80920	LEASEHOLD IMPROVEMENTS	\$131,604.99	Cost-Based/Straight Line	\$131,604.99
55.90.	RETAIL STORE STORE # 21 AT LAKEWOOD CENTER 78 LAKEWOOD CENTER LAKEWOOD CA 90712	LEASEHOLD IMPROVEMENTS	\$14,254.14	Cost-Based/Straight Line	\$14,254.14
55.91.	RETAIL STORE STORE # 211 AT NESHAMINY MALL 707 NESHAMINY MALL SPACE # 639 BENSALEM PA 19020	LEASEHOLD IMPROVEMENTS	\$62.50	Cost-Based/Straight Line	\$62.50
55.92.	RETAIL STORE STORE # 213 AT DOVER MALL 1365 NORTH DUPONT HWY, SPACE # 4060 DOVER DE 19901	LEASEHOLD IMPROVEMENTS	\$62.50	Cost-Based/Straight Line	\$62.50

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55.93.	RETAIL STORE STORE # 214 AT LLOYD CENTER 974 LLOYD CENTER, SPACE # G104 PORTLAND OR 97232	LEASEHOLD IMPROVEMENTS	\$91,454.37	Cost-Based/Straight Line	\$91,454.37
55.94.	RETAIL STORE STORE # 216 AT MID RIVERS 1600 MID-RIVERS MALL, SPACE # 1264 ST. PETERS MO 63376	LEASEHOLD IMPROVEMENTS	\$444.44	Cost-Based/Straight Line	\$444.44
55.95.	RETAIL STORE STORE # 217 AT SOUTH COUNTY 85 SOUTH COUNTY CENTERWAY, SPACE # 450 ST. LOUIS MO 63129	LEASEHOLD IMPROVEMENTS	\$21,538.17	Cost-Based/Straight Line	\$21,538.17
55.96.	RETAIL STORE STORE # 218 AT LAS VEGAS PREMIUM OUTLETS SOUTH 7400 LAS VEGAS BLVD SO. # 240B LAS VEGAS NV 89123	LEASEHOLD IMPROVEMENTS	\$4,305.76	Cost-Based/Straight Line	\$4,305.76
55.97.	RETAIL STORE STORE # 219 AT SOONER MALL 3329 W. MAIN STREET NORMAN OK 73072	LEASEHOLD IMPROVEMENTS	\$166,257.34	Cost-Based/Straight Line	\$166,257.34
55.98.	RETAIL STORE STORE # 220 AT YORKTOWN SHOPPING CENTER 203 YORKTOWN, SPACE # 162, BLDG. C LOMBARD IL 60148	LEASEHOLD IMPROVEMENTS	\$76,718.45	Cost-Based/Straight Line	\$76,718.45
55.99.	RETAIL STORE STORE # 221 AT SUPERSTITION SPRINGS 6555 E. SOUTHERN AVENUE, SPACE #H-22 MESA AZ 85206	LEASEHOLD IMPROVEMENTS	\$62.49	Cost-Based/Straight Line	\$62.49
55.100.	RETAIL STORE STORE # 222 AT PALM DESERT 72-840 HIGHWAY 111, SPACE # T385 PALM DESERT CA 92260	LEASEHOLD IMPROVEMENTS	\$326,744.70	Cost-Based/Straight Line	\$326,744.70

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55.101. _____ RETAIL STORE STORE # 223 AT QUAIL SPRINGS MALL 2501 W. MEMORIAL ROAD, SPACE #208 OKLAHOMA CITY OK 73134	LEASEHOLD IMPROVEMENTS	\$211.04	Cost-Based/Straight Line	\$211.04
55.102. _____ RETAIL STORE STORE # 226 AT FLAGSTAFF MALL 4650 NORTH HIGHWAY 89, SPACE #G-20-22 FLAGSTAFF AZ 86004	LEASEHOLD IMPROVEMENTS	\$3,038.26	Cost-Based/Straight Line	\$3,038.26
55.103. _____ RETAIL STORE STORE # 228 AT SQUARE ONE MALL ROUTE 1 SOUTH, SPACE # N120 SAUGUS MA 01906	LEASEHOLD IMPROVEMENTS	\$224.95	Cost-Based/Straight Line	\$224.95
55.104. _____ RETAIL STORE STORE # 230 AT AUBURN MALL 385 SOUTHBRIDGE STREET, SPACE # N370 AUBURN MA 01501	LEASEHOLD IMPROVEMENTS	\$345.59	Cost-Based/Straight Line	\$345.59
55.105. _____ RETAIL STORE STORE # 231 AT THE MALL AT ROCKINGHAM PARK 99 ROCKINGHAM PARK BLVD. SPACE #222A SALEM NH 03079	LEASEHOLD IMPROVEMENTS	\$149,213.21	Cost-Based/Straight Line	\$149,213.21
55.106. _____ RETAIL STORE STORE # 232 AT BROOKFIELD SQUARE 95 N. MOORLAND ROAD, SPACE # C-21 BROOKFIELD WI 53005	LEASEHOLD IMPROVEMENTS	\$216,241.10	Cost-Based/Straight Line	\$216,241.10
55.107. _____ RETAIL STORE STORE # 235 AT GREENWOOD PARK MALL 1251 U.S. 31 NORTH, SPACE # D15A GREENWOOD IN 46142	LEASEHOLD IMPROVEMENTS	\$50,753.16	Cost-Based/Straight Line	\$50,753.16
55.108. _____ RETAIL STORE STORE # 238 AT GREAT NORTHERN 700 GREAT NORTHERN MALL, SPACE #668 N. OLMSTEAD OH 44070	LEASEHOLD IMPROVEMENTS	\$8,464.18	Cost-Based/Straight Line	\$8,464.18

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55.109. _____ RETAIL STORE STORE # 239 AT GILROY PREMIUM OUTLETS 8300 ARROYO CIRCLE, SPACE # B015 GILROY CA 95020	LEASEHOLD IMPROVEMENTS	\$171,997.68	Cost-Based/Straight Line	\$171,997.68
55.110. _____ RETAIL STORE STORE # 241 AT BRANDON 562 BRANDON TOWN CENTER MALL BRANDON FL 33511	LEASEHOLD IMPROVEMENTS	\$66.67	Cost-Based/Straight Line	\$66.67
55.111. _____ RETAIL STORE STORE # 243 AT ARNOT MALL 3300 CHAMBERS ROAD SOUTH, SPACE C-14 HORSEHEADS NY 14845	LEASEHOLD IMPROVEMENTS	\$56,828.65	Cost-Based/Straight Line	\$56,828.65
55.112. _____ RETAIL STORE STORE # 244 AT HOUSTON GALLERIA 5135 WEST ALABAMA SPACE # 7270 HOUSTON TX 77056	LEASEHOLD IMPROVEMENTS	\$72,941.76	Cost-Based/Straight Line	\$72,941.76
55.113. _____ RETAIL STORE STORE # 248 AT THE SHOPPES AT BUCKLAND HILLS 194 BUCKLAND HILLS DRIVE, SUITE 2088 MANCHESTER CT 06040	LEASEHOLD IMPROVEMENTS	\$85,750.59	Cost-Based/Straight Line	\$85,750.59
55.114. _____ RETAIL STORE STORE # 249 AT VALLEY WEST MALL 1551 VALLEY WEST DRIVE, SPACE 109 WEST DES MOINES IA 50266	LEASEHOLD IMPROVEMENTS	\$93,849.90	Cost-Based/Straight Line	\$93,849.90
55.115. _____ RETAIL STORE STORE # 25 AT MORENO VALLEY MALL 22500 TOWN CIRCLE, SPACE #1138 MORENO VALLEY CA 92553	LEASEHOLD IMPROVEMENTS	\$45.83	Cost-Based/Straight Line	\$45.83
55.116. _____ RETAIL STORE STORE # 250 AT SPRINGFIELD MALL 1250 BALTIMORE PIKE, SPACE 8A & 8AL SPRINGFIELD PA 19064	LEASEHOLD IMPROVEMENTS	\$185,895.01	Cost-Based/Straight Line	\$185,895.01

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55.117.	RETAIL STORE STORE # 253 AT CAPITAL CITY MALL 3574 CAPITAL CITY MALL DRIVE, SPACE 220 & 224 CAMP HILL PA 17011	LEASEHOLD IMPROVEMENTS	\$1,060.70	Cost-Based/Straight Line	\$1,060.70
55.118.	RETAIL STORE STORE # 254 AT MALL OF LOUISIANA 6401 BLUEBONNET BLVD, SPACE 2100 BATON ROUGE LA 70836	LEASEHOLD IMPROVEMENTS	\$101,111.76	Cost-Based/Straight Line	\$101,111.76
55.119.	RETAIL STORE STORE # 255 AT OAKLAND MALL 450 WEST 14 MILE ROAD, SPACE 450 TROY MI 48083	LEASEHOLD IMPROVEMENTS	\$67,333.93	Cost-Based/Straight Line	\$67,333.93
55.120.	RETAIL STORE STORE # 257 AT MALL ST. VINCENT 1133 ST. VINCENT AVENUE, SPACE 380 SHREVEPORT LA 71104	LEASEHOLD IMPROVEMENTS	\$198.11	Cost-Based/Straight Line	\$198.11
55.121.	RETAIL STORE STORE # 259 AT JEFFERSON VALLEY MALL 650 LEE BOULEVARD, SPACE F18B YORKTOWN HEIGHTS NY 10598	LEASEHOLD IMPROVEMENTS	\$166,285.92	Cost-Based/Straight Line	\$166,285.92
55.122.	RETAIL STORE STORE # 260 AT VALLE VISTA MALL 2020 SOUTH EXPRESSWAY 83, SPACE F07A HARLINGEN TX 78552	LEASEHOLD IMPROVEMENTS	\$1,212.16	Cost-Based/Straight Line	\$1,212.16
55.123.	RETAIL STORE STORE # 261 AT HANES MALL 3320 SILAS CREEK PARKWAY, SP# AL124 WINSTON-SALEM NC 27103	LEASEHOLD IMPROVEMENTS	\$541.17	Cost-Based/Straight Line	\$541.17
55.124.	RETAIL STORE STORE # 262 AT NORTHWOODS MALL 2150 NORTHWOODS BLVD SP E7 N. CHARLESTON SC 29406-4021	LEASEHOLD IMPROVEMENTS	\$153,092.62	Cost-Based/Straight Line	\$153,092.62

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55.125. _____ RETAIL STORE STORE # 263 AT GREECE RIDGE CENTER 271 GREECERIDGE CENTER DR., SP H-15 ROCHESTER NY 14626	LEASEHOLD IMPROVEMENTS	\$119,251.14	Cost-Based/Straight Line	\$119,251.14
55.126. _____ RETAIL STORE STORE # 264 AT LANSING MALL 5330 SAGINAW HIGHWAY, SP 310 LANSING MI 48917	LEASEHOLD IMPROVEMENTS	\$5,679.84	Cost-Based/Straight Line	\$5,679.84
55.127. _____ RETAIL STORE STORE # 265 AT WESTMORELAND MALL 5256 ROUTE 30, SP# 257 GREENSBURG PA 15601	LEASEHOLD IMPROVEMENTS	\$2,992.56	Cost-Based/Straight Line	\$2,992.56
55.128. _____ RETAIL STORE STORE # 267 AT TOWNE WEST SQUARE 4600 W. KELLOGG SP# J07A WICHITA KS 67209	LEASEHOLD IMPROVEMENTS	\$375.02	Cost-Based/Straight Line	\$375.02
55.129. _____ RETAIL STORE STORE # 268 AT BAY PARK SQUARE 303 BAY PARK SQUARE, SP# 915 GREEN BAY WI 54304	LEASEHOLD IMPROVEMENTS	\$159,394.15	Cost-Based/Straight Line	\$159,394.15
55.130. _____ RETAIL STORE STORE # 27 AT WEST COVINA 735 PLAZA DRIVE WEST COVINA CA 91790	LEASEHOLD IMPROVEMENTS	\$66.67	Cost-Based/Straight Line	\$66.67
55.131. _____ RETAIL STORE STORE # 270 AT PEMBROKE LAKES MALL 11401 PINES BOULEVARD, SP# 664 PEMBROKE PINES FL 33026	LEASEHOLD IMPROVEMENTS	\$239,518.59	Cost-Based/Straight Line	\$239,518.59
55.132. _____ RETAIL STORE STORE # 273 AT MALL ST. MATTHEWS 5000 SHELBYVILLE ROAD, SPACE 1320 LOUISVILLE KY 40207	LEASEHOLD IMPROVEMENTS	\$72,681.84	Cost-Based/Straight Line	\$72,681.84

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55.133. _____ RETAIL STORE STORE # 274 AT MALL OF AMERICA 141 EAST BROADWAY, SPACE E141 BLOOMINGTON MN 55425	LEASEHOLD IMPROVEMENTS	\$298,406.61	Cost-Based/Straight Line	\$298,406.61
55.134. _____ RETAIL STORE STORE # 275 AT WOLFCHASE GALLERIA 2760 N. GERMANTOWN RD, SPACE 1470A MEMPHIS TN 38133	LEASEHOLD IMPROVEMENTS	\$45,686.54	Cost-Based/Straight Line	\$45,686.54
55.135. _____ RETAIL STORE STORE # 276 AT CORDOVA MALL 5100 NORTH 9TH AVENUE, SPACE D412 PENSACOLA FL 32504	LEASEHOLD IMPROVEMENTS	\$49,600.35	Cost-Based/Straight Line	\$49,600.35
55.136. _____ RETAIL STORE STORE # 277 AT OAKRIDGE 925 BLOSSOM HILL ROAD, SUITE 1504 SAN JOSE CA 95123	LEASEHOLD IMPROVEMENTS	\$216,238.52	Cost-Based/Straight Line	\$216,238.52
55.137. _____ RETAIL STORE STORE # 278 AT SOUTHLAKE 2063 SOUTHLAKE MALL, SP# CL318 MERRILLVILLE IN 46410	LEASEHOLD IMPROVEMENTS	\$4,632.46	Cost-Based/Straight Line	\$4,632.46
55.138. _____ RETAIL STORE STORE # 279 AT BATTLEFIELD MALL 101 BATTLEFIELD ROAD SPACE P12B SPRINGFIELD MO 65804	LEASEHOLD IMPROVEMENTS	\$109,718.37	Cost-Based/Straight Line	\$109,718.37
55.139. _____ RETAIL STORE STORE # 28 AT TOPANGA 6600 TOPANGA CANYON BLVD., SPACE #45 CANOGA PARK CA 91303	LEASEHOLD IMPROVEMENTS	\$1,200.24	Cost-Based/Straight Line	\$1,200.24
55.140. _____ RETAIL STORE STORE # 280 AT HAWTHORN MALL 122 HAWTHORN CENTER, SP# 704 VERNON HILLS IL 60061	LEASEHOLD IMPROVEMENTS	\$1,862.16	Cost-Based/Straight Line	\$1,862.16

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55.141. _____ RETAIL STORE STORE # 281 AT SAN MARCOS OUTLET CENTER 4015 INTERSTATE 35 SOUTH, SUITE 321 SAN MARCOS TX 78666	LEASEHOLD IMPROVEMENTS	\$232,225.84	Cost-Based/Straight Line	\$232,225.84
55.142. _____ RETAIL STORE STORE # 282 AT FASHION SQUARE MALL (RELOCATION) 4667 FASHION SQUARE MALL, SPACE C318 SAGINAW MI 48604	LEASEHOLD IMPROVEMENTS	\$360,969.53	Cost-Based/Straight Line	\$360,969.53
55.143. _____ RETAIL STORE STORE # 284 AT MEMORIAL CITY MALL 292 MEMORIAL CITY MALL, SP# 612 HOUSTON TX 77024	LEASEHOLD IMPROVEMENTS	\$278,883.14	Cost-Based/Straight Line	\$278,883.14
55.144. _____ RETAIL STORE STORE # 286 AT RIVERHEAD OUTLET CENTER 1410 TANGER MALL DRIVE, SP. 1410 RIVERHEAD NY 11901	LEASEHOLD IMPROVEMENTS	\$357,393.03	Cost-Based/Straight Line	\$357,393.03
55.145. _____ RETAIL STORE STORE # 287 AT CONNECTICUT POST MALL 1201 BOSTON POST RD SP #2053 MILFORD CT 06460	LEASEHOLD IMPROVEMENTS	\$153,700.01	Cost-Based/Straight Line	\$153,700.01
55.146. _____ RETAIL STORE STORE # 288 AT MEADOWOOD MALL 5352 MEADOWOOD MALL CIRCLE RENO NV 89502	LEASEHOLD IMPROVEMENTS	\$55,089.65	Cost-Based/Straight Line	\$55,089.65
55.147. _____ RETAIL STORE STORE # 29 AT MEADOWS MALL 4300 MEADOWS LANE, SUITE #1460 LAS VEGAS NV 89107	LEASEHOLD IMPROVEMENTS	\$136,623.86	Cost-Based/Straight Line	\$136,623.86
55.148. _____ RETAIL STORE STORE # 291 AT VALENCIA TOWN CENTER 24201 WEST VALENCIA BLVD SPACE 1049 VALENCIA CA 91355	LEASEHOLD IMPROVEMENTS	\$730.47	Cost-Based/Straight Line	\$730.47

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

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55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.149. _____ RETAIL STORE STORE # 292 AT LAS VEGAS PREMIUM OUTLETS NORTH 755 SOUTH GRAND CENTRAL PARKWAY, SPACE 1186 LAS VEGAS NV 89106	LEASEHOLD IMPROVEMENTS	\$137,518.83	Cost-Based/Straight Line	\$137,518.83
55.150. _____ RETAIL STORE STORE # 293 AT COASTAL GRAND MALL 2000 COASTAL GRAND CIRCLE MYRTLE BEACH SC 29577	LEASEHOLD IMPROVEMENTS	\$106,351.77	Cost-Based/Straight Line	\$106,351.77
55.151. _____ RETAIL STORE STORE # 295 AT SOUTHPARK 828 SOUTHPARK CENTER, SPACE #BU828 STRONGVILLE OH 44136	LEASEHOLD IMPROVEMENTS	\$245,499.99	Cost-Based/Straight Line	\$245,499.99
55.152. _____ RETAIL STORE STORE # 296 AT MILLCREEK MALL 5800 PEACH STREET, SPACE 622 ERIE PA 16565	LEASEHOLD IMPROVEMENTS	\$49,845.99	Cost-Based/Straight Line	\$49,845.99
55.153. _____ RETAIL STORE STORE # 297 AT MAGNOLIA MALL 2701 DAVID MCLEOD BOULEVARD, SP# 1226 FLORENCE SC 29501	LEASEHOLD IMPROVEMENTS	\$55,151.80	Cost-Based/Straight Line	\$55,151.80
55.154. _____ RETAIL STORE STORE # 30 AT ARROWHEAD TOWNE CENTER 7700 W. ARROWHEAD TOWN CENTER, SPACE #1097 GLENDALE AZ 85308	LEASEHOLD IMPROVEMENTS	\$330,767.81	Cost-Based/Straight Line	\$330,767.81
55.155. _____ RETAIL STORE STORE # 300 AT WESTLAND CENTER 35000 WEST WARREN ROAD, SP# 716 WESTLAND MI 48185	LEASEHOLD IMPROVEMENTS	\$34,922.17	Cost-Based/Straight Line	\$34,922.17
55.156. _____ RETAIL STORE STORE # 301 AT CHERRYVALE MALL 7200 HARRISON AVENUE, SP# G23 ROCKFORD IL 61112	LEASEHOLD IMPROVEMENTS	\$56,675.57	Cost-Based/Straight Line	\$56,675.57

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55.157. _____ RETAIL STORE STORE # 302 AT STONES RIVER MALL 1720 OLD FORT PARKWAY, SP#D170 MURFREESBORO TN 37129	LEASEHOLD IMPROVEMENTS	\$654.25	Cost-Based/Straight Line	\$654.25
55.158. _____ RETAIL STORE STORE # 304 AT PACIFIC VIEW 3301-1 EAST MAIN STREET, SPACE 2266 VENTURA CA 93003	LEASEHOLD IMPROVEMENTS	\$560.13	Cost-Based/Straight Line	\$560.13
55.159. _____ RETAIL STORE STORE # 305 AT TOWNE EAST SQUARE 7700 EAST KELLOGG DRIVE, SP# P07B WICHITA KS 67207	LEASEHOLD IMPROVEMENTS	\$154,123.31	Cost-Based/Straight Line	\$154,123.31
55.160. _____ RETAIL STORE STORE # 306 AT CHERRY HILL 2000 ROUTE 38, SP# 1811 CHERRY HILL NJ 08002	LEASEHOLD IMPROVEMENTS	\$3,845.69	Cost-Based/Straight Line	\$3,845.69
55.161. _____ RETAIL STORE STORE # 307 AT FASHION OUTLETS OF LAS VEGAS 32100 LAS VEGAS BOULEVARD SOUTH, SP# 236 PRIMM NV 89019	LEASEHOLD IMPROVEMENTS	\$3,769.56	Cost-Based/Straight Line	\$3,769.56
55.162. _____ RETAIL STORE STORE # 308 AT GATEWAY #5 GATEWAY MALL, SP# 292 LINCOLN NE 68505	LEASEHOLD IMPROVEMENTS	\$2,052.24	Cost-Based/Straight Line	\$2,052.24
55.163. _____ RETAIL STORE STORE # 309 AT NEWPORT CENTRE 30 MALL DRIVE WEST, SP# OA63 JERSEY CITY NJ 07310	LEASEHOLD IMPROVEMENTS	\$3,475.63	Cost-Based/Straight Line	\$3,475.63
55.164. _____ RETAIL STORE STORE # 310 AT STONEWOOD CENTER 410 STONEWOOD STREET, SP# G-27 DOWNEY CA 90241	LEASEHOLD IMPROVEMENTS	\$276,604.13	Cost-Based/Straight Line	\$276,604.13

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55.165. _____ RETAIL STORE STORE # 311 AT OAK COURT 4465 POPLAR AVENUE, SP# 2314A MEMPHIS TN 38117	LEASEHOLD IMPROVEMENTS	\$77.00	Cost-Based/Straight Line	\$77.00
55.166. _____ RETAIL STORE STORE # 312 AT WOODLAND MALL 3195 28TH STREET SE, SPACE E-107 GRAND RAPIDS MI 49512	LEASEHOLD IMPROVEMENTS	\$223,574.54	Cost-Based/Straight Line	\$223,574.54
55.167. _____ RETAIL STORE STORE # 313 AT WEST RIDGE MALL 1801 SW WANAMAKER ROAD, SP# G25A TOPEKA KS 66604	LEASEHOLD IMPROVEMENTS	\$104.17	Cost-Based/Straight Line	\$104.17
55.168. _____ RETAIL STORE STORE # 314 AT STATEN ISLAND MALL 2655 RICHMOND AVENUE, SP# 1240 STATEN ISLAND NY 10314	LEASEHOLD IMPROVEMENTS	\$6,744.62	Cost-Based/Straight Line	\$6,744.62
55.169. _____ RETAIL STORE STORE # 315 AT ASHEVILLE MALL 3 SOUTH TUNNEL ROAD, SP# L85 ASHEVILLE NC 28805	LEASEHOLD IMPROVEMENTS	\$541.16	Cost-Based/Straight Line	\$541.16
55.170. _____ RETAIL STORE STORE # 316 AT LOGAN VALLEY ROUTE 220 & GOODS LANE, SP# 416 ALTOONA PA 16602	LEASEHOLD IMPROVEMENTS	\$330,665.75	Cost-Based/Straight Line	\$330,665.75
55.171. _____ RETAIL STORE STORE # 317 AT MUNCIE MALL 3501 NORTH GRANVILLE AVENUE, SP# K02D MUNCIE IN 47303	LEASEHOLD IMPROVEMENTS	\$28,108.96	Cost-Based/Straight Line	\$28,108.96
55.172. _____ RETAIL STORE STORE # 319 AT MACARTHUR CENTER 300 MONTICELLO AVENUE NORFOLK VA 23510	LEASEHOLD IMPROVEMENTS	\$108,871.31	Cost-Based/Straight Line	\$108,871.31

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55.173. _____ RETAIL STORE STORE # 32 AT TUCSON MALL 4500 NORTH ORACLE ROAD, SPACE #173 TUCSON AZ 85705	LEASEHOLD IMPROVEMENTS	\$104.16	Cost-Based/Straight Line	\$104.16
55.174. _____ RETAIL STORE STORE # 321 AT COLLEGE MALL 2840 EAST THIRD STREET BLOOMINGTON IN 47401	LEASEHOLD IMPROVEMENTS	\$104.16	Cost-Based/Straight Line	\$104.16
55.175. _____ RETAIL STORE STORE # 322 AT ESPLANADE MALL 1401 WEST ESPLANADE, SP# 414 KENNER LA 70065	LEASEHOLD IMPROVEMENTS	\$104.17	Cost-Based/Straight Line	\$104.17
55.176. _____ RETAIL STORE STORE # 323 AT IMPERIAL VALLEY 3451 SOUTH DOGWOOD AVENUE, SP# 1056 EL CENTRO CA 92243	LEASEHOLD IMPROVEMENTS	\$2,926.70	Cost-Based/Straight Line	\$2,926.70
55.177. _____ RETAIL STORE STORE # 324 AT WHEATON 11160 VEIRS MILL ROAD, SP# 156 WHEATON MD 20902	LEASEHOLD IMPROVEMENTS	\$3,282.56	Cost-Based/Straight Line	\$3,282.56
55.178. _____ RETAIL STORE STORE # 325 AT COOLSPRINGS GALLERIA 1800 GALLERIA BOULEVARD, SP# 2080 FRANKLIN TN 37067	LEASEHOLD IMPROVEMENTS	\$149.99	Cost-Based/Straight Line	\$149.99
55.179. _____ RETAIL STORE STORE # 326 AT SANTA ROSA MALL 300 MARY ESTHER BOULEVARD, SUITE 21 MARY ESTHER FL 32569	LEASEHOLD IMPROVEMENTS	\$137.29	Cost-Based/Straight Line	\$137.29
55.180. _____ RETAIL STORE STORE # 327 AT EAST TOWNE MALL 375 EAST TOWNE MALL, SP# A-110 MADISON WI 53704	LEASEHOLD IMPROVEMENTS	\$90,223.00	Cost-Based/Straight Line	\$90,223.00

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55.181. _____ RETAIL STORE STORE # 328 AT BURBANK TOWN CENTER 201 EAST MAGNOLIA BOULEVARD, SP# 239 BURBANK CA 91502	LEASEHOLD IMPROVEMENTS	\$66.67	Cost-Based/Straight Line	\$66.67
55.182. _____ RETAIL STORE STORE # 329 AT COLUMBIA PLACE MALL 7201 AU-556 TWO NOTCH ROAD COLUMBIA SC 29223	LEASEHOLD IMPROVEMENTS	\$6,241.73	Cost-Based/Straight Line	\$6,241.73
55.183. _____ RETAIL STORE STORE # 33 AT NORTHRIDGE FASHION CTR 9301 TAMPA AVENUE, SPACE #9 NORTHRIDGE CA 91324	LEASEHOLD IMPROVEMENTS	\$5,204.24	Cost-Based/Straight Line	\$5,204.24
55.184. _____ RETAIL STORE STORE # 330 AT SPOTSYLVANIA TOWNE CENTRE 230 SPOTSYLVANIA MALL (COMBO OF SP# 230&235) FREDRICKSBURG VA 22407	LEASEHOLD IMPROVEMENTS	\$3,498.20	Cost-Based/Straight Line	\$3,498.20
55.185. _____ RETAIL STORE STORE # 331 AT PEACHTREE MALL 3131 MANCHESTER EXPRESSWAY, SP# 9 COLUMBUS GA 31909	LEASEHOLD IMPROVEMENTS	\$877.08	Cost-Based/Straight Line	\$877.08
55.186. _____ RETAIL STORE STORE # 332 AT OGLETHORPE MALL 7804 ABERCORN STREET, SP# 196 SAVANNAH GA 31406	LEASEHOLD IMPROVEMENTS	\$50,917.25	Cost-Based/Straight Line	\$50,917.25
55.187. _____ RETAIL STORE STORE # 333 AT FRANKLIN PARK 5001 MONROE STREET, #1075 TOLEDO OH 43623	LEASEHOLD IMPROVEMENTS	\$400,190.80	Cost-Based/Straight Line	\$400,190.80
55.188. _____ RETAIL STORE STORE # 334 AT CARY TOWNE CENTER 1105 WALNUT STREET, SP# H0154 CARY NC 27511	LEASEHOLD IMPROVEMENTS	\$66.67	Cost-Based/Straight Line	\$66.67

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55.189. _____ RETAIL STORE STORE # 335 AT ST. CHARLES TOWNE CENTER 11110 MALL CIRCLE, SP# Q05 WALDORF MD 20603	LEASEHOLD IMPROVEMENTS	\$940.95	Cost-Based/Straight Line	\$940.95
55.190. _____ RETAIL STORE STORE # 336 AT NORTHWEST ARKANSAS 4201 NORTH SHILOH DRIVE, SP#1480 FAYETTEVILLE AR 72703	LEASEHOLD IMPROVEMENTS	\$101,461.39	Cost-Based/Straight Line	\$101,461.39
55.191. _____ RETAIL STORE STORE # 337 AT GOVERNOR'S SQUARE 1500 APALACHEE PARKWAY, SP# 2185 TALLAHASSEE FL 32301	LEASEHOLD IMPROVEMENTS	\$133,421.22	Cost-Based/Straight Line	\$133,421.22
55.192. _____ RETAIL STORE STORE # 338 AT CUMBERLAND MALL 1216 CUMBERLAND MALL, SP #0254 ATLANTA GA 30339	LEASEHOLD IMPROVEMENTS	\$281,142.21	Cost-Based/Straight Line	\$281,142.21
55.193. _____ RETAIL STORE STORE # 34 AT MONTEBELLO TOWN CENTER 1843 MONTEBELLO TOWN CENTER, SPACE #C-05 MONTEBELLO CA 90640	LEASEHOLD IMPROVEMENTS	\$66.67	Cost-Based/Straight Line	\$66.67
55.194. _____ RETAIL STORE STORE # 340 AT GREENBRIER 1401 GREENBRIER PARKWAY SOUTH, SP# 1060 CHESAPEAKE VA 23320	LEASEHOLD IMPROVEMENTS	\$6,043.84	Cost-Based/Straight Line	\$6,043.84
55.195. _____ RETAIL STORE STORE # 342 AT STAMFORD TOWN CENTER 100 GREYROCK PLACE, SP# E125 STAMFORD CT 06901	LEASEHOLD IMPROVEMENTS	\$104.17	Cost-Based/Straight Line	\$104.17
55.196. _____ RETAIL STORE STORE # 343 AT PARK CITY CENTER 142 PARK CITY CENTER, SP# G757 LANCASTER PA 17601	LEASEHOLD IMPROVEMENTS	\$4,461.77	Cost-Based/Straight Line	\$4,461.77

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55.197. _____ RETAIL STORE STORE # 344 AT EMPIRE 1660 WEST EMPIRE MALL, SP# 402 SIOUX FALLS SD 57106	LEASEHOLD IMPROVEMENTS	\$3,854.20	Cost-Based/Straight Line	\$3,854.20
55.198. _____ RETAIL STORE STORE # 345 AT UNIVERSITY PARK MALL 6501 NORTH GRAPE ROAD, SP# 280A MISHAWAKA IN 46545	LEASEHOLD IMPROVEMENTS	\$5,076.47	Cost-Based/Straight Line	\$5,076.47
55.199. _____ RETAIL STORE STORE # 346 AT GALLERIA AT PITTSBURGH* 434 PITTSBURGH MILLS CIRCLE TARENTUM PA 15084	LEASEHOLD IMPROVEMENTS	\$104.17	Cost-Based/Straight Line	\$104.17
55.200. _____ RETAIL STORE STORE # 347 AT VALLEY RIVER CENTER 293 VALLEY RIVER CENTER, SP# E0008/E0009 EUGENE OR 97401	LEASEHOLD IMPROVEMENTS	\$230,155.81	Cost-Based/Straight Line	\$230,155.81
55.201. _____ RETAIL STORE STORE # 348 AT AURORA MALL 14200 EAST ALAMEDA AVENUE, SP# 1009A AURORA CO 80012	LEASEHOLD IMPROVEMENTS	\$127,108.45	Cost-Based/Straight Line	\$127,108.45
55.202. _____ RETAIL STORE STORE # 349 AT GREAT LAKES MALL 7850 MENTOR AVENUE, SP# 574A MENTOR OH 44060	LEASEHOLD IMPROVEMENTS	\$8,177.02	Cost-Based/Straight Line	\$8,177.02
55.203. _____ RETAIL STORE STORE # 35 AT GLENDALE GALLERIA 2122 GLENDALE GALLERIA GLENDALE CA 91210	LEASEHOLD IMPROVEMENTS	\$1,968.51	Cost-Based/Straight Line	\$1,968.51
55.204. _____ RETAIL STORE STORE # 350 AT WEST VALLEY MALL 3200 NORTH NAGLEE ROAD, SP# 516 TRACY CA 95304	LEASEHOLD IMPROVEMENTS	\$400.00	Cost-Based/Straight Line	\$400.00

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55.205. _____ RETAIL STORE STORE # 352 AT OCEAN COUNTY 1201 HOOPER AVENUE, SP# 1033A TOMS RIVER NJ 08753	LEASEHOLD IMPROVEMENTS	\$111.07	Cost- Based/Straight Line	\$111.07
55.206. _____ RETAIL STORE STORE # 354 AT BEL AIR 3299 BELAIR MALL, SP# C-22 MOBILE AL 36606	LEASEHOLD IMPROVEMENTS	\$4,613.02	Cost- Based/Straight Line	\$4,613.02
55.207. _____ RETAIL STORE STORE # 355 AT CRABTREE VALLEY 4325 GLENWOOD AVENUE, SP# 1025 RALEIGH NC 27612	LEASEHOLD IMPROVEMENTS	\$115,776.00	Cost- Based/Straight Line	\$115,776.00
55.208. _____ RETAIL STORE STORE # 356 AT TURTLE CREEK MALL 1000 TURTLE CREEK DRIVE, SP#185 HATTIESBURG MS 39402	LEASEHOLD IMPROVEMENTS	\$5,199.06	Cost- Based/Straight Line	\$5,199.06
55.209. _____ RETAIL STORE STORE # 357 AT NORTHLAKE 6801 NORTHLAKE MALL DRIVE, SP# 168 CHARLOTTE NC 28216	LEASEHOLD IMPROVEMENTS	\$122,701.12	Cost- Based/Straight Line	\$122,701.12
55.210. _____ RETAIL STORE STORE # 359 AT KENTUCKY OAKS 5101 HINKLEVILLE ROAD, SP# 330 (COMBO OF 325&330) PADUCAH KY 42001	LEASEHOLD IMPROVEMENTS	\$3,834.01	Cost- Based/Straight Line	\$3,834.01
55.211. _____ RETAIL STORE STORE # 360 AT TRIANGLE TOWN CENTER 5959 TRIANGLE TOWN BLVD, SP# 1037 (COMBO OF 1037&1039) RALEIGH NC 27616	LEASEHOLD IMPROVEMENTS	\$48,909.80	Cost- Based/Straight Line	\$48,909.80
55.212. _____ RETAIL STORE STORE # 361 AT CROSS CREEK 418 CROSS CREEK MALL, UNIT TB-04 FAYETTEVILLE NC 28303	LEASEHOLD IMPROVEMENTS	\$416,451.94	Cost- Based/Straight Line	\$416,451.94

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55.213. _____ RETAIL STORE STORE # 362 AT VALLEY VIEW 4802 VALLEY VIEW BLVD NW, SP# UE220 (COMBO OF UE220&UE225) ROANOKE VA 24012	LEASEHOLD IMPROVEMENTS	\$2,229.56	Cost-Based/Straight Line	\$2,229.56
55.214. _____ RETAIL STORE STORE # 363 AT BARNES CROSSING 1001 BARNES CROSSING ROAD, SP# 224 TUPELO MS 38801	LEASEHOLD IMPROVEMENTS	\$625.00	Cost-Based/Straight Line	\$625.00
55.215. _____ RETAIL STORE STORE # 364 AT JEFFERSON 4801 OUTER LOOP, SP# C552 (COMBO OF C552 & C556) LOUISVILLE KY 40219	LEASEHOLD IMPROVEMENTS	\$1,577.62	Cost-Based/Straight Line	\$1,577.62
55.216. _____ RETAIL STORE STORE # 365 AT SHOPS AT TANFORAN 1150 EL CAMINO REAL, SPACE 160 SAN BRUNO CA 94066	LEASEHOLD IMPROVEMENTS	\$2,440.99	Cost-Based/Straight Line	\$2,440.99
55.217. _____ RETAIL STORE STORE # 366 AT FIREWHEEL TOWN CENTER 370 CEDAR SAGE DRIVE, SP# M01 GARLAND TX 75040	LEASEHOLD IMPROVEMENTS	\$2,445.15	Cost-Based/Straight Line	\$2,445.15
55.218. _____ RETAIL STORE STORE # 368 AT THE PROMENADE SHOPS AT CENTERRA 5897 SKY POND DRIVE, SUITE K100 LOVELAND CO 80538	LEASEHOLD IMPROVEMENTS	\$166,789.69	Cost-Based/Straight Line	\$166,789.69
55.219. _____ RETAIL STORE STORE # 369 AT EASTLAND 800 NORTH GREEN RIVER ROAD, SP# 0070A EVANSVILLE IN 47715	LEASEHOLD IMPROVEMENTS	\$3,764.66	Cost-Based/Straight Line	\$3,764.66
55.220. _____ RETAIL STORE STORE # 37 AT GALLERIA AT SUNSET 1300 WEST SUNSET ROAD, SPACE #1309 HENDERSON NV 89014	LEASEHOLD IMPROVEMENTS	\$66.67	Cost-Based/Straight Line	\$66.67

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55.221. _____ RETAIL STORE STORE # 370 AT ACADIANA 5725 JOHNSTON STREET, SP# A257 LAFAYETTE LA 70503	LEASEHOLD IMPROVEMENTS	\$845.59	Cost-Based/Straight Line	\$845.59
55.222. _____ RETAIL STORE STORE # 371 AT EASTRIDGE 2200 EASTRIDGE LOOP, SP# 1040 SAN JOSE CA 95122	LEASEHOLD IMPROVEMENTS	\$41,872.24	Cost-Based/Straight Line	\$41,872.24
55.223. _____ RETAIL STORE STORE # 374 AT EXTON SQUARE 316 EXTON SQUARE PARKWAY EXTON PA 19341	LEASEHOLD IMPROVEMENTS	\$104.17	Cost-Based/Straight Line	\$104.17
55.224. _____ RETAIL STORE STORE # 375 AT TURTLE CREEK, MALL AT 3000 EAST HIGHLAND DRIVE, SP# 403 JONESBORO AR 72401	LEASEHOLD IMPROVEMENTS	\$677.08	Cost-Based/Straight Line	\$677.08
55.225. _____ RETAIL STORE STORE # 377 AT NORTHPARK MALL-MS 1200 EAST COUNTY LINE ROAD, SP# 1412 RIDGELAND MS 39157	LEASEHOLD IMPROVEMENTS	\$700.00	Cost-Based/Straight Line	\$700.00
55.226. _____ RETAIL STORE STORE # 378 AT OAK VIEW MALL 3001 SOUTH 144TH STREET, SP# D15 OMAHA NE 68144	LEASEHOLD IMPROVEMENTS	\$192.31	Cost-Based/Straight Line	\$192.31
55.227. _____ RETAIL STORE STORE # 38 AT ONTARIO MILLS MALL 1 MILLS CIRCLE, SPACE #502 ONTARIO CA 91764	LEASEHOLD IMPROVEMENTS	\$262,909.89	Cost-Based/Straight Line	\$262,909.89
55.228. _____ RETAIL STORE STORE # 381 AT TWELVE OAKS MALL 27244 NOVI ROAD, SPACE #B126 NOVI MI 48377	LEASEHOLD IMPROVEMENTS	\$94,034.75	Cost-Based/Straight Line	\$94,034.75

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55.229. _____ RETAIL STORE STORE # 382 AT GALLERIA AT WHITE PLAINS 100 MAIN STREET, SP# 210 WHITE PLAINS NY 10601	LEASEHOLD IMPROVEMENTS	\$104.97	Cost-Based/Straight Line	\$104.97
55.230. _____ RETAIL STORE STORE # 383 AT LAKELAND SQUARE MALL 3800 US HIGHWAY 98 NORTH, SP# 756 (PREVIOUSLY 758) LAKELAND FL 33809	LEASEHOLD IMPROVEMENTS	\$1,978.04	Cost-Based/Straight Line	\$1,978.04
55.231. _____ RETAIL STORE STORE # 384 AT BELDEN VILLAGE 4145 BELDEN VILLAGE MALL CANTON OH 44718	LEASEHOLD IMPROVEMENTS	\$110,149.07	Cost-Based/Straight Line	\$110,149.07
55.232. _____ RETAIL STORE STORE # 386 AT LEHIGH VALLEY 124 LEHIGH VALLEY MALL, SP# 1038A WHITEHALL PA 18052	LEASEHOLD IMPROVEMENTS	\$387.12	Cost-Based/Straight Line	\$387.12
55.233. _____ RETAIL STORE STORE # 387 AT NORTH POINT 1000 N. POINT CIRCLE, SP# 2040 ALPHARETTA GA 30022	LEASEHOLD IMPROVEMENTS	\$2,807.43	Cost-Based/Straight Line	\$2,807.43
55.234. _____ RETAIL STORE STORE # 388 AT CIRCLE CENTER 49 WEST MARYLAND DRIVE, SP# F12B INDIANAPOLIS IN 46204	LEASEHOLD IMPROVEMENTS	\$288.74	Cost-Based/Straight Line	\$288.74
55.235. _____ RETAIL STORE STORE # 391 AT AVENUE VIERA 2261 TOWNE CENTER AVENUE, SP# 870 VIERA FL 32940	LEASEHOLD IMPROVEMENTS	\$66.67	Cost-Based/Straight Line	\$66.67
55.236. _____ RETAIL STORE STORE # 392 AT SOUTHLAND-FL 20505 S DIXIE HIGHWAY, SP# 813 AND 805 CUTLER BAY FL 33189	LEASEHOLD IMPROVEMENTS	\$241,459.30	Cost-Based/Straight Line	\$241,459.30

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

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55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.237. _____ RETAIL STORE STORE # 395 AT BRUNSWICK SQUARE 755 STATE ROUTE 18, SP# 216A EAST BRUNSWICK NJ 08816	LEASEHOLD IMPROVEMENTS	\$1,589.77	Cost-Based/Straight Line	\$1,589.77
55.238. _____ RETAIL STORE STORE # 396 AT THE SHOPS AT PERRY CROSSING 340 METROPOLIS MILE STE. 115 PLAINFIELD IN 46168	LEASEHOLD IMPROVEMENTS	\$1,709.69	Cost-Based/Straight Line	\$1,709.69
55.239. _____ RETAIL STORE STORE # 398 AT VALLEY HILLS MALL 1960 HIGHWAY 70 SE, SP #222 HICKORY NC 28602	LEASEHOLD IMPROVEMENTS	\$1,001.10	Cost-Based/Straight Line	\$1,001.10
55.240. _____ RETAIL STORE STORE # 399 AT SILVER CITY GALLERIA 2 GALLERIA MALL DRIVE, SP #A212 TAUNTON MA 02780	LEASEHOLD IMPROVEMENTS	\$3,505.76	Cost-Based/Straight Line	\$3,505.76
55.241. _____ RETAIL STORE STORE # 40 AT VALLEY PLAZA MALL 2701 MING AVENUE, SPACE #108 BAKERSFIELD CA 93304	LEASEHOLD IMPROVEMENTS	\$3,497.13	Cost-Based/Straight Line	\$3,497.13
55.242. _____ RETAIL STORE STORE # 400 AT REGENCY SQUARE VIRGINIA 1420 PARHAM ROAD, SP #S135 RICHMOND VA 23229	LEASEHOLD IMPROVEMENTS	\$8,004.19	Cost-Based/Straight Line	\$8,004.19
55.243. _____ RETAIL STORE STORE # 402 AT HULEN MALL 250 HULEN MALL, SP #1625 FORT WORTH TX 76132	LEASEHOLD IMPROVEMENTS	\$621.98	Cost-Based/Straight Line	\$621.98
55.244. _____ RETAIL STORE STORE # 403 AT VOLUSIA MALL 1700 W INTERNATIONAL SPEEDWAY BLVD., SP #249 DAYTONA FL 32114	LEASEHOLD IMPROVEMENTS	\$15,081.18	Cost-Based/Straight Line	\$15,081.18

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55.245. _____ RETAIL STORE STORE # 404 AT PINNACLE HILLS 2203 S. PROMENADE BLVD. SPACE 4150 ROGERS AR 72758	LEASEHOLD IMPROVEMENTS	\$104.17	Cost-Based/Straight Line	\$104.17
55.246. _____ RETAIL STORE STORE # 405 AT DOS LAGOS, THE SHOPS AT 2795 CABOT DRIVE, SUITE 125 CORONA CA 92883	LEASEHOLD IMPROVEMENTS	\$139.25	Cost-Based/Straight Line	\$139.25
55.247. _____ RETAIL STORE STORE # 405 THE SHOPS AT DOS LAGOS 2795 CABOT DRIVE, SUITE 125 CORONA CA 92883	LEASEHOLD IMPROVEMENTS	\$139.25	Cost-Based/Straight Line	\$139.25
55.248. _____ RETAIL STORE STORE # 407 AT NORTHFIELD AT STAPLETON 8316 NORTHFIELD BLVD. SPACE #1630 DENVER CO 80238	LEASEHOLD IMPROVEMENTS	\$5,155.73	Cost-Based/Straight Line	\$5,155.73
55.249. _____ RETAIL STORE STORE # 408 AT FOUR SEASONS 410 FOUR SEASONS TOWN CENTRE, SP #142 GREENSBORO NC 27407	LEASEHOLD IMPROVEMENTS	\$700.83	Cost-Based/Straight Line	\$700.83
55.250. _____ RETAIL STORE STORE # 410 AT QUEENS CENTER 90-15 QUEENS BOULEVARD, SPACE #0069 ELMHURST NY 11373	LEASEHOLD IMPROVEMENTS	\$447,925.84	Cost-Based/Straight Line	\$447,925.84
55.251. _____ RETAIL STORE STORE # 412 AT SAWGRASS MILLS 2602 SAWGRASS MILLS CIRCLE, SP# 1215 SUNRISE FL 33323	LEASEHOLD IMPROVEMENTS	\$455.48	Cost-Based/Straight Line	\$455.48
55.252. _____ RETAIL STORE STORE # 418 AT EDGEWATER MALL 2600 BEACH BLVD., SP #2 BILOXI MS 39531	LEASEHOLD IMPROVEMENTS	\$1,780.61	Cost-Based/Straight Line	\$1,780.61

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55.253. _____ RETAIL STORE STORE # 419 AT GEORGIA SQUARE MALL 3700 ATLANTA HWY, SP #48 ATHENS GA 30606	LEASEHOLD IMPROVEMENTS	\$124.20	Cost-Based/Straight Line	\$124.20
55.254. _____ RETAIL STORE STORE # 42 AT PEARLRIDGE CENTER 98-1005 MOANALUA ROAD AIEA HI 96701	LEASEHOLD IMPROVEMENTS	\$47,056.50	Cost-Based/Straight Line	\$47,056.50
55.255. _____ RETAIL STORE STORE # 420 AT BOULEVARD-NY 1229 NIAGRA FALLS BLVD., SPACE 409 AMHERST NY 14226	LEASEHOLD IMPROVEMENTS	\$989.89	Cost-Based/Straight Line	\$989.89
55.256. _____ RETAIL STORE STORE # 421 AT PARKWAY PLACE 2801 MEMORIAL PKWY SOUTH SPACE 190 HUNTSVILLE AL 35801	LEASEHOLD IMPROVEMENTS	\$951.09	Cost-Based/Straight Line	\$951.09
55.257. _____ RETAIL STORE STORE # 422 AT GULF COAST TOWN CTR 9903 GULF COAST MAIN ST. STE.100 FORT MEYERS FL 33913	LEASEHOLD IMPROVEMENTS	\$66.67	Cost-Based/Straight Line	\$66.67
55.258. _____ RETAIL STORE STORE # 423 AT RIO GRANDE VALLEY 5001 EAST US EXPRESSWAY 83 , SUITE 304 MERCEDES TX 78570	LEASEHOLD IMPROVEMENTS	\$349.47	Cost-Based/Straight Line	\$349.47
55.259. _____ RETAIL STORE STORE # 424 AT BOLINGBROOK 635 E. BOUGHTON RD. STE. 110, SPACE 780 BOLINGBROOK IL 60440	LEASEHOLD IMPROVEMENTS	\$775.98	Cost-Based/Straight Line	\$775.98
55.260. _____ RETAIL STORE STORE # 425 AT NORTHGATE-NC 1058 WEST CLUB BLVD., SP #201 DURHAM NC 27701	LEASEHOLD IMPROVEMENTS	\$66.67	Cost-Based/Straight Line	\$66.67

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55.261. _____ RETAIL STORE STORE # 426 AT GREENWOOD MALL 2625 SCOTTSVILLE RD. , SPACE 116& 118 BOWLING GREEN KY 42104	LEASEHOLD IMPROVEMENTS	\$3,083.27	Cost-Based/Straight Line	\$3,083.27
55.262. _____ RETAIL STORE STORE # 427 AT YORK GALLERIA 2899 WHITEFORD RD., SUITE 274 YORK PA 17402	LEASEHOLD IMPROVEMENTS	\$8,143.35	Cost-Based/Straight Line	\$8,143.35
55.263. _____ RETAIL STORE STORE # 428 AT FIRST COLONY 16535 SOUTHWEST FREEWAY, SP #123 SUGARLAND TX 77479	LEASEHOLD IMPROVEMENTS	\$1,175.88	Cost-Based/Straight Line	\$1,175.88
55.264. _____ RETAIL STORE STORE # 429 AT ZONA ROSA 7260 NW 86TH PL, SPACE H-177 KANSAS CITY MO 64153	LEASEHOLD IMPROVEMENTS	\$266,078.32	Cost-Based/Straight Line	\$266,078.32
55.265. _____ RETAIL STORE STORE # 430 AT POST OAK 1500 HARVEY ROAD, SP #2020 COLLEGE STATION TX 77840	LEASEHOLD IMPROVEMENTS	\$2,466.11	Cost-Based/Straight Line	\$2,466.11
55.266. _____ RETAIL STORE STORE # 431 AT VIEWMONT MALL 100 VIEWMONT MALL, SP #771 SCRANTON PA 18508	LEASEHOLD IMPROVEMENTS	\$104.17	Cost-Based/Straight Line	\$104.17
55.267. _____ RETAIL STORE STORE # 432 AT OAKDALE 601-635 HARRY L DR. SPACE 66-69 JOHNSON CITY NY 13790	LEASEHOLD IMPROVEMENTS	\$1,902.30	Cost-Based/Straight Line	\$1,902.30
55.268. _____ RETAIL STORE STORE # 433 AT EAGLE RIDGE 718 EAGLE RIDGE DR. LAKE WALES FL 33859	LEASEHOLD IMPROVEMENTS	\$2,177.39	Cost-Based/Straight Line	\$2,177.39

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55.269. _____ RETAIL STORE STORE # 435 AT PATRICK HENRY (RELOCATION) 12300 JEFFERSON AVE. , SP #214 NEWPORT NEWS VA 23602	LEASEHOLD IMPROVEMENTS	\$381,049.76	Cost-Based/Straight Line	\$381,049.76
55.270. _____ RETAIL STORE STORE # 437 AT MONMOUTH 180 ROUTE 35 & 36, SP #1004 EATONTOWN NJ 07724	LEASEHOLD IMPROVEMENTS	\$1,274.17	Cost-Based/Straight Line	\$1,274.17
55.271. _____ RETAIL STORE STORE # 438 AT WESTGATE MALL 7701 WEST INTERSTATE 40, SP #354 AMARILLO TX 79121	LEASEHOLD IMPROVEMENTS	\$7,863.08	Cost-Based/Straight Line	\$7,863.08
55.272. _____ RETAIL STORE STORE # 439 AT RIVER HILLS MALL 1850 ADAMS ST., SP #418 MANKATO MN 56001	LEASEHOLD IMPROVEMENTS	\$638.15	Cost-Based/Straight Line	\$638.15
55.273. _____ RETAIL STORE STORE # 440 AT FREEHOLD RACEWAY 3710 ROUTE 9, SP #A120 FREEHOLD NJ 07728	LEASEHOLD IMPROVEMENTS	\$2,289.26	Cost-Based/Straight Line	\$2,289.26
55.274. _____ RETAIL STORE STORE # 442 AT EASTDALE 1000 EASTDALE MALL, SPACE E-1 MONTGOMERY AL 36117	LEASEHOLD IMPROVEMENTS	\$1,336.43	Cost-Based/Straight Line	\$1,336.43
55.275. _____ RETAIL STORE STORE # 443 AT SALMON RUN 21182 SALMON RUN MALL LOOP WEST, SP #D-106 WATERTOWN NY 13601	LEASEHOLD IMPROVEMENTS	\$913.23	Cost-Based/Straight Line	\$913.23
55.276. _____ RETAIL STORE STORE # 444 AT GREEN ACRES 1004 GREEN ACRES MALL, SP #44 VALLEY STREAM NY 11581	LEASEHOLD IMPROVEMENTS	\$6,822.25	Cost-Based/Straight Line	\$6,822.25

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55.277. _____ RETAIL STORE STORE # 445 AT CROSSROADS-MI 6650 SOUTH WESTNEDGE AVENUE, SP# 222 PORTAGE MI 49024	LEASEHOLD IMPROVEMENTS	\$1,575.81	Cost-Based/Straight Line	\$1,575.81
55.278. _____ RETAIL STORE STORE # 446 AT TEMPE MARKETPLACE 2000 E. RIO FALADO PKWY, STE. 1248 TEMPE AZ 85281	LEASEHOLD IMPROVEMENTS	\$329.58	Cost-Based/Straight Line	\$329.58
55.279. _____ RETAIL STORE STORE # 447 AT POUGHKEEPSIE-SOUTH HILLS 2001 SOUTH ROAD, SP #A206 POUGHKEEPSIE NY 12601	LEASEHOLD IMPROVEMENTS	\$1,421.61	Cost-Based/Straight Line	\$1,421.61
55.280. _____ RETAIL STORE STORE # 448 AT COASTLAND CENTER 1752 TAMIAMI TRAIL NORTH SP #D-4 NAPLES FL 34102	LEASEHOLD IMPROVEMENTS	\$66.67	Cost-Based/Straight Line	\$66.67
55.281. _____ RETAIL STORE STORE # 449 AT AUGUSTA 3450 WRIGHTSBORO ROAD, SP #1430 AUGUSTA GA 30909	LEASEHOLD IMPROVEMENTS	\$104.17	Cost-Based/Straight Line	\$104.17
55.282. _____ RETAIL STORE STORE # 45 AT GRAPEVINE MILLS 3000 GRAPEVINE MILLS PARKWAY, SPACE #542 GRAPEVINE TX 76051	LEASEHOLD IMPROVEMENTS	\$208.74	Cost-Based/Straight Line	\$208.74
55.283. _____ RETAIL STORE STORE # 451 AT SOUTH SHORE PLAZA 250 GRANITE STREET, SP #1058A BRAINTREE MA 02184	LEASEHOLD IMPROVEMENTS	\$154.36	Cost-Based/Straight Line	\$154.36
55.284. _____ RETAIL STORE STORE # 452 AT GALLERIA DALLAS 13350 DALLAS PKWY, SP #3185 DALLAS TX 75240	LEASEHOLD IMPROVEMENTS	\$626.95	Cost-Based/Straight Line	\$626.95

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55.285. _____ RETAIL STORE STORE # 453 AT PECANLAND 4700 MILHAVEN ROAD, STE. 1210 MONROE LA 71203	LEASEHOLD IMPROVEMENTS	\$5,198.16	Cost-Based/Straight Line	\$5,198.16
55.286. _____ RETAIL STORE STORE # 454 AT SANGERTOWN ROUTE 5 & 5A, SP #L60 NEW HARTFORD NY 13413	LEASEHOLD IMPROVEMENTS	\$9,854.15	Cost-Based/Straight Line	\$9,854.15
55.287. _____ RETAIL STORE STORE # 455 AT CHESTERFIELD-VA 11500 MIDLOTHIAN TURNPIKE, SP #286 RICHMOND VA 23235	LEASEHOLD IMPROVEMENTS	\$2,640.92	Cost-Based/Straight Line	\$2,640.92
55.288. _____ RETAIL STORE STORE # 456 AT PADDOCK MALL 3100 COLLEGE ROAD, SP #148 OCALA FL 34474	LEASEHOLD IMPROVEMENTS	\$4,442.32	Cost-Based/Straight Line	\$4,442.32
55.289. _____ RETAIL STORE STORE # 457 AT WARWICK 400 BALD HILLS ROAD. SP #2001 WARWICK RI 02886	LEASEHOLD IMPROVEMENTS	\$1,715.97	Cost-Based/Straight Line	\$1,715.97
55.290. _____ RETAIL STORE STORE # 458 AT ORLANDO PREMIUM OUTLET - INTERNATIONAL DRIVE 4977 INTERNATIONAL DR. STE. 3B06 ORLANDO FL 32819	LEASEHOLD IMPROVEMENTS	\$1,761.88	Cost-Based/Straight Line	\$1,761.88
55.291. _____ RETAIL STORE STORE # 459 AT CAPITAL MALL-WA 625 BLACK LAKE BLVD. , SP #K5 OLYMPIA WA 98502	LEASEHOLD IMPROVEMENTS	\$920.00	Cost-Based/Straight Line	\$920.00
55.292. _____ RETAIL STORE STORE # 460 AT SALISBURY 2300 N. SALISBURY BLVD., SP #B-109 SALISBURY MD 21801	LEASEHOLD IMPROVEMENTS	\$875.20	Cost-Based/Straight Line	\$875.20

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55.293. _____ RETAIL STORE STORE # 461 AT LOCUST GROVE* 1000 TANGER DRIVE, SP #206 & 207 LOCUST GROVE GA 30248	LEASEHOLD IMPROVEMENTS	\$375.02	Cost-Based/Straight Line	\$375.02
55.294. _____ RETAIL STORE STORE # 464 AT FOLEY OUTLET CENTER 2601 SOUTH MCKENZIE STREET, SPACE 322 FOLEY AL 36535	LEASEHOLD IMPROVEMENTS	\$104.17	Cost-Based/Straight Line	\$104.17
55.295. _____ RETAIL STORE STORE # 466 AT OAKWOOD-LA 197 WESTBANK EXPWY., SPACE #1620 GRETNAL LA 70053	LEASEHOLD IMPROVEMENTS	\$104.17	Cost-Based/Straight Line	\$104.17
55.296. _____ RETAIL STORE STORE # 467 AT SAN TAN VILLAGE 2196 E. WILLIAMS FIELD RD., BUILDING 2, STE. 108 (SP #680) GILBERT AZ 85295	LEASEHOLD IMPROVEMENTS	\$104.17	Cost-Based/Straight Line	\$104.17
55.297. _____ RETAIL STORE STORE # 469 AT PHILADELPHIA OUTLETS 18 LIGHTCAP ROAD POTTSTOWN PA 19464	LEASEHOLD IMPROVEMENTS	\$1,810.61	Cost-Based/Straight Line	\$1,810.61
55.298. _____ RETAIL STORE STORE # 47 AT OVIEDO MARKETPLACE 1700 OVIEDO MARKETPLACE, SPACE #1375 OVIEDO FL 32765	LEASEHOLD IMPROVEMENTS	\$35.00	Cost-Based/Straight Line	\$35.00
55.299. _____ RETAIL STORE STORE # 470 AT VANCOUVER MALL 8700 N.E. VANCOUVER MALL DR., SPACE 108 VANCOUVER WA 98662	LEASEHOLD IMPROVEMENTS	\$1,552.34	Cost-Based/Straight Line	\$1,552.34
55.300. _____ RETAIL STORE STORE # 471 AT TUSCALOOSA 1701 MCFARLAND BOULEVARD E., SPACE B18 TUSCALOOSA AL 35404	LEASEHOLD IMPROVEMENTS	\$845.86	Cost-Based/Straight Line	\$845.86

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55.301. _____ RETAIL STORE STORE # 472 AT CENTRAL MALL-AR 5111 ROGERS AVENUE, SPACE 184 FORTH SMITH AR 72903	LEASEHOLD IMPROVEMENTS	\$2,135.46	Cost-Based/Straight Line	\$2,135.46
55.302. _____ RETAIL STORE STORE # 473 AT MILLER HILL 1600 MILLER TRUNK HWY., SPACE E06C DULUTH MN 55811	LEASEHOLD IMPROVEMENTS	\$104.17	Cost-Based/Straight Line	\$104.17
55.303. _____ RETAIL STORE STORE # 474 AT HARFORD 696 BEL AIR ROAD, SPACE 36 & 38 BEL AIR MD 21014	LEASEHOLD IMPROVEMENTS	\$845.59	Cost-Based/Straight Line	\$845.59
55.304. _____ RETAIL STORE STORE # 475 AT TAYLOR-MI 23000 EUREKA RD. SPACE 1385 TAYLOR MI 48180	LEASEHOLD IMPROVEMENTS	\$717.71	Cost-Based/Straight Line	\$717.71
55.305. _____ RETAIL STORE STORE # 476 AT RIVER CROSSING 5080 RIVERSIDE DR. SPACE 222 MACON GA 31210	LEASEHOLD IMPROVEMENTS	\$834.53	Cost-Based/Straight Line	\$834.53
55.306. _____ RETAIL STORE STORE # 477 AT HOUSTON OUTLETS 29300 HEMPSTEAD RD. SUITE 622 CYPRESS TX 77433	LEASEHOLD IMPROVEMENTS	\$112.76	Cost-Based/Straight Line	\$112.76
55.307. _____ RETAIL STORE STORE # 478 AT PORT CHARLOTTE 1441 TAMiami TRAIL #933A PORT CHARLOTTE FL 33948	LEASEHOLD IMPROVEMENTS	\$11,074.32	Cost-Based/Straight Line	\$11,074.32
55.308. _____ RETAIL STORE STORE # 479 AT HAGERSTOWN 17301 VALLEY MALL ROAD, SPACE 298 HAGERSTOWN MD 21740	LEASEHOLD IMPROVEMENTS	\$104.17	Cost-Based/Straight Line	\$104.17

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55.309. _____ RETAIL STORE STORE # 480 AT APPLE BLOSSOM 1850 APPLEBLOSSOM DRIVE SPACE A107A WINCHESTER VA 22601	LEASEHOLD IMPROVEMENTS	\$104.31	Cost-Based/Straight Line	\$104.31
55.310. _____ RETAIL STORE STORE # 481 AT WILLIAMSBURG PREMIUM OUTLETS 5625 RICHMOND RD. SPACE F200 WILLIAMSBURG VA 23188	LEASEHOLD IMPROVEMENTS	\$104.17	Cost-Based/Straight Line	\$104.17
55.311. _____ RETAIL STORE STORE # 482 AT ROLLING OAKS 6909 NORTH LOOP 1604 EAST # J06A SAN ANTONIO TX 78247	LEASEHOLD IMPROVEMENTS	\$112.76	Cost-Based/Straight Line	\$112.76
55.312. _____ RETAIL STORE STORE # 483 AT FSK 5500 BUCKEYSTOWN PIKE, SPACE 246 FREDRICK MD 21703	LEASEHOLD IMPROVEMENTS	\$159.11	Cost-Based/Straight Line	\$159.11
55.313. _____ RETAIL STORE STORE # 484 AT RUSHMORE 2200 NORTH MAPLE AVENUE, SPACE 220 RAPID CITY SD 57701	LEASEHOLD IMPROVEMENTS	\$104.17	Cost-Based/Straight Line	\$104.17
55.314. _____ RETAIL STORE STORE # 485 AT FAIRFIELD COMMONS 2727 FAIRFIELD COMMONS, SPACE E129 BEAVERCREEK OH 45431	LEASEHOLD IMPROVEMENTS	\$56,003.46	Cost-Based/Straight Line	\$56,003.46
55.315. _____ RETAIL STORE STORE # 486 AT PARKERSBURG 272 GRAND CENTRAL MALL VIENNA WV 26105	LEASEHOLD IMPROVEMENTS	\$104.17	Cost-Based/Straight Line	\$104.17
55.316. _____ RETAIL STORE STORE # 487 AT CHATTANOOGA-TN 2100 HAMITLON PLACE BLVD. SPACE 110 CHATANOOGA TN 37421	LEASEHOLD IMPROVEMENTS	\$0.00	Cost-Based/Straight Line	\$0.00

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55.317. _____ RETAIL STORE STORE # 488 AT SIOUX CITY "SOUTHERN HILLS" 4400 SERGEANT RD. SPACE 512 & 514 SIOUX CITY IA 51106	LEASEHOLD IMPROVEMENTS	\$104.17	Cost-Based/Straight Line	\$104.17
55.318. _____ RETAIL STORE STORE # 49 AT ARIZONA MILLS 5000 ARIZONA MILLS CIRCLE, SPACE #640 TEMPE AZ 85282	LEASEHOLD IMPROVEMENTS	\$9,809.04	Cost-Based/Straight Line	\$9,809.04
55.319. _____ RETAIL STORE STORE # 490 AT BAYSHORE 5800 N. BAYSHORE DR. SPACE B130 GLENDALE WI 53217	LEASEHOLD IMPROVEMENTS	\$0.30	Cost-Based/Straight Line	\$0.30
55.320. _____ RETAIL STORE STORE # 492 AT BRASS MILLS 495 UNION ST. SPACE 2062 & 2064 WATERBURY CT 06706	LEASEHOLD IMPROVEMENTS	\$1,693.84	Cost-Based/Straight Line	\$1,693.84
55.321. _____ RETAIL STORE STORE # 493 AT BELLIS FAIR ONE BELLIS FAIR PKWY, SPACE #209 BELLINGHAM WA 98226	LEASEHOLD IMPROVEMENTS	\$113.23	Cost-Based/Straight Line	\$113.23
55.322. _____ RETAIL STORE STORE # 494 AT MESILLA VALLEY 700 S. TELSHOR BLVD., SPACE #1080 LAS CRUCES NM 88011	LEASEHOLD IMPROVEMENTS	\$0.00	Cost-Based/Straight Line	\$0.00
55.323. _____ RETAIL STORE STORE # 495 AT OAK PARK-KS 11611 WEST 95TH ST. OVERLAND PARK KS 66214	LEASEHOLD IMPROVEMENTS	\$146,774.43	Cost-Based/Straight Line	\$146,774.43
55.324. _____ RETAIL STORE STORE # 497 AT EAU CLAIRE 4800 GOLF ROAD, SP #0428 EAU CLAIRE WI 54701	LEASEHOLD IMPROVEMENTS	\$104.17	Cost-Based/Straight Line	\$104.17

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

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55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.325. _____ RETAIL STORE STORE # 498 AT MANASSAS 8300 SUDLEY ROAD, SPACE 013 MANASSAS VA 20109	LEASEHOLD IMPROVEMENTS	\$4,025.74	Cost-Based/Straight Line	\$4,025.74
55.326. _____ RETAIL STORE STORE # 500 AT BURNSVILLE 1178 BURNSVILLE CENTER SPACE 1088 BURNSVILLE MN 55306	LEASEHOLD IMPROVEMENTS	\$3,123.33	Cost-Based/Straight Line	\$3,123.33
55.327. _____ RETAIL STORE STORE # 503 AT KING'S PLAZA 5230 KINGS PLAZA, SPACE 143 BROOKLYN NY 11234	LEASEHOLD IMPROVEMENTS	\$11,940.74	Cost-Based/Straight Line	\$11,940.74
55.328. _____ RETAIL STORE STORE # 505 AT WEST PARK 3049 WILLIAMS ST. , SPACE 127B & 133 CAPE GIRARDEAU MO 63703	LEASEHOLD IMPROVEMENTS	\$1,397.12	Cost-Based/Straight Line	\$1,397.12
55.329. _____ RETAIL STORE STORE # 507 AT GREENVILLE-NC 714 GREENVILLE BLVD S.E., SPACE E2 & E3 GREENVILLE NC 27858	LEASEHOLD IMPROVEMENTS	\$4,597.33	Cost-Based/Straight Line	\$4,597.33
55.330. _____ RETAIL STORE STORE # 508 AT MARKET PLACE-IL 2000 NORTH NEIL ST. SPACE 285 CHAMPAIGN IL 61821	LEASEHOLD IMPROVEMENTS	\$907.10	Cost-Based/Straight Line	\$907.10
55.331. _____ RETAIL STORE STORE # 509 AT GONZALES OUTLETS 2200 TANGER BOULEVARD, SPACE 114 GONZALES LA 70737	LEASEHOLD IMPROVEMENTS	\$5,209.77	Cost-Based/Straight Line	\$5,209.77
55.332. _____ RETAIL STORE STORE # 510 AT NORTHWOODS-IL 2200 W.WAR MEMORIAL DR., SPACE EL15A PEORIA IL 61613	LEASEHOLD IMPROVEMENTS	\$1,209.95	Cost-Based/Straight Line	\$1,209.95

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55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.333. _____ RETAIL STORE STORE # 511 AT PEARLAND TOWN CENTER 11200 BROADWAY ST. , SP #1330 PEARLAND TX 77584	LEASEHOLD IMPROVEMENTS	\$1,029.55	Cost-Based/Straight Line	\$1,029.55
55.334. _____ RETAIL STORE STORE # 511 AT PEARLAND TOWN CENTER 11200 BROADWAY ST. , SP #1330 PEARLAND TX 77584	LEASEHOLD IMPROVEMENTS	\$1,029.55	Cost-Based/Straight Line	\$1,029.55
55.335. _____ RETAIL STORE STORE # 512 AT COLUMBIANA CENTRE 100 COLUMBIANA CIRCLE, SUITE #1435 COLUMBIA SC 29212	LEASEHOLD IMPROVEMENTS	\$321.77	Cost-Based/Straight Line	\$321.77
55.336. _____ RETAIL STORE STORE # 513 AT KINGSTON COLLECTION 101 INDEPENDENCE MALL WAY KINGSTON MA 02364	LEASEHOLD IMPROVEMENTS	\$104.17	Cost-Based/Straight Line	\$104.17
55.337. _____ RETAIL STORE STORE # 516 AT EASTRIDGE-NC 246 NEW HOPE ROAD GASTONIA NC 28054	LEASEHOLD IMPROVEMENTS	\$66.67	Cost-Based/Straight Line	\$66.67
55.338. _____ RETAIL STORE STORE # 521 AT ELLENTON PREMIUM OUTLETS 5121 FACTORY SHOPS BLVD #925 ELLENTON FL 34222	LEASEHOLD IMPROVEMENTS	\$356.01	Cost-Based/Straight Line	\$356.01
55.339. _____ RETAIL STORE STORE # 522 AT SOUTHCENTER-WA 621 SOUTHCENTER MALL TUKWILA WA 98188	LEASEHOLD IMPROVEMENTS	\$3,841.47	Cost-Based/Straight Line	\$3,841.47
55.340. _____ RETAIL STORE STORE # 525 AT WIREGRASS, SHOPS @ 28211 PASEO DRIVE SUITE 120 WESLEY CHAPEL FL 33543	LEASEHOLD IMPROVEMENTS	\$66.67	Cost-Based/Straight Line	\$66.67

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55.341. _____ RETAIL STORE STORE # 527 AT JERSEY SHORE OUTLETS 1 PREMIUM OUTLET BLVD. SPACE #2 TINTON FALLS NJ 07753	LEASEHOLD IMPROVEMENTS	\$111.07	Cost-Based/Straight Line	\$111.07
55.342. _____ RETAIL STORE STORE # 533 AT CAMARILLO OUTLETS 500 VENTURA BOULEVARD, SPACE #1514 CAMARILLO CA 93010	LEASEHOLD IMPROVEMENTS	\$149.04	Cost-Based/Straight Line	\$149.04
55.343. _____ RETAIL STORE STORE # 534 AT MIDLAND PARK 4511 NORTH MIDKIFF DRIVE, SPACE C10A MIDLAND TX 79705	LEASEHOLD IMPROVEMENTS	\$15,889.76	Cost-Based/Straight Line	\$15,889.76
55.344. _____ RETAIL STORE STORE # 536 AT GULF VIEW SQUARE 9409 US HWY 19 SPACE 553C PORT RICHEY FL 34668	LEASEHOLD IMPROVEMENTS	\$597.21	Cost-Based/Straight Line	\$597.21
55.345. _____ RETAIL STORE STORE # 537 AT MCCAIN 3929 MCCAIN BLVD., SPACE H04B N.LITTLE ROCK AR 72116	LEASEHOLD IMPROVEMENTS	\$19,054.47	Cost-Based/Straight Line	\$19,054.47
55.346. _____ RETAIL STORE STORE # 538 AT VCC 10101 BROOK ROAD SPACE 650 A/C GLEN ALLEN VA 23059	LEASEHOLD IMPROVEMENTS	\$60,299.82	Cost-Based/Straight Line	\$60,299.82
55.347. _____ RETAIL STORE STORE # 539 AT LINCOLNWOOD 3333 WEST TOUHY AVE SPACE B03 & B02A LINCOLNWOOD IL 60712	LEASEHOLD IMPROVEMENTS	\$4,900.79	Cost-Based/Straight Line	\$4,900.79
55.348. _____ RETAIL STORE STORE # 542 AT TYSON'S CORNER 7860 TYSON'S CORNER CENTER, SP #M011U (RELO) TYSONS CORNER VA 22102	LEASEHOLD IMPROVEMENTS	\$8,474.44	Cost-Based/Straight Line	\$8,474.44

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55.349. _____ RETAIL STORE STORE # 543 AT GROVE CITY PREMIUM OUTLETS 1911 LEESBURG GROVE CITY ROAD, SUITE #1065 GROVE CITY PA 16127	LEASEHOLD IMPROVEMENTS	\$1,249.12	Cost-Based/Straight Line	\$1,249.12
55.350. _____ RETAIL STORE STORE # 544 AT TUTTLE CROSSING 5043 TUTTLE CROSSING BLVD, SPACE #225A DUBLIN OH 43016	LEASEHOLD IMPROVEMENTS	\$612.88	Cost-Based/Straight Line	\$612.88
55.351. _____ RETAIL STORE STORE # 545 AT ST. CLAIRE SQUARE 134 ST. CLAIR SQUARE, SPACE #120 FAIRVIEW HEIGHTS IL 62208	LEASEHOLD IMPROVEMENTS	\$1,012.94	Cost-Based/Straight Line	\$1,012.94
55.352. _____ RETAIL STORE STORE # 548 AT TRUMBULL 5065 MAIN ST., SPACE #220 TRUMBULL CT 06611	LEASEHOLD IMPROVEMENTS	\$12,473.97	Cost-Based/Straight Line	\$12,473.97
55.353. _____ RETAIL STORE STORE # 553 AT ST. AUGUSTINE OUTLETS 500 OUTLET MALL BLVD, SPACE 105 ST. AUGUSTINE FL 32084	LEASEHOLD IMPROVEMENTS	\$66.67	Cost-Based/Straight Line	\$66.67
55.354. _____ RETAIL STORE STORE # 554 AT DANBURY FAIR 7 BACKUS AVENUE SPACE #B202 DANBURY CT 06810	LEASEHOLD IMPROVEMENTS	\$21,159.98	Cost-Based/Straight Line	\$21,159.98
55.355. _____ RETAIL STORE STORE # 556 AT ROUND ROCK OUTLETS 4401 NORTH IH-35, SPACE 0135 ROUND ROCK TX 78664	LEASEHOLD IMPROVEMENTS	\$21,564.01	Cost-Based/Straight Line	\$21,564.01
55.356. _____ RETAIL STORE STORE # 557 AT CROSSINGS PREMIUM OUTLETS, THE 1000 PREMIUM OUTLETS DR., SPACE G-13 TANNERSVILLE PA 18372	LEASEHOLD IMPROVEMENTS	\$31,505.02	Cost-Based/Straight Line	\$31,505.02

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55.357. _____ RETAIL STORE STORE # 558 AT JACKSON PREMIUM OUTLET 537 MONMOUTH ROAD, SPACE 0104 JACKSON NJ 08527	LEASEHOLD IMPROVEMENTS	\$17,726.25	Cost-Based/Straight Line	\$17,726.25
55.358. _____ RETAIL STORE STORE # 559 AT VACAVILLE PREMIUM OUTLETS 321 NUT TREE RD., SPACE 370 VACAVILLE CA 95687	LEASEHOLD IMPROVEMENTS	\$23,642.39	Cost-Based/Straight Line	\$23,642.39
55.359. _____ RETAIL STORE STORE # 560 AT ORLANDO PREMIUM OUTLET - VINELAND AVE 8200 VINELAND AVENUE, SPACE 1509 ORLANDO FL 32821	LEASEHOLD IMPROVEMENTS	\$24,512.85	Cost-Based/Straight Line	\$24,512.85
55.360. _____ RETAIL STORE STORE # 561 AT ALBERTVILLE PREMIUM OUTLETS 6415 LABEAUX AVENUE NE, SPACE CO40 ALBERTVILLE MN 55301	LEASEHOLD IMPROVEMENTS	\$24,493.95	Cost-Based/Straight Line	\$24,493.95
55.361. _____ RETAIL STORE STORE # 562 AT EDINBURGH OUTLET CENTER 11671 N EXECUTIVE DRIVE, SPACE 1110 EDINBURGH IN 46124	LEASEHOLD IMPROVEMENTS	\$29,364.56	Cost-Based/Straight Line	\$29,364.56
55.362. _____ RETAIL STORE STORE # 563 AT OSAGE BEACH PREMIUM OUTLET 4540 OSAGE BEACH PARKWAY, UNIT I3 OSAGE BEACH MO 65065	LEASEHOLD IMPROVEMENTS	\$27,128.06	Cost-Based/Straight Line	\$27,128.06
55.363. _____ RETAIL STORE STORE # 564 AT ALLEN PREMIUM OUTLETS 820 WEST STACY RD., SPACE 0105 ALLEN TX 75013	LEASEHOLD IMPROVEMENTS	\$30,147.21	Cost-Based/Straight Line	\$30,147.21
55.364. _____ RETAIL STORE STORE # 565 AT CINCINNATI PREMIUM OUTLET 828 PREMIUM OUTLET DRIVE MONROE OH 45050	LEASEHOLD IMPROVEMENTS	\$25,740.47	Cost-Based/Straight Line	\$25,740.47

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55.365. _____ RETAIL STORE STORE # 567 AT LEESBURG CORNER PREMIUM OUTLETS 241 FORT EVANS ROAD N.E., SPACE 0801 LEESBURG VA 20176	LEASEHOLD IMPROVEMENTS	\$8,708.89	Cost-Based/Straight Line	\$8,708.89
55.366. _____ RETAIL STORE STORE # 569 AT NORTH PARK-TX 8687 N. CENTRAL EXPRESSWAY SPACE 2228 DALLAS TX 75225	LEASEHOLD IMPROVEMENTS	\$30,186.25	Cost-Based/Straight Line	\$30,186.25
55.367. _____ RETAIL STORE STORE # 570 AT FASHION OUTLETS OF NIAGARA FALLS 1982 MILITARY RD. NIAGARA FALLS NY 14304	LEASEHOLD IMPROVEMENTS	\$57,715.76	Cost-Based/Straight Line	\$57,715.76
55.368. _____ RETAIL STORE STORE # 573 AT LA CANTERA 16401 LA CANTERA PKWY, SPACE 3080 SAN ANTONIO TX 78256	LEASEHOLD IMPROVEMENTS	\$45,293.68	Cost-Based/Straight Line	\$45,293.68
55.369. _____ RETAIL STORE STORE # 576 AT CAMBRIDGESIDE GALLERIA 100 CAMBRIDGESIDE PL SPACE E-304 CAMBRIDGE MA 02141	LEASEHOLD IMPROVEMENTS	\$845.59	Cost-Based/Straight Line	\$845.59
55.370. _____ RETAIL STORE STORE # 577 AT OLD ORCHARD 4999 OLD ORCHARD CENTER SPACE L6 SKOKIE IL 60077	LEASEHOLD IMPROVEMENTS	\$6,913.29	Cost-Based/Straight Line	\$6,913.29
55.371. _____ RETAIL STORE STORE # 582 AT ATLANTIC CITY OUTLETS 122 CHRISTOPHER COLUMBUS BLVD., SPACE #1250 & 1255 ATLANTIC CITY NJ 08401	LEASEHOLD IMPROVEMENTS	\$154,382.10	Cost-Based/Straight Line	\$154,382.10
55.372. _____ RETAIL STORE STORE # 585 AT BELMAR 7239 W. ALASKA DRIVE LAKEWOOD CO 80226	LEASEHOLD IMPROVEMENTS	\$190,275.69	Cost-Based/Straight Line	\$190,275.69

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55.373.	RETAIL STORE STORE # 587 AT WINDWARD MALL 46-056 KAMEHAMEHA HIGHWAY, SPACE #K02 KANE OHE HI 96744	LEASEHOLD IMPROVEMENTS	\$245,739.92	Cost-Based/Straight Line	\$245,739.92
55.374.	RETAIL STORE STORE # 588 AT OUTLET SHOPPES @ EL PASO, THE 7051 SOUTH DESERT BLVD., SUITE D428 EL PASO TX 79835	LEASEHOLD IMPROVEMENTS	\$106,860.03	Cost-Based/Straight Line	\$106,860.03
55.375.	RETAIL STORE STORE # 589 AT GRAND PRAIRIE OUTLETS 2950 WEST INTERSTATE 20, SPACE #812 GRAND PRAIRIE TX 75052	LEASEHOLD IMPROVEMENTS	\$106,352.18	Cost-Based/Straight Line	\$106,352.18
55.376.	RETAIL STORE STORE # 590 AT THE ARCHES AT DEER PARK 152 THE ARCHES CIRCLE, SPACE #1394 DEER PARK NY 11729	LEASEHOLD IMPROVEMENTS	\$128,371.61	Cost-Based/Straight Line	\$128,371.61
55.377.	RETAIL STORE STORE # 591 AT WESTGATE OUTLET 6800 N. 95TH AVE., SUITE 640 GLENDALE AZ 85305	LEASEHOLD IMPROVEMENTS	\$103,815.38	Cost-Based/Straight Line	\$103,815.38
55.378.	RETAIL STORE STORE # 594 AT ALGONQUIN COMMONS 1952 S. RANDALL ROAD ALGONQUIN IL 60102	LEASEHOLD IMPROVEMENTS	\$237,586.97	Cost-Based/Straight Line	\$237,586.97
55.379.	RETAIL STORE STORE # 596 AT WOODBURN COMPANY STORES 1001 ARNEY ROAD WOODBURN OR 97071	LEASEHOLD IMPROVEMENTS	\$94,331.23	Cost-Based/Straight Line	\$94,331.23
55.380.	RETAIL STORE STORE # 597 AT SAN FRANCISCO PREMIUM OUTLETS 3084 PARAGON OUTLETS DRIVE LIVERMORE CA 94551	LEASEHOLD IMPROVEMENTS	\$136,877.09	Cost-Based/Straight Line	\$136,877.09

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55.381. _____ RETAIL STORE STORE # 598 AT HOWELL OUTLETS 1475 NORTH BURKHART ROAD, SPACE G-100 HOWELL MI 48855	LEASEHOLD IMPROVEMENTS	\$100,598.92	Cost-Based/Straight Line	\$100,598.92
55.382. _____ RETAIL STORE STORE # 599 AT THE OUTLET SHOPPES AT ATLANTA 915 RIDGEWALK PARKWAY, SPACE C-320 WOODSTOCK GA 30188	LEASEHOLD IMPROVEMENTS	\$126,994.32	Cost-Based/Straight Line	\$126,994.32
55.383. _____ RETAIL STORE STORE # 61 AT ROOSEVELT FIELD 630 OLD COUNTRY RD. , SPACE #2054A GARDEN CITY NY 11530	LEASEHOLD IMPROVEMENTS	\$11,676.77	Cost-Based/Straight Line	\$11,676.77
55.384. _____ RETAIL STORE STORE # 62 AT HAYWOOD MALL 700 HAYWOOD ROAD, BOX #222 GREENVILLE SC 29607	LEASEHOLD IMPROVEMENTS	\$6,838.16	Cost-Based/Straight Line	\$6,838.16
55.385. _____ RETAIL STORE STORE # 65 AT FRESNO FASHION FAIR 675A EAST SHAW FRESNO CA 93710	LEASEHOLD IMPROVEMENTS	\$66.67	Cost-Based/Straight Line	\$66.67
55.386. _____ RETAIL STORE STORE # 66 AT COBB, TOWN CENTER AT 400 ERNEST BARRETT PARKWAY, SPACE #213 KENNESAW GA 30144	LEASEHOLD IMPROVEMENTS	\$1,111.28	Cost-Based/Straight Line	\$1,111.28
55.387. _____ RETAIL STORE STORE # 68 AT MELBOURNE SQUARE 1700 WEST NEW HAVEN AVENUE SPACE 737 MELBOURNE FL 32904	LEASEHOLD IMPROVEMENTS	\$0.00	Cost-Based/Straight Line	\$0.00
55.388. _____ RETAIL STORE STORE # 69 AT LAKELINE MALL 11200 LAKELINE MALL DRIVE, SPACE #B-7A CEDAR PARK TX 78613	LEASEHOLD IMPROVEMENTS	\$9,150.50	Cost-Based/Straight Line	\$9,150.50

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55.389. _____ RETAIL STORE STORE # 700 AT OUTLET COLLECTION AT RIVERWALK 500 PORT OF NEW ORLEANS PLACE, SUITE 265 NEW ORLEANS LA 70130	LEASEHOLD IMPROVEMENTS	\$236,966.80	Cost-Based/Straight Line	\$236,966.80
55.390. _____ RETAIL STORE STORE # 7001 AT SANTA MONICA 1015 MONTANA AVENUE SANTA MONICA CA 90403	LEASEHOLD IMPROVEMENTS	\$0.00	Cost-Based/Straight Line	\$0.00
55.391. _____ RETAIL STORE STORE # 7004 AT FASHION ISLAND 401 NEWPORT CENTER DR, SUITE #273 NEWPORT BEACH CA 92660	LEASEHOLD IMPROVEMENTS	\$77,986.03	Cost-Based/Straight Line	\$77,986.03
55.392. _____ RETAIL STORE STORE # 7005 AT NORTHPARK CENTER 8687 N CENTRAL EXPRESSWAY, SUITE #1706 DALLAS TX 75225	LEASEHOLD IMPROVEMENTS	\$0.00	Cost-Based/Straight Line	\$0.00
55.393. _____ RETAIL STORE STORE # 7006 AT UNIVERSITY VILLAGE 2624 NE VILLAGE LANE SEATTLE WA 98105	LEASEHOLD IMPROVEMENTS	\$0.00	Cost-Based/Straight Line	\$0.00
55.394. _____ RETAIL STORE STORE # 7007 AT PARK MEADOWS 8401 PARK MEADOWS CENTER DRIVE, SUITE #1183 LONE TREE CO 80124	LEASEHOLD IMPROVEMENTS	\$20,629.95	Cost-Based/Straight Line	\$20,629.95
55.395. _____ RETAIL STORE STORE # 7008 AT SAN FRANCISCO 2156 CHESTNUT STREET SAN FRANCISCO CA 94123	LEASEHOLD IMPROVEMENTS	\$0.00	Cost-Based/Straight Line	\$0.00
55.396. _____ RETAIL STORE STORE # 7009 AT FASHION PLACE 6191 S. STATE STREET, SUITE A215 MURRAY UT 84107	LEASEHOLD IMPROVEMENTS	\$882.48	Cost-Based/Straight Line	\$882.48

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55.397.	RETAIL STORE STORE # 701 AT PALLADIO AT BROADSTONE 240 PALLADIO PARKWAY, SPACE #1327 FOLSOM CA 95630	LEASEHOLD IMPROVEMENTS	\$221,869.54	Cost-Based/Straight Line	\$221,869.54
55.398.	RETAIL STORE STORE # 7010 AT SHOPS AT MERRICK PARK 350 SAN LORENZO AVENUE, SPACE #2030 CORAL GABLES FL 33146	LEASEHOLD IMPROVEMENTS	\$0.00	Cost-Based/Straight Line	\$0.00
55.399.	RETAIL STORE STORE # 7011 AT PHIPPS PLAZA 3500 PEACHTREE ROAD NE, SPACE #1050D ATLANTA GA 30326	LEASEHOLD IMPROVEMENTS	\$0.00	Cost-Based/Straight Line	\$0.00
55.400.	RETAIL STORE STORE # 7013 AT NORTH POINT MALL 1000 NORTH POINT CIRCLE, SPACE #1036 ALPHARETTA GA 30022	LEASEHOLD IMPROVEMENTS	\$19,266.32	Cost-Based/Straight Line	\$19,266.32
55.401.	RETAIL STORE STORE # 7014 AT SCOTTSDALE QUARTER 15323 N. SCOTTSDALE RD., SUITE E-105 SCOTTSDALE AZ 85254	LEASEHOLD IMPROVEMENTS	\$102,012.67	Cost-Based/Straight Line	\$102,012.67
55.402.	RETAIL STORE STORE # 702 AT SOLANO MALL 1350 TRAVIS BLVD., SPACE M-7 FAIRFIELD CA 94533	LEASEHOLD IMPROVEMENTS	\$227,009.54	Cost-Based/Straight Line	\$227,009.54
55.403.	RETAIL STORE STORE # 703 AT VIEJAS OUTLETS 5005 WILLOWS RD. SUITE #229, SPACE A-101 ALPINE CA 91901	LEASEHOLD IMPROVEMENTS	\$142,053.95	Cost-Based/Straight Line	\$142,053.95
55.404.	RETAIL STORE STORE # 704 AT PARKDALE MALL 6155 EASTEX FREEWAY, SPACE D-406 BEAUMONT TX 77706	LEASEHOLD IMPROVEMENTS	\$226,781.17	Cost-Based/Straight Line	\$226,781.17

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55.405. _____ RETAIL STORE STORE # 705 AT WESTGATE MALL (SC) 205 WEST BLACKSTOCK ROAD, SPACE 080 SPARTANBURG SC 29301	LEASEHOLD IMPROVEMENTS	\$190,019.92	Cost-Based/Straight Line	\$190,019.92
55.406. _____ RETAIL STORE STORE # 706 AT OLD HICKORY MALL 2021 NORTH HIGHLAND AVENUE, SPACE E4 JACKSON TN 38305	LEASEHOLD IMPROVEMENTS	\$203,387.21	Cost-Based/Straight Line	\$203,387.21
55.407. _____ RETAIL STORE STORE # 707 AT PALM BEACH OUTLETS 1721 PALM BEACH LAKES BOULEVARD, SPACE E409 WEST PALM BEACH FL 33401	LEASEHOLD IMPROVEMENTS	\$164,674.18	Cost-Based/Straight Line	\$164,674.18
55.408. _____ RETAIL STORE STORE # 709 AT HONEY CREEK MALL 3401 SOUTH US HIGHWAY 41, SPACE E7 TERRA HAUTE IN 47802	LEASEHOLD IMPROVEMENTS	\$203,527.26	Cost-Based/Straight Line	\$203,527.26
55.409. _____ RETAIL STORE STORE # 71 AT CORAL SQUARE MALL 9167 WEST ATLANTIC BOULEVARD CORAL SPRINGS FL 33071	LEASEHOLD IMPROVEMENTS	\$14,240.60	Cost-Based/Straight Line	\$14,240.60
55.410. _____ RETAIL STORE STORE # 710 AT PUEBLO MALL 3429 DILLON DRIVE, SPACE E6 PUEBLO CO 81008	LEASEHOLD IMPROVEMENTS	\$220,173.66	Cost-Based/Straight Line	\$220,173.66
55.411. _____ RETAIL STORE STORE # 712 AT ST. LOUIS PREMIUM OUTLETS 18521 OUTLET BOULEVARD, SPACE# 700 CHESTERFIELD MO 63005	LEASEHOLD IMPROVEMENTS	\$159,690.46	Cost-Based/Straight Line	\$159,690.46
55.412. _____ RETAIL STORE STORE # 714 AT CHARLOTTESVILLE FASHION SQUARE 1600 RIO ROAD EAST, SPACE 1414A CHARLOTTESVILLE VA 22901-1405	LEASEHOLD IMPROVEMENTS	\$261,185.51	Cost-Based/Straight Line	\$261,185.51

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

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55.413. _____ RETAIL STORE STORE # 715 AT TACOMA 4502 SOUTH STEEL STREET, SPACE 1151A TACOMA WA 98409-7242	LEASEHOLD IMPROVEMENTS	\$229,913.52	Cost-Based/Straight Line	\$229,913.52
55.414. _____ RETAIL STORE STORE # 716 AT WEST TOWN MALL 7600 KINGSTON PIKE, SPACE 1502 KNOXVILLE TN 37919-5600	LEASEHOLD IMPROVEMENTS	\$219,674.91	Cost-Based/Straight Line	\$219,674.91
55.415. _____ RETAIL STORE STORE # 717 AT MESA MALL 2424 US HIGHWAY 6, SPACE 310A GRAND JUNCTION CO 81505	LEASEHOLD IMPROVEMENTS	\$172,157.74	Cost-Based/Straight Line	\$172,157.74
55.416. _____ RETAIL STORE STORE # 718 AT PHEASANT LANE 310 DANIEL WEBSTER HIGHWAY, SPACE W253 NASHUA NH 03060	LEASEHOLD IMPROVEMENTS	\$230,637.97	Cost-Based/Straight Line	\$230,637.97
55.417. _____ RETAIL STORE STORE # 720 AT THE OUTLETS AT MISSISSIPPI 200 BASS PRO DRIVE, SPACE #265 PEARL MS 39208	LEASEHOLD IMPROVEMENTS	\$154,381.81	Cost-Based/Straight Line	\$154,381.81
55.418. _____ RETAIL STORE STORE # 723 AT OUTLETS AT CASTLE ROCK 5050 FACTORY SHOPS BLVD., SPACE 515 CASTLE ROCK CO 80108	LEASEHOLD IMPROVEMENTS	\$118,772.07	Cost-Based/Straight Line	\$118,772.07
55.419. _____ RETAIL STORE STORE # 725 AT ASSEMBLY ROW 361 ARTISAN WAY SOMERVILLE MA 02145	LEASEHOLD IMPROVEMENTS	\$161,376.29	Cost-Based/Straight Line	\$161,376.29
55.420. _____ RETAIL STORE STORE # 726 AT SHOPS AT ATLAS PARK 8000 COOPER AVE., SPACE 6-104 GLENDALE NY 11385	LEASEHOLD IMPROVEMENTS	\$398,324.32	Cost-Based/Straight Line	\$398,324.32

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55.421. _____ RETAIL STORE STORE # 728 AT THE OUTLET SHOPPES OF THE BLUEGRASS 1155 BUCK CREEK RD., SUITE 702 SIMPSONVILLE KY 40067	LEASEHOLD IMPROVEMENTS	\$157,784.10	Cost-Based/Straight Line	\$157,784.10
55.422. _____ RETAIL STORE STORE # 729 AT MARKETS AT TOWN CENTER 4870 BIG ISLAND DRIVE, SUITE 05 JACKSONVILLE FL 32246	LEASEHOLD IMPROVEMENTS	\$192,190.61	Cost-Based/Straight Line	\$192,190.61
55.423. _____ RETAIL STORE STORE # 730 AT MORGANTOWN MALL 9500 MALL ROAD, SPACE #511 MORGANTOWN WV 26501	LEASEHOLD IMPROVEMENTS	\$227,805.61	Cost-Based/Straight Line	\$227,805.61
55.424. _____ RETAIL STORE STORE # 731 AT UNIVERSITY MALL 155 DORSET ST., SPACE #K-02 SOUTH BURLINGTON VT 05403	LEASEHOLD IMPROVEMENTS	\$258,216.31	Cost-Based/Straight Line	\$258,216.31
55.425. _____ RETAIL STORE STORE # 732 AT DARTMOUTH MALL 110 DARTMOUTH MALL, SPACE 1210 DARTMOUTH MA 02747	LEASEHOLD IMPROVEMENTS	\$248,153.98	Cost-Based/Straight Line	\$248,153.98
55.426. _____ RETAIL STORE STORE # 733 AT MOORESTOWN MALL 400 ROUTE 38, SPACE #1695 MOORESTOWN NJ 08057	LEASEHOLD IMPROVEMENTS	\$310,071.96	Cost-Based/Straight Line	\$310,071.96
55.427. _____ RETAIL STORE STORE # 735 AT THE FOUNTAINS AT FARAH 8889 GATEWAY BLVD. WEST, SUITE AL340 EL PASO TX 79925	LEASEHOLD IMPROVEMENTS	\$220,905.31	Cost-Based/Straight Line	\$220,905.31
55.428. _____ RETAIL STORE STORE # 736 AT SOUTH SHORE 1701 SUNRISE HIGHWAY, SPACE #G1 BAY SHORE NY 11706	LEASEHOLD IMPROVEMENTS	\$393,354.23	Cost-Based/Straight Line	\$393,354.23

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55.429. _____ RETAIL STORE STORE # 737 AT MALL AT JOHNSON CITY 2011 N. ROAN ST., SPACE #D2A JOHNSON CITY TN 37601	LEASEHOLD IMPROVEMENTS	\$115,158.65	Cost-Based/Straight Line	\$115,158.65
55.430. _____ RETAIL STORE STORE # 738 AT GOLDEN TRIANGLE MALL 2201 SOUTH I-35E, SPACE #S14-A DENTON TX 76205	LEASEHOLD IMPROVEMENTS	\$225,263.88	Cost-Based/Straight Line	\$225,263.88
55.431. _____ RETAIL STORE STORE # 739 AT NATIONAL HARBOR 6800 OXON HILL RD. SUITE #660 NATIONAL HARBOR MD 20745	LEASEHOLD IMPROVEMENTS	\$137,180.55	Cost-Based/Straight Line	\$137,180.55
55.432. _____ RETAIL STORE STORE # 74 AT TYRONE SQUARE 6901 22ND AVENUE ST. PETERSBURG FL 33710	LEASEHOLD IMPROVEMENTS	\$189,149.55	Cost-Based/Straight Line	\$189,149.55
55.433. _____ RETAIL STORE STORE # 740 AT PIER PARK 600 PIER PARK DRIVE, SPACE #G310 PANAMA CITY FL 32413	LEASEHOLD IMPROVEMENTS	\$69,705.39	Cost-Based/Straight Line	\$69,705.39
55.434. _____ RETAIL STORE STORE # 742 AT QUEEN KA'AHUMANU CENTER 275 W. KAAHUMANU AVE., SPACE #1044 KAHULUI HI 96732	LEASEHOLD IMPROVEMENTS	\$356,897.02	Cost-Based/Straight Line	\$356,897.02
55.435. _____ RETAIL STORE STORE # 743 AT KILLEEN MALL 2100 SOUTH W.S. YOUNG DRIVE, SPACE #1496 KILLEEN TX 76543	LEASEHOLD IMPROVEMENTS	\$274,275.40	Cost-Based/Straight Line	\$274,275.40
55.436. _____ RETAIL STORE STORE # 744 AT VICTORIA MALL 7800 N. NAVARRO ST., SUITE #233 VICTORIA TX 77904	LEASEHOLD IMPROVEMENTS	\$3,084.17	Cost-Based/Straight Line	\$3,084.17

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55.437. _____ RETAIL STORE STORE # 745 AT FOXWOODS OUTLET CENTER 455 TROLLEY LINE BOULEVARD, SPACE #330 MASHANTUCKET CT 06338	LEASEHOLD IMPROVEMENTS	\$18,002.36	Cost-Based/Straight Line	\$18,002.36
55.438. _____ RETAIL STORE STORE # 746 AT OCEAN CITY OUTLET CENTER 12741 OCEAN GATEWAY, SUITE #890 OCEAN CITY MD 21842	LEASEHOLD IMPROVEMENTS	\$177,096.28	Cost-Based/Straight Line	\$177,096.28
55.439. _____ RETAIL STORE STORE # 748 AT TANGER OUTLETS SAVANNAH 200 TANGER OUTLET BOULEVARD, SPACE #361 POOLER GA 31322	LEASEHOLD IMPROVEMENTS	\$205,271.41	Cost-Based/Straight Line	\$205,271.41
55.440. _____ RETAIL STORE STORE # 75 AT PALISADES CENTER 2512 PALISADES CENTER DRIVE B206 WEST NYACK NY 10994	LEASEHOLD IMPROVEMENTS	\$54,006.78	Cost-Based/Straight Line	\$54,006.78
55.441. _____ RETAIL STORE STORE # 751 AT HAMILTON TOWN CENTER 13170 HARREL PARKWAY, SUITE 500 NOBLESVILLE IN 46060	LEASEHOLD IMPROVEMENTS	\$1,071.72	Cost-Based/Straight Line	\$1,071.72
55.442. _____ RETAIL STORE STORE # 752 AT SOLOMON POND MALL 601 DONALD LYNCH BLVD. SUITE #N233A MARLBOROUGH MA 01752	LEASEHOLD IMPROVEMENTS	\$369,343.47	Cost-Based/Straight Line	\$369,343.47
55.443. _____ RETAIL STORE STORE # 753 AT SUMMIT FAIR 880 NW BLUE PARKWAY, SUITE C LEE'S SUMMIT MO 64086	LEASEHOLD IMPROVEMENTS	\$211,303.32	Cost-Based/Straight Line	\$211,303.32
55.444. _____ RETAIL STORE STORE # 754 AT FLORENCE MALL 301 COX CREEK PARKWAY, SUITE #1018 FLORENCE AL 35630	LEASEHOLD IMPROVEMENTS	\$2,023.05	Cost-Based/Straight Line	\$2,023.05

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55.445. _____ RETAIL STORE STORE # 755 AT WILTON MALL 3065 ROUTE 50, SUITE #A002 SARATOGA SPRINGS NY 12866	LEASEHOLD IMPROVEMENTS	\$251,482.81	Cost-Based/Straight Line	\$251,482.81
55.446. _____ RETAIL STORE STORE # 756 AT THE MALL AT BAY PLAZA 200 BAYCHESTER AVE., SPACE 201 BRONX NY 10475	LEASEHOLD IMPROVEMENTS	\$619,451.08	Cost-Based/Straight Line	\$619,451.08
55.447. _____ RETAIL STORE STORE # 758 AT ORLAND SQUARE MALL 288 ORLAND SQUARE DR., SPACE #H11D ORLAND PARK IL 60462	LEASEHOLD IMPROVEMENTS	\$290,466.73	Cost-Based/Straight Line	\$290,466.73
55.448. _____ RETAIL STORE STORE # 759 AT HARLEM IRVING PLAZA 4158 NORTH HARLEM AVE., SUITE 142 NORRIDGE IL 60706	LEASEHOLD IMPROVEMENTS	\$252,670.25	Cost-Based/Straight Line	\$252,670.25
55.449. _____ RETAIL STORE STORE # 760 AT SERRAMONTE CENTER 288 SERRAMONTE CENTER DALY CITY CA 94015	LEASEHOLD IMPROVEMENTS	\$401,828.70	Cost-Based/Straight Line	\$401,828.70
55.450. _____ RETAIL STORE STORE # 761 AT RICHLAND MALL 6001 WEST WACO DRIVE, SUITE 314 WACO TX 76710	LEASEHOLD IMPROVEMENTS	\$226,296.58	Cost-Based/Straight Line	\$226,296.58
55.451. _____ RETAIL STORE STORE # 763 AT POTOMAC MILLS 2700 POTOMAC MILLS CIRCLE, SPACE #929 WOODBIDGE VA 22192	LEASEHOLD IMPROVEMENTS	\$250,507.78	Cost-Based/Straight Line	\$250,507.78
55.452. _____ RETAIL STORE STORE # 764 AT SPRINGFIELD TOWN CENTER 6767 SPRINGFIELD MALL SPRINGFIELD VA 22150	LEASEHOLD IMPROVEMENTS	\$259,899.44	Cost-Based/Straight Line	\$259,899.44

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55.453. _____ RETAIL STORE STORE # 765 AT GOVERNOR'S SQUARE MALL 2801 WILMA RUDOLPH BLVD. SPACE #340 CLARKSVILLE TN 37040	LEASEHOLD IMPROVEMENTS	\$217,214.81	Cost-Based/Straight Line	\$217,214.81
55.454. _____ RETAIL STORE STORE # 766 AT SOUTH PLAINS MALL 6002 SLIDE ROAD, SPACE D-23 LUBBOCK TX 79414	LEASEHOLD IMPROVEMENTS	\$299,602.77	Cost-Based/Straight Line	\$299,602.77
55.455. _____ RETAIL STORE STORE # 767 AT THE MALL AT VICTOR VALLEY 14400 BEAR VALLEY ROAD, SUITE 621 VICTORVILLE CA 92392	LEASEHOLD IMPROVEMENTS	\$259,381.82	Cost-Based/Straight Line	\$259,381.82
55.456. _____ RETAIL STORE STORE # 768 AT THE OUTLETS AT TEJON 5701 OUTLETS AT TEJON PARKWAY, SUITE 135 ARVIN CA 93203	LEASEHOLD IMPROVEMENTS	\$26,586.65	Cost-Based/Straight Line	\$26,586.65
55.457. _____ RETAIL STORE STORE # 769 AT EASTLAND MALL 1615 EAST EMPIRE ST., SPACE #1140 BLOOMINGTON IL 61701	LEASEHOLD IMPROVEMENTS	\$395,673.57	Cost-Based/Straight Line	\$395,673.57
55.458. _____ RETAIL STORE STORE # 770 AT ASHLAND TOWN CENTER 500 WINCHESTER AVE., SUITE 366 ASHLAND KY 41101	LEASEHOLD IMPROVEMENTS	\$889.75	Cost-Based/Straight Line	\$889.75
55.459. _____ RETAIL STORE STORE # 771 AT OUTLET COLLECTION SEATTLE 1101 OUTLET COLLECTION WAY, SUITE 1039 AUBURN WA 98001	LEASEHOLD IMPROVEMENTS	\$53,394.23	Cost-Based/Straight Line	\$53,394.23
55.460. _____ RETAIL STORE STORE # 772 AT NATICK MALL 1245 WORCESTER STREET, SUITE 2070 NATICK MA 01760	LEASEHOLD IMPROVEMENTS	\$358,976.60	Cost-Based/Straight Line	\$358,976.60

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55.461. _____ RETAIL STORE STORE # 773 AT THE OAKS MALL 6345 W. NEWBERRY RD., SUITE D0008 GAINESVILLE FL 32605	LEASEHOLD IMPROVEMENTS	\$242,498.93	Cost-Based/Straight Line	\$242,498.93
55.462. _____ RETAIL STORE STORE # 774 AT THE WOODLANDS MALL 1201 LAKE WOODLANDS DRIVE, SUITE 2022 THE WOODLANDS TX 77380	LEASEHOLD IMPROVEMENTS	\$253,716.16	Cost-Based/Straight Line	\$253,716.16
55.463. _____ RETAIL STORE STORE # 775 AT JORDAN CREEK TOWN CENTER 101 JORDAN CREEK PARKWAY, SUITE 12010 WEST DES MOINES IA 50266	LEASEHOLD IMPROVEMENTS	\$301,490.43	Cost-Based/Straight Line	\$301,490.43
55.464. _____ RETAIL STORE STORE # 776 AT WHITE MARSH MALL 8200 PERRY HALL BLVD., SPACE #2070 BALTIMORE MD 21236	LEASEHOLD IMPROVEMENTS	\$218,013.71	Cost-Based/Straight Line	\$218,013.71
55.465. _____ RETAIL STORE STORE # 777 AT TANGER OUTLET COMMERCE 800 STEVEN B. TANGER BLVD., SUITE #101-A COMMERCE GA 30529	LEASEHOLD IMPROVEMENTS	\$199,298.77	Cost-Based/Straight Line	\$199,298.77
55.466. _____ RETAIL STORE STORE # 778 AT WEBERSTOWN MALL 4950 PACIFIC AVE., SUITE 227 STOCKTON CA 95207	LEASEHOLD IMPROVEMENTS	\$291,010.27	Cost-Based/Straight Line	\$291,010.27
55.467. _____ RETAIL STORE STORE # 779 AT CHARLOTTE PREMIUM OUTLETS 5512 NEW FASHION WAY, SUITE 986 CHARLOTTE NC 28278	LEASEHOLD IMPROVEMENTS	\$140,716.73	Cost-Based/Straight Line	\$140,716.73
55.468. _____ RETAIL STORE STORE # 78 AT PERIMETER MALL 4400 ASHFORD-DUNWOODY ROAD, SPACE #1255 ATLANTA GA 30346	LEASEHOLD IMPROVEMENTS	\$400,769.93	Cost-Based/Straight Line	\$400,769.93

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55.469. _____ RETAIL STORE STORE # 780 AT GALLERIA AT TYLER 1269 GALLERIA AT TYLER, SPACE #E108 RIVERSIDE CA 92503	LEASEHOLD IMPROVEMENTS	\$322,224.78	Cost-Based/Straight Line	\$322,224.78
55.470. _____ RETAIL STORE STORE # 781 AT BOISE TOWNE SQUARE 350 NORTH MILWAUKEE ST., SUITE 1304 BOISE ID 83704	LEASEHOLD IMPROVEMENTS	\$292,812.08	Cost-Based/Straight Line	\$292,812.08
55.471. _____ RETAIL STORE STORE # 782 AT CULVER CITY 6000 SEPULVEDA BLVD., SUITE 2600 CULVER CITY CA 90230	LEASEHOLD IMPROVEMENTS	\$77,856.83	Cost-Based/Straight Line	\$77,856.83
55.472. _____ RETAIL STORE STORE # 783 AT VINTAGE FAIRE MALL 3401 DALE RD., SUITE #119 MODESTO CA 95356	LEASEHOLD IMPROVEMENTS	\$349,395.22	Cost-Based/Straight Line	\$349,395.22
55.473. _____ RETAIL STORE STORE # 784 AT ARDEN FAIR 1689 ARDEN WAY, SUITE 2160 SACRAMENTO CA 95815	LEASEHOLD IMPROVEMENTS	\$403,738.04	Cost-Based/Straight Line	\$403,738.04
55.474. _____ RETAIL STORE STORE # 786 AT THE MALL AT UNIVERSITY TOWN CENTER 140 UNIVERSITY TOWN CENTER DR., SUITE 210 SARASOTA FL 34243	LEASEHOLD IMPROVEMENTS	\$1,427.06	Cost-Based/Straight Line	\$1,427.06
55.475. _____ RETAIL STORE STORE # 788 AT LIBERTY CENTER 7100 FOUNDRY ROW, SPACE # S-136 LIBERTY TOWNSHIP OH 45069	LEASEHOLD IMPROVEMENTS	\$0.00	Cost-Based/Straight Line	\$0.00
55.476. _____ RETAIL STORE STORE # 789 AT TANGER OUTLET SOUTHAVEN 5205 AIRWAYS BLVD., SUITE 230 SOUTHAVEN MS 38671	LEASEHOLD IMPROVEMENTS	\$269,387.13	Cost-Based/Straight Line	\$269,387.13

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55.477. _____ RETAIL STORE STORE # 79 AT CITRUS PARK ® 8021 CITRUS PARK TOWN CENTER MALL, SPACE #960 TAMPA FL 33625	LEASEHOLD IMPROVEMENTS	\$474.22	Cost-Based/Straight Line	\$474.22
55.478. _____ RETAIL STORE STORE # 790 AT WILLOW GROVE PARK 2500 MORELAND RD., SP #1045 WILLOW GROVE PA 19090	LEASEHOLD IMPROVEMENTS	\$397,181.42	Cost-Based/Straight Line	\$397,181.42
55.479. _____ RETAIL STORE STORE # 792 AT DOWNTOWN SUMMERLIN 1990 PARK CENTRE DRIVE, SUITE 130 LAS VEGAS NV 89135	LEASEHOLD IMPROVEMENTS	\$387,199.65	Cost-Based/Straight Line	\$387,199.65
55.480. _____ RETAIL STORE STORE # 793 AT COLUMBIA MALL 2300 BERNADETTE DRIVE, SP #518 COLUMBIA MO 65203	LEASEHOLD IMPROVEMENTS	\$361,108.92	Cost-Based/Straight Line	\$361,108.92
55.481. _____ RETAIL STORE STORE # 794 AT THE MALL IN COLUMBIA 10300 LITTLE PATUXENT PKWY, SP #1635 COLUMBIA MD 21044	LEASEHOLD IMPROVEMENTS	\$328,133.38	Cost-Based/Straight Line	\$328,133.38
55.482. _____ RETAIL STORE STORE # 795 AT SANTA ROSA PLAZA 2009B SANTA ROSA PLAZA SANTA ROSA CA 95401	LEASEHOLD IMPROVEMENTS	\$454,627.08	Cost-Based/Straight Line	\$454,627.08
55.483. _____ RETAIL STORE STORE # 796 AT FREMAUX TOWN CENTER 760 TOWN CENTER PARKWAY, SP #C300 SLIDELL LA 70458	LEASEHOLD IMPROVEMENTS	\$342,064.08	Cost-Based/Straight Line	\$342,064.08
55.484. _____ RETAIL STORE STORE # 797 AT HILLSIDE VILLAGE 305 WEST FM 1382, SUITE 202 CEDAR HILL TX 75104	LEASEHOLD IMPROVEMENTS	\$335,218.64	Cost-Based/Straight Line	\$335,218.64

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55.485. _____ RETAIL STORE STORE # 80 AT WALDEN GALLERIA ONE WALDEN GALLERIA, SPACE D108 BUFFALO NY 14225	LEASEHOLD IMPROVEMENTS	\$1,681.64	Cost-Based/Straight Line	\$1,681.64
55.486. _____ RETAIL STORE STORE # 801 AT BROADWAY SQUARE 4601 S. BROADWAY AVE., SP #H24 TYLER TX 75703	LEASEHOLD IMPROVEMENTS	\$358,863.28	Cost-Based/Straight Line	\$358,863.28
55.487. _____ RETAIL STORE STORE # 802 AT TOWSON TOWN CENTER 825 DULANEY VALLEY RD., SP #1070 TOWSON MD 21204	LEASEHOLD IMPROVEMENTS	\$377,940.81	Cost-Based/Straight Line	\$377,940.81
55.488. _____ RETAIL STORE STORE # 804 AT THE OUTLET SHOPPES AT OKLAHOMA CITY 7650 WEST RENO AVE., SUITE 810 OKLAHOMA CITY OK 73127	LEASEHOLD IMPROVEMENTS	\$247,588.28	Cost-Based/Straight Line	\$247,588.28
55.489. _____ RETAIL STORE STORE # 807 AT WILLOWBROOK MALL 2115 WILLOWBROOK MALL WAYNE NJ 07470	LEASEHOLD IMPROVEMENTS	\$536,498.92	Cost-Based/Straight Line	\$536,498.92
55.490. _____ RETAIL STORE STORE # 811 AT DEL AMO FASHION CENTER 21540 HAWTHORNE BLVD., SPACE #508 TORRANCE CA 90503	LEASEHOLD IMPROVEMENTS	\$0.00	Cost-Based/Straight Line	\$0.00
55.491. _____ RETAIL STORE STORE # 815 AT OTAY RANCH TOWN CENTER 2015 BIRCH RD, STE. 305 CHULA VISTA CA 91915	LEASEHOLD IMPROVEMENTS	\$5,696.26	Cost-Based/Straight Line	\$5,696.26
55.492. _____ RETAIL STORE STORE # 816 AT CROSSROADS CENTER 4101 W. DIVISION STREET, SUITE B0038 (RELO) ST. CLOUD MN 56301	LEASEHOLD IMPROVEMENTS	\$26,540.76	Cost-Based/Straight Line	\$26,540.76

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55.493. _____ RETAIL STORE STORE # 817 AT INLAND CENTER 500 INLAND CENTER DRIVE, SPACE #242 (RELO) SAN BERNARDINO CA 92408	LEASEHOLD IMPROVEMENTS	\$118,941.91	Cost-Based/Straight Line	\$118,941.91
55.494. _____ RETAIL STORE STORE # 82 AT HAMILTON MALL 4403 BLACK HORSE PIKE, SPACE #143 MAYS LANDING NJ 08330	LEASEHOLD IMPROVEMENTS	\$2,832.43	Cost-Based/Straight Line	\$2,832.43
55.495. _____ RETAIL STORE STORE # 820 AT ROCKLAND PLAZA 66 ROCKLAND PLAZA ROUTE 59, SUITE 17 NANUET NY 10954	LEASEHOLD IMPROVEMENTS	\$2,357.28	Cost-Based/Straight Line	\$2,357.28
55.496. _____ RETAIL STORE STORE # 821 AT NEW BRAUNFELS TOWN CENTER AT CREEKSIDE 257 CREEKSIDE CROSSING NEW BRAUNFELS TX 78130	LEASEHOLD IMPROVEMENTS	\$7,708.48	Cost-Based/Straight Line	\$7,708.48
55.497. _____ RETAIL STORE STORE # 822 AT ALA MOANA CENTER 1450 ALA MOANA BLVD., SUITE 3065 HONOLULU HI 96814	LEASEHOLD IMPROVEMENTS	\$250.80	Cost-Based/Straight Line	\$250.80
55.498. _____ RETAIL STORE STORE # 823 AT MAYFAIR MALL 2500 NORTH MAYFAIR ROAD, SPACE #574 WAUWATOSA WI 53226	LEASEHOLD IMPROVEMENTS	\$11,854.21	Cost-Based/Straight Line	\$11,854.21
55.499. _____ RETAIL STORE STORE # 825 AT RIVERCHASE GALLERIA 2000 RIVERCHASE GALLERIA, SPACE #134 BIRMINGHAM AL 35244	LEASEHOLD IMPROVEMENTS	\$12,534.17	Cost-Based/Straight Line	\$12,534.17
55.500. _____ RETAIL STORE STORE # 827 AT FOX RIVER MALL 4301 WEST WISCONSIN AVE., SUITE #902 APPLETON WI 54913	LEASEHOLD IMPROVEMENTS	\$0.00	Cost-Based/Straight Line	\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.501. _____ RETAIL STORE STORE # 828 AT RIDGEDALE CENTER 12401 WAYZATA BLVD, SPACE #2278 MINNETONKA MN 55305	LEASEHOLD IMPROVEMENTS	\$14,871.02	Cost-Based/Straight Line	\$14,871.02
55.502. _____ RETAIL STORE STORE # 83 AT FRANKLIN MILLS 1400 FRANKLIN MILLS CIRCLE, SPACE #727 PHILADELPHIA PA 19154	LEASEHOLD IMPROVEMENTS	\$312,273.67	Cost-Based/Straight Line	\$312,273.67
55.503. _____ RETAIL STORE STORE # 830 AT RIVERTOWN CROSSINGS (PLUS) 3700 RIVERTOWN PARKWAY SW, SPACE #1106 GRANDVILLE MI 49418	LEASEHOLD IMPROVEMENTS	\$0.00	Cost-Based/Straight Line	\$0.00
55.504. _____ RETAIL STORE STORE # 833 AT CAROLINA PLACE 11025 CAROLINA PLACE PARKWAY, SPACE #D-25 PINEVILLE NC 28134	LEASEHOLD IMPROVEMENTS	\$21,682.23	Cost-Based/Straight Line	\$21,682.23
55.505. _____ RETAIL STORE STORE # 834 AT CORAL RIDGE MALL 1451 CORAL RIDGE AVENUE, SUITE #409 CORALVILLE IA 52241	LEASEHOLD IMPROVEMENTS	\$23,676.00	Cost-Based/Straight Line	\$23,676.00
55.506. _____ RETAIL STORE STORE # 835 AT ALDERWOOD MALL 3000 184TH STREET SW, SUITE 172 LYNNWOOD WA 98037	LEASEHOLD IMPROVEMENTS	\$25,630.52	Cost-Based/Straight Line	\$25,630.52
55.507. _____ RETAIL STORE STORE # 836 AT WILLOWBROOK MALL (TX) 1656 WILLOWBROOK MALL HOUSTON TX 77070	LEASEHOLD IMPROVEMENTS	\$21,423.21	Cost-Based/Straight Line	\$21,423.21
55.508. _____ RETAIL STORE STORE # 837 AT FLORENCE MALL (KY) 1082 FLORENCE MALL FLORENCE KY 41042	LEASEHOLD IMPROVEMENTS	\$25,755.20	Cost-Based/Straight Line	\$25,755.20

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.509. _____ RETAIL STORE STORE # 839 AT VISALIA MALL 2197 SOUTH MOONEY BLVD., SPACE #1400 VISALIA CA 93277	LEASEHOLD IMPROVEMENTS	\$27,791.06	Cost-Based/Straight Line	\$27,791.06
55.510. _____ RETAIL STORE STORE # 84 AT PLAZA DEL SOL 725 AVENIDA WEST MAIN, SPACE #600 SIERRA BAYAMON PR 00961	LEASEHOLD IMPROVEMENTS	\$5,549.91	Cost-Based/Straight Line	\$5,549.91
55.511. _____ RETAIL STORE STORE # 840 AT TANGER OUTLETS FORT WORTH 15853 N. FREEWAY, STE. 1140 FT. WORTH TX 76177	LEASEHOLD IMPROVEMENTS	\$111,525.54	Cost-Based/Straight Line	\$111,525.54
55.512. _____ RETAIL STORE STORE # 841 AT JACKSONVILLE MALL 375 JACKSONVILLE MALL, SPACE #L11 JACKSONVILLE NC 28546	LEASEHOLD IMPROVEMENTS	\$146,603.91	Cost-Based/Straight Line	\$146,603.91
55.513. _____ RETAIL STORE STORE # 843 AT 34TH STREET 130 W. 34TH STREET NEW YORK NY 10001	LEASEHOLD IMPROVEMENTS	\$109,006.90	Cost-Based/Straight Line	\$109,006.90
55.514. _____ RETAIL STORE STORE # 844 AT BRIARWOOD MALL 100 BRIARWOOD CIRCLE, SPACE #D121 ANN ARBOR MI 48108	LEASEHOLD IMPROVEMENTS	\$143,379.72	Cost-Based/Straight Line	\$143,379.72
55.515. _____ RETAIL STORE STORE # 845 AT FAIR OAKS MALL 11722L FAIR OAKS, SPACE #K119 FAIRFAX VA 22033	LEASEHOLD IMPROVEMENTS	\$17,830.84	Cost-Based/Straight Line	\$17,830.84
55.516. _____ RETAIL STORE STORE # 86 AT ORANGE PARK MALL 1910 WELLS ROAD, SPACE #H13 & H15 ORANGE PARK FL 32073	LEASEHOLD IMPROVEMENTS	\$1,599.44	Cost-Based/Straight Line	\$1,599.44

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.517. _____ RETAIL STORE STORE # 87 AT MALL OF GEORGIA 3333 BUFORD DRIVE, SPACE #1094 BUFORD GA 30519	LEASEHOLD IMPROVEMENTS	\$3,539.96	Cost-Based/Straight Line	\$3,539.96
55.518. _____ RETAIL STORE STORE # 89 AT MERIDEN 470 LEWIS AVENUE, SPACE #4008 MERIDEN CT 06451	LEASEHOLD IMPROVEMENTS	\$5,827.57	Cost-Based/Straight Line	\$5,827.57
55.519. _____ RETAIL STORE STORE # 90 AT CONCORD MILLS 8111 CONCORD MILLS BOULEVARD, SPACE #673 CONCORD NC 28027	LEASEHOLD IMPROVEMENTS	\$0.00	Cost-Based/Straight Line	\$0.00
55.520. _____ RETAIL STORE STORE # 91 AT JERSEY GARDENS 651 KAPKWOSKI ROAD, SPACE #270 ELIZABETH NJ 07201	LEASEHOLD IMPROVEMENTS	\$394,649.65	Cost-Based/Straight Line	\$394,649.65
55.521. _____ RETAIL STORE STORE # 92 AT TEMECULA, PROMENADE IN 40820 WINCHESTER ROAD, SPACE #1200 TEMECULA CA 92591	LEASEHOLD IMPROVEMENTS	\$296,569.05	Cost-Based/Straight Line	\$296,569.05
55.522. _____ RETAIL STORE STORE # 94 AT PROVIDENCE PLACE 129 PROVIDENCE PLACE, SUITE 5370 PROVIDENCE RI 02903	LEASEHOLD IMPROVEMENTS	\$147.91	Cost-Based/Straight Line	\$147.91
55.523. _____ RETAIL STORE STORE # 96 AT TRI-COUNTY MALL 11700 PRINCETON PIKE, SPACE #D21 CINCINNATI OH 45246	LEASEHOLD IMPROVEMENTS	\$2,042.04	Cost-Based/Straight Line	\$2,042.04
55.524. _____ RETAIL STORE STORE # 97 AT FLORIDA MALL, THE 8001 SOUTH ORANGE BLOSSOM TRAIL, SPACE #1230 ORLANDO FL 32809	LEASEHOLD IMPROVEMENTS	\$1,152.40	Cost-Based/Straight Line	\$1,152.40

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

55.525. _____ LEASEHOLD IMPROVEMENTS \$48,699.14 Cost-Based/Straight Line \$48,699.14
 RETAIL STORE
 STORE # 98 AT RIVER TOWN CROSSINGS
 3700 RIVERTOWN PARKWAY, SPACE #1045
 GRANDVILLE MI 49418

55.526. _____ LEASEHOLD IMPROVEMENTS \$25,792.94 Cost-Based/Straight Line \$25,792.94
 RETAIL STORE
 STORE # 99 AT EASTVIEW MALL
 672 EASTVIEW MALL
 VICTOR NY 14564

56. Total of part 9

Add the current value on lines 55. Copy the total to line 88.

\$43,167,891.68**57. Is a depreciation schedule available for any of the property listed in Part 9?**

- ☐ No
☒ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

60. Patents, copyrights, trademarks, and trade secrets

60.1. _____ \$ _____ _____ \$ _____

61. Internet domain names and websites

	Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.1. _____	\$ _____	_____	\$ _____

62. Licenses, franchises, and royalties

62.1. _____ \$ _____ _____ \$ _____

63. Customer lists, mailing lists, or other compilations

63.1. A CUSTOMER DATABASE WHICH CONTAINS CUSTOMERS NAME, ADDRESS, PHONE NUMBER, E-MAIL ADDRESS, GENDER, BIRTHDAY, AND ONLINE PURCHASE HISTORY (STARTING FROM JULY 4, 2018)	UNDETERMINED	N/A	UNDETERMINED

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****64. Other intangibles, or intellectual property**

64.1. _____ \$ _____ \$ _____

65. Goodwill

65.1. _____ \$ _____ \$ _____

66. Total of part 10

Add lines 60 through 65. Copy the total to line 89.

UNDETERMINED

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?☐ No☒ Yes**68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?**☒ No☐ Yes**69. Has any of the property listed in Part 10 been appraised by a professional within the last year?**☒ No☐ Yes**Part 11: All other assets****70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.☒ Yes. Fill in the information below.Current value of
debtor's interest**71. Notes receivable**

Description (include name of obligor)	Total face amount	Doubtful or uncollectible amount	Current value of debtor's interest
71.1. _____	\$ _____	- \$ _____	= → \$ _____

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)	Tax refund amount	NOL amount	Tax year	Current value of debtor's interest
72.1. AKRON, OH	\$4,168.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.2. ALABAMA	\$720.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.3. ALABAMA CPT	\$5,084.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.4. ARIZONA NOL	\$ _____	(\$524,739.00)	AS OF 1.28.17	UNDETERMINED
72.5. ARIZONA NOL	\$ _____	(\$377,302.00)	2017 ADDITIONAL ACTIVITY (FYE 2.3.18)	UNDETERMINED
72.6. ARKANSAS	\$240.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.7. ASHLAND, KY	\$1,570.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.8. BOWLING GREEN, KY	\$1,037.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.9. CALIFORNIA	\$400.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

72.10.	CALIFORNIA NOL	\$ _____	(\$36,251,312.00)	AS OF 1.28.17	UNDETERMINED
72.11.	CALIFORNIA NOL	\$ _____	(\$2,300,977.00)	2017 ADDITIONAL ACTIVITY (FYE 2.3.18)	UNDETERMINED
72.12.	COLOMBUS, OH	\$10,459.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.13.	COLORADO NOL	\$ _____	(\$2,071,573.00)	AS OF 1.28.17	UNDETERMINED
72.14.	COLORADO NOL	\$ _____	(\$444,183.00)	2017 ADDITIONAL ACTIVITY (FYE 2.3.18)	UNDETERMINED
72.15.	CONNECTICUT	\$3,415.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.16.	CONNECTICUT NOL	\$ _____	(\$303,723.00)	2017 ADDITIONAL ACTIVITY (FYE 2.3.18)	UNDETERMINED
72.17.	DELAWARE	\$2,677.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.18.	FAIRLAWN, OH	\$1,790.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.19.	FEDERAL NOL	\$ _____	(\$101,910,751.00)	AS OF 1.28.17	UNDETERMINED
72.20.	FEDERAL NOL	\$ _____	(\$20,934,600.00)	2017 ADDITIONAL ACTIVITY (FYE 2.3.18)	UNDETERMINED
72.21.	FLORENCE, KY	\$703.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.22.	FLORIDA	\$450.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.23.	GEORGIA	\$1,615.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.24.	HAWAII	\$321.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.25.	HAWAII NOL	\$ _____	(\$633,299.00)	AS OF 1.28.17	UNDETERMINED
72.26.	HAWAII NOL	\$ _____	(\$132,778.00)	2017 ADDITIONAL ACTIVITY (FYE 2.3.18)	UNDETERMINED
72.27.	IDAHO	\$30.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.28.	IDAHO NOL	\$ _____	(\$21,568.00)	AS OF 1.28.17	UNDETERMINED
72.29.	IDAHO NOL	\$ _____	(\$27,536.00)	2017 ADDITIONAL ACTIVITY (FYE 2.3.18)	UNDETERMINED
72.30.	ILLINOIS NOL	\$ _____	(\$6,111,606.00)	AS OF 1.28.17	UNDETERMINED
72.31.	ILLINOIS NOL	\$ _____	(\$851,307.00)	2017 ADDITIONAL ACTIVITY (FYE 2.3.18)	UNDETERMINED
72.32.	INDIANA NOL	\$ _____	(\$3,559,281.00)	AS OF 1.28.17	UNDETERMINED
72.33.	INDIANA NOL	\$ _____	(\$447,710.00)	2017 ADDITIONAL ACTIVITY (FYE 2.3.18)	UNDETERMINED
72.34.	IOWA	\$5,058.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.35.	JEDD LIBERTY TOWNSHIP, OH	\$344.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.36.	KANSAS	\$250.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.37.	KANSAS NOL	\$ _____	(\$954,337.00)	AS OF 1.28.17	UNDETERMINED
72.38.	KANSAS NOL	\$ _____	(\$120,679.00)	2017 ADDITIONAL ACTIVITY (FYE 2.3.18)	UNDETERMINED
72.39.	KENTUCKY	\$246.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.40.	LOIUSIANA	\$5,833.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED

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72.41.	LOUISVILLE, KY	\$1,959.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.42.	MAINE	\$21.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.43.	MAINE NOL	\$ _____	(\$117,607.50)	AS OF 1.28.17	UNDETERMINED
72.44.	MAINE NOL	\$ _____	(\$28,313.96)	2017 ADDITIONAL ACTIVITY (FYE 2.3.18)	UNDETERMINED
72.45.	MARYLAND	\$736.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.46.	MASSACHUETTS	\$399.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.47.	MASSACHUSETTS NOL	\$ _____	(\$1,719,229.00)	AS OF 1.28.17	UNDETERMINED
72.48.	MASSACHUSETTS NOL	\$ _____	(\$456,414.00)	2017 ADDITIONAL ACTIVITY (FYE 2.3.18)	UNDETERMINED
72.49.	MICHIGAN NOL	\$ _____	(\$588,534.00)	AS OF 1.28.17	UNDETERMINED
72.50.	MICHIGAN NOL	\$ _____	(\$559,876.00)	2017 ADDITIONAL ACTIVITY (FYE 2.3.18)	UNDETERMINED
72.51.	MINNESOTA	\$5,202.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.52.	MINNESOTA NOL	\$ _____	(\$2,848,679.00)	AS OF 1.28.17	UNDETERMINED
72.53.	MINNESOTA NOL	\$ _____	(\$302,391.00)	2017 ADDITIONAL ACTIVITY (FYE 2.3.18)	UNDETERMINED
72.54.	MISSISSIPPI	\$600.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.55.	MISSOURI	\$3,851.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.56.	MONROE, OH	\$3,294.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.57.	MULTONOMAH, OR	\$1,000.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.58.	MULTONOMAH, OR NOL	\$ _____	(\$49,580.00)	AS OF 1.28.17	UNDETERMINED
72.59.	MULTONOMAH, OR NOL	\$ _____	(\$26,786.00)	2017 ADDITIONAL ACTIVITY (FYE 2.3.18)	UNDETERMINED
72.60.	NEBRASKA	\$500.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.61.	NEBRASKA NOL	\$ _____	(\$129,054.00)	AS OF 1.28.17	UNDETERMINED
72.62.	NEBRASKA NOL	\$ _____	(\$110,536.00)	2017 ADDITIONAL ACTIVITY (FYE 2.3.18)	UNDETERMINED
72.63.	NEW HAMPSHIRE	\$2,118.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.64.	NEW HAMPSHIRE NOL	\$ _____	(\$180,702.00)	2017 ADDITIONAL ACTIVITY (FYE 2.3.18)	UNDETERMINED
72.65.	NEW JERSEY	\$685.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.66.	NEW MEXICO	\$854.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.67.	NEW YORK	\$929.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.68.	NEW YORK CITY	\$2,263.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.69.	NEW YORK CITY NOL	\$ _____	(\$1,540,364.00)	AS OF 1.28.17	UNDETERMINED
72.70.	NEW YORK CITY NOL	\$ _____	(\$230,118.00)	2017 ADDITIONAL ACTIVITY (FYE 2.3.18)	UNDETERMINED
72.71.	NEW YORK MTA	\$210.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.72.	NEW YORK MTA NOL	\$ _____	(\$6,330,480.91)	AS OF 1.28.17	UNDETERMINED

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72.73.	NEW YORK MTA NOL	\$ _____	(\$777,329.00)	2017 ADDITIONAL ACTIVITY (FYE 2.3.18)	UNDETERMINED
72.74.	NEW YORK NOL	\$ _____	(\$11,148,712.46)	AS OF 1.28.17	UNDETERMINED
72.75.	NEW YORK NOL	\$ _____	(\$1,378,570.00)	2017 ADDITIONAL ACTIVITY (FYE 2.3.18)	UNDETERMINED
72.76.	NORTH CAROLINA	\$21.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.77.	OKLAHOMA	\$17.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.78.	OREGON NOL	\$ _____	(\$699,274.00)	AS OF 1.28.17	UNDETERMINED
72.79.	OREGON NOL	\$ _____	(\$133,981.00)	2017 ADDITIONAL ACTIVITY (FYE 2.3.18)	UNDETERMINED
72.80.	PENNSLYVANIA	\$628.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.81.	PORTLAND, OR	\$1,000.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.82.	PORTLAND, OR NOL	\$ _____	(\$49,580.00)	AS OF 1.28.17	UNDETERMINED
72.83.	PORTLAND, OR NOL	\$ _____	(\$26,786.00)	2017 ADDITIONAL ACTIVITY (FYE 2.3.18)	UNDETERMINED
72.84.	RHODE ISLAND	\$50.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.85.	RHODE ISLAND NOL	\$ _____	(\$130,920.30)	AS OF 1.28.17	UNDETERMINED
72.86.	RHODE ISLAND NOL	\$ _____	(\$125,244.25)	2017 ADDITIONAL ACTIVITY (FYE 2.3.18)	UNDETERMINED
72.87.	RITA, OH	\$8,419.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.88.	SHELBY COUNTY, KY	\$1,014.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.89.	SIMPSONVILLE, KY	\$161.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.90.	SOUTH CAROLINA	\$151.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.91.	SPRINGDALE, OH	\$1,838.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.92.	TENNESSEE	\$294.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.93.	TOLDEO, OH	\$1,315.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.94.	UTAH	\$400.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.95.	UTAH NOL	\$ _____	(\$866,687.00)	AS OF 1.28.17	UNDETERMINED
72.96.	UTAH NOL	\$ _____	(\$30,130.00)	2017 ADDITIONAL ACTIVITY (FYE 2.3.18)	UNDETERMINED
72.97.	VERMONT	\$750.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.98.	VERMONT NOL	\$ _____	(\$221,414.00)	AS OF 1.28.17	UNDETERMINED
72.99.	VERMONT NOL	\$ _____	(\$23,822.00)	2017 ADDITIONAL ACTIVITY (FYE 2.3.18)	UNDETERMINED
72.100.	VIRGINIA	\$905.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.101.	WARREN SCHOOL COUNTY, KY	\$787.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED
72.102.	WEST VIRGINIA NOL	\$ _____	(\$648,563.00)	AS OF 1.28.17	UNDETERMINED
72.103.	WEST VIRGINIA NOL	\$ _____	(\$85,360.00)	2017 ADDITIONAL ACTIVITY (FYE 2.3.18)	UNDETERMINED
72.104.	WISCONSIN	\$75.00	\$ _____	PROJECTED 2/2/19	UNDETERMINED

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72.105.	WISCONSIN NOL	\$ _____	(\$1,781,060.00)	AS OF 1.28.17	UNDETERMINED
72.106.	WISCONSIN NOL	\$ _____	(\$296,371.00)	2017 ADDITIONAL ACTIVITY (FYE 2.3.18)	UNDETERMINED

73. Interests in insurance policies or annuities

	Insurance company	Insurance policy No.	Annuity issuer name	Annuity account type	Annuity account No.	Current value of debtor's interest
73.1.	TRAVELERS PROPERTY CASUALTY INSURANCE CO.	PROPERTY INSURANCE POLICY NO. KTJ CMB 3065P37 0 19	_____	_____	_____	UNDETERMINED
73.2.	NORTH SHORE MANAGEMENT	DIC INSURANCE POLICY NO. NSM39117	_____	_____	_____	UNDETERMINED
73.3.	UNDERWRITERS AT LLOYD'S LONDON	CARGO INSURANCE POLICY NO. M 20831	_____	_____	_____	UNDETERMINED
73.4.	TRAVELERS PROPERTY CASUALTY CO. OF AMERICA	GENERAL LIABILITY EMPLOYEE BENEFIT LIABILITY INSURANCE POLICY NO. TC2J GLSA 6E00763A 19	_____	_____	_____	UNDETERMINED
73.5.	TRAVELERS PROPERTY CASUALTY CO. OF AMERICA	AUTOMOBILE INSURANCE POLICY NO. TJ CAP 6E007641 19	_____	_____	_____	UNDETERMINED
73.6.	TRAVELERS PROPERTY CASUALTY CO. OF AMERICA	WORKERS' COMPENSATION INSURANCE POLICY NO. UB 1L338947 19 51 R (AZ,FL,MA,OR,WI)	_____	_____	_____	UNDETERMINED
73.7.	CONTINENTAL INS. CO. (CNA)	INTERNATIONAL PACKAGE INSURANCE POLICY NO. PST 62 313 6940	_____	_____	_____	UNDETERMINED
73.8.	NAVIGATOR'S INSURANCE CO.	UMBRELLA LIABILITY INSURANCE POLICY NO. NY19UMR701624IV	_____	_____	_____	UNDETERMINED
73.9.	AMERICAN FIRE & CASUALTY INS. CO. (LIBERTY)	EXCESS LIABILITY INSURANCE POLICY NO. ECA (20) 54326811	_____	_____	_____	UNDETERMINED
73.10.	NATIONAL UNION FIRE INS. CO. OF PITTSBURGH, PA	SPECIAL RISK INSURANCE POLICY NO. 88 085 312	_____	_____	_____	UNDETERMINED
73.11.	SYNDICATE 2623/623 AT LLOYDS (BEAZLEY)	CYBER LIABILITY INSURANCE POLICY NO. W24A9F180101	_____	_____	_____	UNDETERMINED

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****74. Causes of action against third parties (whether or not a lawsuit has been filed)**

	Nature of claim	Amount requested	Current value of debtor's interest
74.1.	LYONS CONSULTING GROUP, LLC BREACH OF CONTRACT	\$540,000.00	UNDETERMINED

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

	Nature of claim	Amount requested	Current value of debtor's interest
75.1.	VISA MASTERCARD SETTLEMENT INTERCHANGE LITIGATION	UNDETERMINED	UNDETERMINED

76. Trusts, equitable or future interests in property

76.1.			\$ _____

77. Other property of any kind not already listed

Examples: Season tickets, country club membership

77.1.			\$ _____

78. Total of part 11

Add lines 71 through 77. Copy the total to line 90.

UNDETERMINED

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?☒ No☐ Yes

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$27,722,278.77	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$1,840,300.77	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$324,886.67	
83. Investments. <i>Copy line 17, Part 4.</i>	UNDETERMINED	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$57,735,742.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$5,606,640.80	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$701,559.57	
88. Real property. <i>Copy line 56, Part 9.</i> →		\$43,167,891.68
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	UNDETERMINED	
90. All other assets. <i>Copy line 78, Part 11.</i> +	UNDETERMINED	
91. Total. Add lines 80 through 90 for each column. 91a.	\$93,931,408.58	+ 91b. \$43,167,891.68
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$137,099,300.26

Fill in this information to identify the case:

Debtor name: Charlotte Russe, Inc.

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 19-10214

☐ Check if this is an
amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****Column A
Amount of
Claim**Do not deduct
the value of
collateral.**Column B
Value of
collateral that
supports this
claim****2.1. Creditor's name and address**BANK OF AMERICA, N.A.
100 FEDERAL STREET
9TH FL
BOSTON MA 02110**Creditor's email address, if known**
_____**Date debt was incurred:** 6/27/2005**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☐ No☒ Yes. Have you already specified the relative priority?☒ No. Specify each creditor, including this creditor, and its relative priority.
BANK OF AMERICA HAS A FIRST PRIORITY LIEN ON, AMONG OTHER THINGS, THE DEBTORS' ACCOUNTS, CHATTEL PAPER, INVENTORY, COMMERCIAL TORTS AND GENERAL INTANBIGLES (OTHER THAN INTELLECTUAL PROPERTY) AND A SECOND PRIORITY LIEN ON ALL OTHER ASSETS, SUBORDINATE TO JEFFERIES FINANCE, LLC AS AGENT UNDER THE AMENDED & RESTATED CREDIT AGREEMENT DATED AS OF MAY 22, 2013, AS AMENDED, THE "PREPETITION TERM LOAN AGREEMENT" JEFFERIES FINANCE, LLC. THE LIEN OF EMPLOYMENT DEVELOPMENT DEPARTMENT IS SUBORDINATE TO THE LIENS OF BANK OF AMERICA, N.A. AND JEFFRIES FINANCE LLC☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

ALL OF THE DEBTOR'S PERSONAL PROPERTY AND ASSETS AS MORE FULLY DESCRIBED ON EXHIBIT A ATTACHED HERETO, WHETHER NOW OWNED OR HEREAFTER ACQUIRED OR ARISING, AND INCLUDING ALL REPLACEMENTS, SUBSTITUTIONS. ADDITIONS AND ACCESSIONS OF, TO, OR FOR ANY OF THE FOREGOING AND ALL PROCEEDS AND PRODUCTS THEREOF.

\$22,854,000.00

UNDETERMINED

Describe the lien

UCC-1 ORIGINALLY RECORDED 6/27/2005 IN STATE OF CALIFORNIA AS DOCUMENT # 05-7032208805 AND AS AMENDED BY DOCUMENT #S 10-72316621, 10-72316701,, 10-72326116, 13-73624170, 13-73624173, 15-74440298

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.2. Creditor's name and address**

EMPLOYMENT DEVELOPMENT
DEPARTMENT
PO BOX 826880
SACRAMENTO CA 94280

Creditor's email address, if known
_____**Date debt was incurred:** 2/4/2015**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☐ No☒ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☒ Yes. The relative priority of creditors is specified on lines: 2.1**Describe debtor's property that is subject to a lien**

STATE TAX LIEN - THE AMOUNT OF DELINQUENCY ABOVE SET FORTH SHALL BE A LIEN UPON ALL REAL OR PERSONAL PROPERTY AND RIGHTS TO SUCH PROPERTY. INCLUDING ALL AFTER-ACQUIRED PROPERTY AND RIGHTS TO PROPERTY BELONGING TO THE ABOVE NAMED.

UNDETERMINED UNDETERMINED

Describe the lien

UCC-1 ORIGINALLY RECORDED 2/4/2015 IN STATE OF CALIFORNIA AS DOCUMENT # 15-7448881379

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**2.3. Creditor's name and address**

JEFFRIES FINANCE LLC, AS
ADMINISTRATIVE AGENT AND AS
COLLATERAL AGENT
520 MADISON AVENUE
NEW YORK NY 10022

Creditor's email address, if known
_____**Date debt was incurred:** 5/23/2013**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☐ No☒ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☒ Yes. The relative priority of creditors is specified on lines: 2.1**Describe debtor's property that is subject to a lien**

ALL ASSETS OF THE DEBTOR. WHETHER NOW EXISTING OR HEREAFTER ACQUIRED OR ARISING, INCLUDING ALL PROCEEDS THEREOF

\$89,325,000.00 UNDETERMINED

Describe the lien

UCC-1 ORIGINALLY RECORDED 5/23/2013 IN STATE OF CALIFORNIA AS DOCUMENT # 13-7362419551 AND AS AMENDED BY DOCUMENT # 14-74068220

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.4. Creditor's name and address**

TFS LEASING PROGRAM OF DE LAGE
LANDEN FINANCIAL SERVICES
1111 OLD EAGLE SCHOOL ROAD
WAYNE PA 19087

Creditor's email address, if known
_____**Date debt was incurred:** 2/6/2017**Last 4 digits of account number:** _____**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

ALL EQUIPMENT LEASED OR FINANCED BY SECURED PARTY TO OR FOR DEBTOR PURSUANT TO SECURED PARTY'S CONTRACT NUMBER 25475289, TOGETHER WITH ALL ADDITIONS, ATTACHMENTS, ACCESSORIES AND SUBSTITUTIONS TO OR FOR THE SAME, AND ALL PROCEEDS OF THE FOREGOING. LEASE NUMBER 25475289

UNDETERMINED UNDETERMINED

Describe the lien

UCC-1 ORIGINALLY RECORDED 2/6/2017 IN STATE OF CALIFORNIA AS DOCUMENT # 17-7620669892

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$112,179,000.00**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

	Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
3.1.	BANK OF AMERICA MERRILL LYNCH MATTHEW POTTER 100 FEDERAL STREET BOSTON MA 02110	Line 2.1	_____
3.2.	BANK OF AMERICA, N.A. 40 BROAD STREET BOSTON MA 02109	Line 2.1	_____

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.3.	CHIPMAN BROWN CICERO & COLE LLP WILLIAM E CHIPMAN, JR., MARK D OLIVERE HERCULES PLAZA 1313 NORTH MARKET ST STE 5400 WILMINGTON DE 19801-6101	Line 2.3	_____
3.4.	KING & SPALDING LLP MICHAEL RUPE ESQ 1185 6TH AVENUE, 35TH FLOOR NEW YORK NY 10036	Line 2.3	_____
3.5.	KING & SPALDING LLP W. AUSTIN JOWERS; CHRISTOPHER G BOIES 1185 6TH AVENUE, 35TH FLOOR NEW YORK NY 10036	Line 2.3	_____
3.6.	KING AND SPALDING LLP MICHAEL R HANDLER, ESQ 1185 AVENUE OF THE AMERICAS, 35TH FLOOR NEW YORK NY 10036	Line 2.3	_____
3.7.	MORGAN LEWIS & BOCKIUS LLP JULIA FROST-DAVIES ONE FEDERAL STREET BOSTON MA 02110	Line 2.1	_____
3.8.	MORGAN LEWIS & BOCKIUS LLP CHRISTOPHER CARTER ONE FEDERAL STREET BOSTON MA 02110	Line 2.1	_____
3.9.	RICHARDS LAYTON & FINGER PA MARK D COLLINS; BRETT M HAYWOOD ONE RODNEY SQUARE 920 NORTH KING STREET WILMINGTON DE 19801	Line 2.1	_____

Fill in this information to identify the case:**Debtor name:** Charlotte Russe, Inc.**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 19-10214☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1.	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
	ABANIKANDA, DEBRA I 1167 WILLMOHR STREET APT 2F BROOKLYN NY 11212	☐ Contingent ☐ Unliquidated ☐ Disputed	\$57.45	\$57.45
	Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: _____	Is the claim subject to offset? ☐ No ☐ Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			
2.2.	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
	ABBASI, ARIBA 605 GLENWOOD LANE LOMBARD IL 60148	☐ Contingent ☐ Unliquidated ☐ Disputed	\$90.09	\$90.09
	Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: _____	Is the claim subject to offset? ☐ No ☐ Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3.	Priority creditor's name and mailing address ABBOTT, DAEZSHA D 1903 N. LINCOLN AVE 118 URBANA IL 61801 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$149.91</td> </tr> </table>	Total claim	\$149.91	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$149.91</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$149.91	Nonpriority amount	\$0.00
Total claim										
\$149.91										
Priority amount										
\$149.91										
Nonpriority amount										
\$0.00										
2.4.	Priority creditor's name and mailing address ABDENOUR, EMILY F 4907 UXTON COURT STERLING HEIGHTS MI 48310 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$43.66</td> </tr> </table>	Total claim	\$43.66	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$43.66</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$43.66	Nonpriority amount	\$0.00
Total claim										
\$43.66										
Priority amount										
\$43.66										
Nonpriority amount										
\$0.00										
2.5.	Priority creditor's name and mailing address ABDOUNI, YASMINE Y 5927 BLACK OAK DR TOLEDO OH 43615 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$63.44</td> </tr> </table>	Total claim	\$63.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$63.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$63.44	Nonpriority amount	\$0.00
Total claim										
\$63.44										
Priority amount										
\$63.44										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6.	Priority creditor's name and mailing address ABDRABOU, SHAYMAA H 220 NE 12TH AVE LOT 48 HOMESTEAD FL 33030	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$536.04	Priority amount \$536.04
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.7.	Priority creditor's name and mailing address ABEGUNDE, EMI O 3814 GREAT FALLS COURT IRVING TX 75062	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$85.47	Priority amount \$85.47
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.8.	Priority creditor's name and mailing address ABELLA, DENISE M 10781 FGCU SOUTH BRIDGE LOOP B FORT MYERS FL 33965	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$147.63	Priority amount \$147.63
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.9.	Priority creditor's name and mailing address ABINA, MALEAHA R 11100 N HARRISON ST KC MO 64155 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$84.71</td> </tr> </table>	Total claim	\$84.71	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$84.71</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$84.71	Nonpriority amount	\$0.00
Total claim										
\$84.71										
Priority amount										
\$84.71										
Nonpriority amount										
\$0.00										
2.10.	Priority creditor's name and mailing address ABLES, CHANNING 6811 CURRINGTON CIRCLE LOUISVILLE KY 40258 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,028.77</td> </tr> </table>	Total claim	\$1,028.77	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,028.77</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,028.77	Nonpriority amount	\$0.00
Total claim										
\$1,028.77										
Priority amount										
\$1,028.77										
Nonpriority amount										
\$0.00										
2.11.	Priority creditor's name and mailing address ABNEY, ALEXANDRA H 9706 MARBY GRANGE WAY BAKERSFIELD CA 93312 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$37.80</td> </tr> </table>	Total claim	\$37.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$37.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$37.80	Nonpriority amount	\$0.00
Total claim										
\$37.80										
Priority amount										
\$37.80										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.12.	Priority creditor's name and mailing address ABORDO, CARMELA 309 CATOR AVE JERSEY CITY NJ 07305 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$1,319.51</td> </tr> </table>	Total claim	\$1,319.51	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$1,319.51</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$1,319.51	Nonpriority amount	\$0.00
Total claim										
\$1,319.51										
Priority amount										
\$1,319.51										
Nonpriority amount										
\$0.00										
2.13.	Priority creditor's name and mailing address ABOULHOSN, ABIR C 14201 WHIRLAWAY PL MIDLOTHIAN VA 23112 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$235.86</td> </tr> </table>	Total claim	\$235.86	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$235.86</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$235.86	Nonpriority amount	\$0.00
Total claim										
\$235.86										
Priority amount										
\$235.86										
Nonpriority amount										
\$0.00										
2.14.	Priority creditor's name and mailing address ABOUNA, FUASTINA H 2428 COMMON RD WARREN MI 48092 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$127.65</td> </tr> </table>	Total claim	\$127.65	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$127.65</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$127.65	Nonpriority amount	\$0.00
Total claim										
\$127.65										
Priority amount										
\$127.65										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.15.	Priority creditor's name and mailing address ABREU, ANAILI 12824 SW 28TH ST MIRAMAR FL 33027 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$450.00</td> </tr> </table>	Total claim	\$450.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$450.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$450.00	Nonpriority amount	\$0.00
Total claim										
\$450.00										
Priority amount										
\$450.00										
Nonpriority amount										
\$0.00										
2.16.	Priority creditor's name and mailing address ABREU, ASHLEY M 1857 DUNN COVE DR APOPKA FL 32703 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$249.48</td> </tr> </table>	Total claim	\$249.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$249.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$249.48	Nonpriority amount	\$0.00
Total claim										
\$249.48										
Priority amount										
\$249.48										
Nonpriority amount										
\$0.00										
2.17.	Priority creditor's name and mailing address ABRHAM, EMAN A 33 ILLINOIS AVE 2 SOMERVILLE MA 02145 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$53.40</td> </tr> </table>	Total claim	\$53.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$53.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$53.40	Nonpriority amount	\$0.00
Total claim										
\$53.40										
Priority amount										
\$53.40										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.18.	Priority creditor's name and mailing address ABRIL, CARLA 5344 GUINEA RD FAIRFAX VA 22032 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$150.00</td> </tr> </table>	Total claim	\$150.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$150.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$150.00	Nonpriority amount	\$0.00
Total claim										
\$150.00										
Priority amount										
\$150.00										
Nonpriority amount										
\$0.00										
2.19.	Priority creditor's name and mailing address ABUNDIS, EMILLY 1811 76TH STREET BYRON CENTER MI 49315 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$97.13</td> </tr> </table>	Total claim	\$97.13	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$97.13</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$97.13	Nonpriority amount	\$0.00
Total claim										
\$97.13										
Priority amount										
\$97.13										
Nonpriority amount										
\$0.00										
2.20.	Priority creditor's name and mailing address ACEDO, MADILYN H 448 ATLAS PEAK LAS VEGAS NV 89183 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$25.41</td> </tr> </table>	Total claim	\$25.41	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$25.41</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$25.41	Nonpriority amount	\$0.00
Total claim										
\$25.41										
Priority amount										
\$25.41										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.21.	Priority creditor's name and mailing address ACEVEDO, ALYSHA M 39 CEDAR STREET 2 PATERSON NJ 07501 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$211.69</td></tr></table>	Total claim	\$211.69	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$211.69</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$211.69	Nonpriority amount	\$0.00
Total claim										
\$211.69										
Priority amount										
\$211.69										
Nonpriority amount										
\$0.00										
2.22.	Priority creditor's name and mailing address ACEVEDO, ARACELI COND PARQUE 228 #100 CALLE DR. VEVE BAYAMON PR 00961 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$1,488.09</td></tr></table>	Total claim	\$1,488.09	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$1,488.09</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,488.09	Nonpriority amount	\$0.00
Total claim										
\$1,488.09										
Priority amount										
\$1,488.09										
Nonpriority amount										
\$0.00										
2.23.	Priority creditor's name and mailing address ACEVES, REBECA 857 MARSHALL AVE APT #5 ST PAUL MN 55104 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$359.06</td></tr></table>	Total claim	\$359.06	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$359.06</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$359.06	Nonpriority amount	\$0.00
Total claim										
\$359.06										
Priority amount										
\$359.06										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.24.	Priority creditor's name and mailing address ACHAN, ASHLEY 424 MORRIS AVE APT 5D BRONX NY 10451 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$339.00</td> </tr> </table>	Total claim	\$339.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$339.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$339.00	Nonpriority amount	\$0.00
Total claim										
\$339.00										
Priority amount										
\$339.00										
Nonpriority amount										
\$0.00										
2.25.	Priority creditor's name and mailing address ACHESON, BROOK 195 JENKINS ROAD FORT RECOVERY OH 45846 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$606.30</td> </tr> </table>	Total claim	\$606.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$606.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$606.30	Nonpriority amount	\$0.00
Total claim										
\$606.30										
Priority amount										
\$606.30										
Nonpriority amount										
\$0.00										
2.26.	Priority creditor's name and mailing address ACHURRA, KEISHA M 3812 DAIQUIRI COURT VIRGINIA BEACH VA 23456 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$4,500.36</td> </tr> </table>	Total claim	\$4,500.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$4,500.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$4,500.36	Nonpriority amount	\$0.00
Total claim										
\$4,500.36										
Priority amount										
\$4,500.36										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.27.	Priority creditor's name and mailing address ACKERMAN, SARAH J 48 CHERRY AVE WEST SAYVILLE NY 11796 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$53.40</td> </tr> </table>	Total claim	\$53.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$53.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$53.40	Nonpriority amount	\$0.00
Total claim										
\$53.40										
Priority amount										
\$53.40										
Nonpriority amount										
\$0.00										
2.28.	Priority creditor's name and mailing address ACKLEY, KAYLA 122 AVERYHILL RD LEDYARD CT 06339 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,447.80</td> </tr> </table>	Total claim	\$1,447.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,447.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,447.80	Nonpriority amount	\$0.00
Total claim										
\$1,447.80										
Priority amount										
\$1,447.80										
Nonpriority amount										
\$0.00										
2.29.	Priority creditor's name and mailing address ACOSTA, ADRIANNA 3031 W DESERT COVE AVE PHOENIX AZ 85029 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$551.69</td> </tr> </table>	Total claim	\$551.69	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$551.69</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$551.69	Nonpriority amount	\$0.00
Total claim										
\$551.69										
Priority amount										
\$551.69										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.30.	Priority creditor's name and mailing address ACOSTA, ANYSSA M 7758 LITTLE VALLEY AVE LAS VEGAS NV 89147 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$81.10</td></tr></table>	Total claim	\$81.10	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$81.10</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$81.10	Nonpriority amount	\$0.00
Total claim										
\$81.10										
Priority amount										
\$81.10										
Nonpriority amount										
\$0.00										
2.31.	Priority creditor's name and mailing address ACOSTA, FELICIA A 1625 GRAND AVE SPRING VALLEY CA 91977-4331 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$627.90</td></tr></table>	Total claim	\$627.90	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$627.90</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$627.90	Nonpriority amount	\$0.00
Total claim										
\$627.90										
Priority amount										
\$627.90										
Nonpriority amount										
\$0.00										
2.32.	Priority creditor's name and mailing address ACOSTA, MARIAH 4009 BARBARA VISTA AVE ALBUQUERQUE NM 87121 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$37.26</td></tr></table>	Total claim	\$37.26	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$37.26</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$37.26	Nonpriority amount	\$0.00
Total claim										
\$37.26										
Priority amount										
\$37.26										
Nonpriority amount										
\$0.00										

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2.33.	Priority creditor's name and mailing address ACOSTA, NATALY 8334 W MONTE VISTA PHOENIX AZ 85037 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$641.69</td></tr></table>	Total claim	\$641.69	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$641.69</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$641.69	Nonpriority amount	\$0.00
Total claim										
\$641.69										
Priority amount										
\$641.69										
Nonpriority amount										
\$0.00										
2.34.	Priority creditor's name and mailing address ACOSTA, ODALYS A 41 S SHANNON RD APT 11107 TUCSON AZ 85745 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$506.75</td></tr></table>	Total claim	\$506.75	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$506.75</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$506.75	Nonpriority amount	\$0.00
Total claim										
\$506.75										
Priority amount										
\$506.75										
Nonpriority amount										
\$0.00										
2.35.	Priority creditor's name and mailing address ACOSTA, R'ANGELA R 2065 E DON CARLOS AVE TEMPE AZ 85281 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$213.62</td></tr></table>	Total claim	\$213.62	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$213.62</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$213.62	Nonpriority amount	\$0.00
Total claim										
\$213.62										
Priority amount										
\$213.62										
Nonpriority amount										
\$0.00										

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2.36.	Priority creditor's name and mailing address ACUNA, JENNY 3286 SW 24 ST MIAMI FL 33145 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$266.13</td> </tr> </table>	Total claim	\$266.13	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$266.13</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$266.13	Nonpriority amount	\$0.00
Total claim										
\$266.13										
Priority amount										
\$266.13										
Nonpriority amount										
\$0.00										
2.37.	Priority creditor's name and mailing address ACUNA, JOANNA L 7593 WOODBINE WAY SAN DIEGO CA 92114 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$109.80</td> </tr> </table>	Total claim	\$109.80	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$109.80</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$109.80	Nonpriority amount	\$0.00
Total claim										
\$109.80										
Priority amount										
\$109.80										
Nonpriority amount										
\$0.00										
2.38.	Priority creditor's name and mailing address ACUNA, JOLEEN 2103 FORT DONELSON SAN ANTONIO TX 78245 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$81.20</td> </tr> </table>	Total claim	\$81.20	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$81.20</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$81.20	Nonpriority amount	\$0.00
Total claim										
\$81.20										
Priority amount										
\$81.20										
Nonpriority amount										
\$0.00										

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2.39.	Priority creditor's name and mailing address ACUNA, MALIYA R 11022 BENWELL DR. LYNWOOD CA 90262 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$194.88</td> </tr> </table>	Total claim	\$194.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$194.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$194.88	Nonpriority amount	\$0.00
Total claim										
\$194.88										
Priority amount										
\$194.88										
Nonpriority amount										
\$0.00										
2.40.	Priority creditor's name and mailing address ADAMACHE, ALEXANDRA 1447 MONDANA PL PITTSBURG CA 94565 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$459.55</td> </tr> </table>	Total claim	\$459.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$459.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$459.55	Nonpriority amount	\$0.00
Total claim										
\$459.55										
Priority amount										
\$459.55										
Nonpriority amount										
\$0.00										
2.41.	Priority creditor's name and mailing address ADAMS, AIYANA M 121-17 GRAYSON STREET QUEENS NY 11413 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$354.15</td> </tr> </table>	Total claim	\$354.15	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$354.15</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$354.15	Nonpriority amount	\$0.00
Total claim										
\$354.15										
Priority amount										
\$354.15										
Nonpriority amount										
\$0.00										

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2.42.	Priority creditor's name and mailing address ADAMS, AMBER C 4580 MARSHALL RUN CIRCLE 101 GLEN ALLEN VA 23059 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$499.68</td> </tr> </table>	Total claim	\$499.68	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$499.68</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$499.68	Nonpriority amount	\$0.00
Total claim										
\$499.68										
Priority amount										
\$499.68										
Nonpriority amount										
\$0.00										
2.43.	Priority creditor's name and mailing address ADAMS, BRYTTANY N 1705 S HIGHLAND AVE LOMBARD NO APARTMENT LOMBARD IL 60148 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$33.66</td> </tr> </table>	Total claim	\$33.66	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$33.66</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$33.66	Nonpriority amount	\$0.00
Total claim										
\$33.66										
Priority amount										
\$33.66										
Nonpriority amount										
\$0.00										
2.44.	Priority creditor's name and mailing address ADAMS, GIANNA R 432 ROSARIO LANE WHITE LAKE MI 48386 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,499.76</td> </tr> </table>	Total claim	\$1,499.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,499.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,499.76	Nonpriority amount	\$0.00
Total claim										
\$1,499.76										
Priority amount										
\$1,499.76										
Nonpriority amount										
\$0.00										

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2.45.	Priority creditor's name and mailing address ADAMS, KATHERINE M 9300 DAVIS RD S MOUNT VERNON IN 47620 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$100.48</td></tr></table>	Total claim	\$100.48	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$100.48</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$100.48	Nonpriority amount	\$0.00
Total claim										
\$100.48										
Priority amount										
\$100.48										
Nonpriority amount										
\$0.00										
2.46.	Priority creditor's name and mailing address ADAMS, KEYERA R 4909 RAVEL STONE CT RALEIGH NC 27610 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$104.48</td></tr></table>	Total claim	\$104.48	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$104.48</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$104.48	Nonpriority amount	\$0.00
Total claim										
\$104.48										
Priority amount										
\$104.48										
Nonpriority amount										
\$0.00										
2.47.	Priority creditor's name and mailing address ADAMS, LEXUS 7550 TOUCHSTONE ST. HOUSTON TX 77028 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$100.24</td></tr></table>	Total claim	\$100.24	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$100.24</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$100.24	Nonpriority amount	\$0.00
Total claim										
\$100.24										
Priority amount										
\$100.24										
Nonpriority amount										
\$0.00										

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2.48.	Priority creditor's name and mailing address ADAMS, SHANEKA L 4320 SAINT JAMES CHURCH ROAD APT E RALEIGH NC 27616 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$156.67</td> </tr> </table>	Total claim	\$156.67	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$156.67</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$156.67	Nonpriority amount	\$0.00
Total claim										
\$156.67										
Priority amount										
\$156.67										
Nonpriority amount										
\$0.00										
2.49.	Priority creditor's name and mailing address ADAMS, SYDNEY 17538 W 95TH AVE ARVADA CO 80007 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$174.50</td> </tr> </table>	Total claim	\$174.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$174.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$174.50	Nonpriority amount	\$0.00
Total claim										
\$174.50										
Priority amount										
\$174.50										
Nonpriority amount										
\$0.00										
2.50.	Priority creditor's name and mailing address ADAMS, TARA K 8306 NOBLET RD. DAVISON MI 48423 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,389.58</td> </tr> </table>	Total claim	\$2,389.58	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,389.58</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,389.58	Nonpriority amount	\$0.00
Total claim										
\$2,389.58										
Priority amount										
\$2,389.58										
Nonpriority amount										
\$0.00										

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2.51.	Priority creditor's name and mailing address ADAMS, TERIA N 3401 ROBEY TER #204 204 SILVER SPRING MD 20904	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$692.58	Priority amount \$692.58
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.52.	Priority creditor's name and mailing address ADAMS, TIFFANI K 1215 WISDOM DR CEDAR HILL TX 75104-7339	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$2,384.23	Priority amount \$2,384.23
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.53.	Priority creditor's name and mailing address ADDERHOLD, DAVID S 340 HUCKLEBERRY HILLS LANE TUSCUMBIA AL 35674	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$107.74	Priority amount \$107.74
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.54.	Priority creditor's name and mailing address ADDIS, CECILIE B 10345 ALMAYO AVENUE 106 LOS ANGELES CA 90064	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$228.96	Priority amount \$228.96
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.55.	Priority creditor's name and mailing address ADDISON-BISHOP, SYDNEY N 2903 MANSFIELD ST ROANOKE VA 24012	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$192.86	Priority amount \$192.86
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.56.	Priority creditor's name and mailing address ADELSTEIN, HIILANI K 94-337 ANANIA DRIVE 10 MILILANI HI 96789	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$247.23	Priority amount \$247.23
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.57.	Priority creditor's name and mailing address ADEMOVIC, AMINA 250 PARDELLA AVE SAINT LOUIS MO 63125 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td>\$227.04</td> </tr> </table>	Total claim	\$227.04	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td>\$227.04</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$227.04	Nonpriority amount	\$0.00
Total claim										
\$227.04										
Priority amount										
\$227.04										
Nonpriority amount										
\$0.00										
2.58.	Priority creditor's name and mailing address ADIAN, TABITHA M 1409 E CRESTWOOD DR VICTORIA TX 77901-3411 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td>\$43.62</td> </tr> </table>	Total claim	\$43.62	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td>\$43.62</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$43.62	Nonpriority amount	\$0.00
Total claim										
\$43.62										
Priority amount										
\$43.62										
Nonpriority amount										
\$0.00										
2.59.	Priority creditor's name and mailing address ADKINS, HANNAH E 4202 RIVER ROAD VIENNA WV 26105 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td>\$117.43</td> </tr> </table>	Total claim	\$117.43	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td>\$117.43</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$117.43	Nonpriority amount	\$0.00
Total claim										
\$117.43										
Priority amount										
\$117.43										
Nonpriority amount										
\$0.00										

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2.60.	Priority creditor's name and mailing address ADKINS, JILL A 8745 OLENMEAD DR LEWIS CENTER OH 43035 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$5,455.07</td> </tr> </table>	Total claim	\$5,455.07	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$5,455.07</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$5,455.07	Nonpriority amount	\$0.00
Total claim										
\$5,455.07										
Priority amount										
\$5,455.07										
Nonpriority amount										
\$0.00										
2.61.	Priority creditor's name and mailing address ADU-AMANFOH, DEANNA F 29 CEDARGROVE AVENUES LAKE GROVE NY 11755 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$173.16</td> </tr> </table>	Total claim	\$173.16	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$173.16</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$173.16	Nonpriority amount	\$0.00
Total claim										
\$173.16										
Priority amount										
\$173.16										
Nonpriority amount										
\$0.00										
2.62.	Priority creditor's name and mailing address AFEDZIE, MAAME ESI A 100 STATE STREET CORINNE TOWERS FRAMINGHAM MA 01701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$260.88</td> </tr> </table>	Total claim	\$260.88	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$260.88</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$260.88	Nonpriority amount	\$0.00
Total claim										
\$260.88										
Priority amount										
\$260.88										
Nonpriority amount										
\$0.00										

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2.63.	Priority creditor's name and mailing address AGPAOA, MARIONE JANEL M PO BOX 331212 KAHULUI HI 96733 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$229.07</td></tr></table>	Total claim	\$229.07	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$229.07</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$229.07	Nonpriority amount	\$0.00
Total claim										
\$229.07										
Priority amount										
\$229.07										
Nonpriority amount										
\$0.00										
2.64.	Priority creditor's name and mailing address AGRAMONTE, THAIS A 4522 D STREET PHILADELPHIA PA 19120 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$112.75</td></tr></table>	Total claim	\$112.75	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$112.75</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$112.75	Nonpriority amount	\$0.00
Total claim										
\$112.75										
Priority amount										
\$112.75										
Nonpriority amount										
\$0.00										
2.65.	Priority creditor's name and mailing address AGUILAR, AMBER D 42200 MAIN STREET APT 61 TEMECULA CA 92590 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$225.84</td></tr></table>	Total claim	\$225.84	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$225.84</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$225.84	Nonpriority amount	\$0.00
Total claim										
\$225.84										
Priority amount										
\$225.84										
Nonpriority amount										
\$0.00										

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2.66.	Priority creditor's name and mailing address AGUILAR, CITLALLI 211 DARBY TRAILS DR SUGAR LAND TX 77479	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$75.95	Priority amount \$75.95
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.67.	Priority creditor's name and mailing address AGUILAR, KAREN 11517 HUMBOLDT ST NORTHGLENN CO 80233	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$236.10	Priority amount \$236.10
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.68.	Priority creditor's name and mailing address AGUILAR, LESLI 5040 MARIN CIRCLE LAS VEGAS NV 89122	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$54.45	Priority amount \$54.45
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.69.	Priority creditor's name and mailing address AGUILAR, MYKA M 5711 MARIETTA DR ARLINGTON TX 76017 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$149.58</td> </tr> </table>	Total claim	\$149.58	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$149.58</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$149.58	Nonpriority amount	\$0.00
Total claim										
\$149.58										
Priority amount										
\$149.58										
Nonpriority amount										
\$0.00										
2.70.	Priority creditor's name and mailing address AGUILAR, PERLA 1109 FELECITA RD ARVIN CA 93203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$609.18</td> </tr> </table>	Total claim	\$609.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$609.18</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$609.18	Nonpriority amount	\$0.00
Total claim										
\$609.18										
Priority amount										
\$609.18										
Nonpriority amount										
\$0.00										
2.71.	Priority creditor's name and mailing address AGUILAR, STEPHANIE G 4531 KAY PL LAS VEGAS NV 89107 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$418.50</td> </tr> </table>	Total claim	\$418.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$418.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$418.50	Nonpriority amount	\$0.00
Total claim										
\$418.50										
Priority amount										
\$418.50										
Nonpriority amount										
\$0.00										

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2.72.	Priority creditor's name and mailing address AGUILAR-CARBAJAL, YATZIRI 5100 N HWY 99 #44 STOCKTON CA 95212 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$171.11</td> </tr> </table>	Total claim	\$171.11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$171.11</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$171.11	Nonpriority amount	\$0.00
Total claim										
\$171.11										
Priority amount										
\$171.11										
Nonpriority amount										
\$0.00										
2.73.	Priority creditor's name and mailing address AGUILERA, ANA 24505 JENKINS DR MORENO VALLEY CA 92553-3964 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$561.00</td> </tr> </table>	Total claim	\$561.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$561.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$561.00	Nonpriority amount	\$0.00
Total claim										
\$561.00										
Priority amount										
\$561.00										
Nonpriority amount										
\$0.00										
2.74.	Priority creditor's name and mailing address AGUILERA, ARABIA F 2405 SOUTHERN BOULEVARD 13A BRONX NY 10458 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$186.00</td> </tr> </table>	Total claim	\$186.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$186.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$186.00	Nonpriority amount	\$0.00
Total claim										
\$186.00										
Priority amount										
\$186.00										
Nonpriority amount										
\$0.00										

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2.75.	Priority creditor's name and mailing address AGUIRRE, CELESTE A 618 OAK AVE AURORA IL 60506 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$173.50</td> </tr> </table>	Total claim	\$173.50	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$173.50</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$173.50	Nonpriority amount	\$0.00
Total claim										
\$173.50										
Priority amount										
\$173.50										
Nonpriority amount										
\$0.00										
2.76.	Priority creditor's name and mailing address AGUIRRE, GABRIELLA P 65 COUGAR PLACE NORTH LIBERTY IA 52317 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$95.46</td> </tr> </table>	Total claim	\$95.46	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$95.46</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$95.46	Nonpriority amount	\$0.00
Total claim										
\$95.46										
Priority amount										
\$95.46										
Nonpriority amount										
\$0.00										
2.77.	Priority creditor's name and mailing address AGUSTIN, ROSA 2308 PEARSON CT C LAS VEGAS NV 89106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$161.94</td> </tr> </table>	Total claim	\$161.94	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$161.94</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$161.94	Nonpriority amount	\$0.00
Total claim										
\$161.94										
Priority amount										
\$161.94										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.78.	Priority creditor's name and mailing address AHMED, DOUACHAI 1054 MARGARET STREET SAINT PAUL MN 55106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,116.77</td> </tr> </table>	Total claim	\$1,116.77	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,116.77</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,116.77	Nonpriority amount	\$0.00
Total claim										
\$1,116.77										
Priority amount										
\$1,116.77										
Nonpriority amount										
\$0.00										
2.79.	Priority creditor's name and mailing address AHMED, MARIA 8900 SUNSET PARK LN CONROE TX 77302 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$102.60</td> </tr> </table>	Total claim	\$102.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$102.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$102.60	Nonpriority amount	\$0.00
Total claim										
\$102.60										
Priority amount										
\$102.60										
Nonpriority amount										
\$0.00										
2.80.	Priority creditor's name and mailing address AHMED, TAJRIAN 76 LAWRENCE AVENUE DANBURY CT 06810 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$38.38</td> </tr> </table>	Total claim	\$38.38	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$38.38</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$38.38	Nonpriority amount	\$0.00
Total claim										
\$38.38										
Priority amount										
\$38.38										
Nonpriority amount										
\$0.00										

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2.81.	Priority creditor's name and mailing address AIKEN, KIANA 3966 HERITAGE CROSSING PL SW POWDER SPRINGS GA 30127	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$1,291.22	Priority amount \$1,291.22
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.82.	Priority creditor's name and mailing address AIOUB, HADEEL 125 BUCKINGHAM WAY MOUNT LAUREL NJ 08054	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$73.72	Priority amount \$73.72
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.83.	Priority creditor's name and mailing address AJA-CLEMONS, ALEXUS B 4817 ASHBROOK PL LAS VEGAS NV 89147	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$171.40	Priority amount \$171.40
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.84.	Priority creditor's name and mailing address AKINYI, MONICA N 12116 GREENWAY CT #101 FAIRFAX VA 22033 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$144.00</td> </tr> </table>	Total claim	\$144.00	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$144.00</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$144.00	Nonpriority amount	\$0.00
Total claim										
\$144.00										
Priority amount										
\$144.00										
Nonpriority amount										
\$0.00										
2.85.	Priority creditor's name and mailing address AKRAM, MIKAL A 9122 STEEL STREET DETROIT MI 48228 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$516.65</td> </tr> </table>	Total claim	\$516.65	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$516.65</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$516.65	Nonpriority amount	\$0.00
Total claim										
\$516.65										
Priority amount										
\$516.65										
Nonpriority amount										
\$0.00										
2.86.	Priority creditor's name and mailing address AKSAMITOWSKI, SKYLAR E 225 DUNDEE AVE UNIT 16 GREELEY CO 80634 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$55.72</td> </tr> </table>	Total claim	\$55.72	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$55.72</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$55.72	Nonpriority amount	\$0.00
Total claim										
\$55.72										
Priority amount										
\$55.72										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.87.	Priority creditor's name and mailing address AL, JARAH TEBA 8 FULLER PLACE UNIT 203 8 FULLER PLACE ESSEX JUNCTION VT 05452 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$261.63</td></tr></table>	Total claim	\$261.63	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$261.63</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$261.63	Nonpriority amount	\$0.00
Total claim										
\$261.63										
Priority amount										
\$261.63										
Nonpriority amount										
\$0.00										
2.88.	Priority creditor's name and mailing address ALANIS, GISELLA 2247 S 33RD ST MILWAUKEE WI 53215 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$166.85</td></tr></table>	Total claim	\$166.85	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$166.85</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$166.85	Nonpriority amount	\$0.00
Total claim										
\$166.85										
Priority amount										
\$166.85										
Nonpriority amount										
\$0.00										
2.89.	Priority creditor's name and mailing address ALANIZ, CYNTHIA N 490 E F ST COLTON CA 92324 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$31.56</td></tr></table>	Total claim	\$31.56	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$31.56</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$31.56	Nonpriority amount	\$0.00
Total claim										
\$31.56										
Priority amount										
\$31.56										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.90.	Priority creditor's name and mailing address ALANIZ, THALIA B 341 YOLANDA DR EL PASO TX 79915 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$552.42</td> </tr> </table>	Total claim	\$552.42	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$552.42</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$552.42	Nonpriority amount	\$0.00
Total claim										
\$552.42										
Priority amount										
\$552.42										
Nonpriority amount										
\$0.00										
2.91.	Priority creditor's name and mailing address ALANYA, KATHERINE 39 WILSON ST BRENTWOOD NY 11717 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$62.40</td> </tr> </table>	Total claim	\$62.40	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$62.40</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$62.40	Nonpriority amount	\$0.00
Total claim										
\$62.40										
Priority amount										
\$62.40										
Nonpriority amount										
\$0.00										
2.92.	Priority creditor's name and mailing address ALBA, CRISTAL 715 GENEVIEVE DR SOUTH ELGIN IL 60177 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$92.81</td> </tr> </table>	Total claim	\$92.81	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$92.81</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$92.81	Nonpriority amount	\$0.00
Total claim										
\$92.81										
Priority amount										
\$92.81										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.93.	Priority creditor's name and mailing address ALBARELLA, VERONICA 189 CLINTON STREET WOODBRIDGE NJ 07095 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$122.75</td> </tr> </table>	Total claim	\$122.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$122.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$122.75	Nonpriority amount	\$0.00
Total claim										
\$122.75										
Priority amount										
\$122.75										
Nonpriority amount										
\$0.00										
2.94.	Priority creditor's name and mailing address ALBERT URESTI MPA BEXAR COUNTY TAX ASSESSOR-COLLECTOR PO BOX 2903 SAN ANTONIO TX 78299-2903 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$11,181.29</td> </tr> </table>	Total claim	\$11,181.29	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$11,181.29</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$11,181.29	Nonpriority amount	\$0.00
Total claim										
\$11,181.29										
Priority amount										
\$11,181.29										
Nonpriority amount										
\$0.00										
2.95.	Priority creditor's name and mailing address ALCALA, MURILLO ELIZABETH 3717 BECK AVE BELL CA 90201 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$158.88</td> </tr> </table>	Total claim	\$158.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$158.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$158.88	Nonpriority amount	\$0.00
Total claim										
\$158.88										
Priority amount										
\$158.88										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.96.	Priority creditor's name and mailing address ALCARAZ, CHELSEA-MALIAH D 590 FARRINGTON HWY 524-247 KAPOLEI HI 96707 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$73.55</td> </tr> </table>	Total claim	\$73.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$73.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$73.55	Nonpriority amount	\$0.00
Total claim										
\$73.55										
Priority amount										
\$73.55										
Nonpriority amount										
\$0.00										
2.97.	Priority creditor's name and mailing address ALCON, MONICA G 126 RALEIGH ST. DENVER CO 80219 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$324.45</td> </tr> </table>	Total claim	\$324.45	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$324.45</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$324.45	Nonpriority amount	\$0.00
Total claim										
\$324.45										
Priority amount										
\$324.45										
Nonpriority amount										
\$0.00										
2.98.	Priority creditor's name and mailing address ALDERMAN, ANDREA N 13947 GROVE PARK DR. STERLING HEIGHTS MI 48313 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$327.00</td> </tr> </table>	Total claim	\$327.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$327.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$327.00	Nonpriority amount	\$0.00
Total claim										
\$327.00										
Priority amount										
\$327.00										
Nonpriority amount										
\$0.00										

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2.99.	Priority creditor's name and mailing address ALDRICH, ALLYSSA M 6439 BENTON RD PADUCAH KY 42003 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$334.25</td> </tr> </table>	Total claim	\$334.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$334.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$334.25	Nonpriority amount	\$0.00
Total claim										
\$334.25										
Priority amount										
\$334.25										
Nonpriority amount										
\$0.00										
2.100.	Priority creditor's name and mailing address ALEGRIA, ANAHI 3100 S MAIN ST APT 4C SANTA ANA CA 92707 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$247.32</td> </tr> </table>	Total claim	\$247.32	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$247.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$247.32	Nonpriority amount	\$0.00
Total claim										
\$247.32										
Priority amount										
\$247.32										
Nonpriority amount										
\$0.00										
2.101.	Priority creditor's name and mailing address ALEJANDRO, ALEXANDRA BB9 CALLE D CALLE D BB-9 TOA BAJA PR 00949-5350 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,100.78</td> </tr> </table>	Total claim	\$2,100.78	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,100.78</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,100.78	Nonpriority amount	\$0.00
Total claim										
\$2,100.78										
Priority amount										
\$2,100.78										
Nonpriority amount										
\$0.00										

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2.102.	Priority creditor's name and mailing address ALEMAN, CYNTHIA N 1400 NIMITZ WAY MESQUITE TX 75181 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$32.75</td> </tr> </table>	Total claim	\$32.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$32.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$32.75	Nonpriority amount	\$0.00
Total claim										
\$32.75										
Priority amount										
\$32.75										
Nonpriority amount										
\$0.00										
2.103.	Priority creditor's name and mailing address ALEXANDER, CHLOE 9535 EAST 10TH STREET INDIANAPOLIS IN 46229 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$253.56</td> </tr> </table>	Total claim	\$253.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$253.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$253.56	Nonpriority amount	\$0.00
Total claim										
\$253.56										
Priority amount										
\$253.56										
Nonpriority amount										
\$0.00										
2.104.	Priority creditor's name and mailing address ALEXANDER, DANIELLE 3453 PARKRIDGE PLACE LAS CRUCES NM 88005 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$481.17</td> </tr> </table>	Total claim	\$481.17	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$481.17</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$481.17	Nonpriority amount	\$0.00
Total claim										
\$481.17										
Priority amount										
\$481.17										
Nonpriority amount										
\$0.00										

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2.105.	Priority creditor's name and mailing address ALEXANDER, D'BRIA M 336 LAUREN CIRCLE DRIVE ENGLEWOOD OH 45322 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$197.85</td></tr></table>	Total claim	\$197.85	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$197.85</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$197.85	Nonpriority amount	\$0.00
Total claim										
\$197.85										
Priority amount										
\$197.85										
Nonpriority amount										
\$0.00										
2.106.	Priority creditor's name and mailing address ALEXANDER, JOHRDAN 4839 HARVEST RD. COLORADO SPRINGS CO 80917 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$424.01</td></tr></table>	Total claim	\$424.01	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$424.01</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$424.01	Nonpriority amount	\$0.00
Total claim										
\$424.01										
Priority amount										
\$424.01										
Nonpriority amount										
\$0.00										
2.107.	Priority creditor's name and mailing address ALEXANDER, LAKENYA J 9603 CUSTER RD APT 1511 PLANO TX 75025 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$205.51</td></tr></table>	Total claim	\$205.51	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$205.51</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$205.51	Nonpriority amount	\$0.00
Total claim										
\$205.51										
Priority amount										
\$205.51										
Nonpriority amount										
\$0.00										

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2.108.	Priority creditor's name and mailing address ALEXANDER, MIYA I 383 HEWES STREET APT. 1B BROOKLYN NY 11211 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$183.45</td> </tr> </table>	Total claim	\$183.45	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$183.45</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$183.45	Nonpriority amount	\$0.00
Total claim										
\$183.45										
Priority amount										
\$183.45										
Nonpriority amount										
\$0.00										
2.109.	Priority creditor's name and mailing address ALEXANDER, TIFFANY N 10014 MOORGATE AVE APT. 202 SPOTSYLVANIA VA 22553 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$86.81</td> </tr> </table>	Total claim	\$86.81	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$86.81</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$86.81	Nonpriority amount	\$0.00
Total claim										
\$86.81										
Priority amount										
\$86.81										
Nonpriority amount										
\$0.00										
2.110.	Priority creditor's name and mailing address ALEXIS, KYLAH 98A MALLETS BAY AVENUE WINOOSKI VT 05403 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$418.42</td> </tr> </table>	Total claim	\$418.42	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$418.42</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$418.42	Nonpriority amount	\$0.00
Total claim										
\$418.42										
Priority amount										
\$418.42										
Nonpriority amount										
\$0.00										

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2.111.	Priority creditor's name and mailing address ALEXIS-BRASWELL, WOODLYNE D 8618 WISSAHICKON AVE PHILADELPHIA PA 19128 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,451.51</td> </tr> </table>	Total claim	\$1,451.51	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,451.51</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,451.51	Nonpriority amount	\$0.00
Total claim										
\$1,451.51										
Priority amount										
\$1,451.51										
Nonpriority amount										
\$0.00										
2.112.	Priority creditor's name and mailing address ALFARO, JAQUELINE M 14975 E 50TH PLACE DENVER CO 80239 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$176.04</td> </tr> </table>	Total claim	\$176.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$176.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$176.04	Nonpriority amount	\$0.00
Total claim										
\$176.04										
Priority amount										
\$176.04										
Nonpriority amount										
\$0.00										
2.113.	Priority creditor's name and mailing address ALFARO, STEFFANE V 11026 TIARA ST NORTH HOLLYWOOD CA 91601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$72.60</td> </tr> </table>	Total claim	\$72.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$72.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$72.60	Nonpriority amount	\$0.00
Total claim										
\$72.60										
Priority amount										
\$72.60										
Nonpriority amount										
\$0.00										

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2.114.	Priority creditor's name and mailing address ALFORD, GINA M 2011 INVERTON RD DUNDALK MD 21222 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,459.87</td> </tr> </table>	Total claim	\$2,459.87	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,459.87</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,459.87	Nonpriority amount	\$0.00
Total claim										
\$2,459.87										
Priority amount										
\$2,459.87										
Nonpriority amount										
\$0.00										
2.115.	Priority creditor's name and mailing address ALI, BAHIA 2609 DALITY DR RALEIGH NC 27604 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$64.89</td> </tr> </table>	Total claim	\$64.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$64.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$64.89	Nonpriority amount	\$0.00
Total claim										
\$64.89										
Priority amount										
\$64.89										
Nonpriority amount										
\$0.00										
2.116.	Priority creditor's name and mailing address ALIC, LEJLA 9322 LONGHORN CT FAIRDALE KY 40118 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$304.58</td> </tr> </table>	Total claim	\$304.58	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$304.58</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$304.58	Nonpriority amount	\$0.00
Total claim										
\$304.58										
Priority amount										
\$304.58										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.117.	Priority creditor's name and mailing address AL-IEDANI, DINA 1200 E OLD SETTLERS BLVD. 1018 ROUND ROCK TX 78864 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$88.56</td></tr></table>	Total claim	\$88.56	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$88.56</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$88.56	Nonpriority amount	\$0.00
Total claim										
\$88.56										
Priority amount										
\$88.56										
Nonpriority amount										
\$0.00										
2.118.	Priority creditor's name and mailing address ALINDA, MYKELA A 21819 E 141ST ST S COWETA OK 74429 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$94.53</td></tr></table>	Total claim	\$94.53	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$94.53</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$94.53	Nonpriority amount	\$0.00
Total claim										
\$94.53										
Priority amount										
\$94.53										
Nonpriority amount										
\$0.00										
2.119.	Priority creditor's name and mailing address ALIP, CHARISSE 1727 SCOTT RD APT M BURBANK CA 91504 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$233.76</td></tr></table>	Total claim	\$233.76	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$233.76</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$233.76	Nonpriority amount	\$0.00
Total claim										
\$233.76										
Priority amount										
\$233.76										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.120.	Priority creditor's name and mailing address ALLAH, KANDACE 2937 FREDRICK DOUGLAS BLVD APT 260 NEW YORK NY 10039 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$265.50</td></tr></table>	Total claim	\$265.50	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$265.50</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$265.50	Nonpriority amount	\$0.00
Total claim										
\$265.50										
Priority amount										
\$265.50										
Nonpriority amount										
\$0.00										
2.121.	Priority creditor's name and mailing address ALLAIRE, CHRISTINA R 714 OVERBROOK DRIVE FORT WALTON BEACH FL 32547 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$101.94</td></tr></table>	Total claim	\$101.94	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$101.94</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$101.94	Nonpriority amount	\$0.00
Total claim										
\$101.94										
Priority amount										
\$101.94										
Nonpriority amount										
\$0.00										
2.122.	Priority creditor's name and mailing address ALLARD, KACEE J 5205 WEST THUNDERBIRD ROAD APARTMENT 2216 GLENDALE AZ 85306 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$78.32</td></tr></table>	Total claim	\$78.32	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$78.32</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$78.32	Nonpriority amount	\$0.00
Total claim										
\$78.32										
Priority amount										
\$78.32										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.123.	Priority creditor's name and mailing address ALLARD, KAYLA M 94 GLEN RD BURLINGTON VT 05401-4134 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$116.42</td> </tr> </table>	Total claim	\$116.42	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$116.42</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$116.42	Nonpriority amount	\$0.00
Total claim										
\$116.42										
Priority amount										
\$116.42										
Nonpriority amount										
\$0.00										
2.124.	Priority creditor's name and mailing address ALLEN, ALEXA I 2300 REBSAMEN PARK RD E317 LITTLE ROCK AR 72202 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,163.44</td> </tr> </table>	Total claim	\$1,163.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,163.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,163.44	Nonpriority amount	\$0.00
Total claim										
\$1,163.44										
Priority amount										
\$1,163.44										
Nonpriority amount										
\$0.00										
2.125.	Priority creditor's name and mailing address ALLEN, BRITTNEY A 7575 EL CAJON BLVD APT10 LA MESA CA 91942 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$139.80</td> </tr> </table>	Total claim	\$139.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$139.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$139.80	Nonpriority amount	\$0.00
Total claim										
\$139.80										
Priority amount										
\$139.80										
Nonpriority amount										
\$0.00										

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2.126.	Priority creditor's name and mailing address ALLEN, JASMINE S 8401 MEMORIAL LN. APT 7338 PLANO TX 75024	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$110.55	Priority amount \$110.55
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.127.	Priority creditor's name and mailing address ALLEN, MEGAN 1815 WATERS EDGE DRIVE TOMS RIVER NJ 08753	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$1,242.90	Priority amount \$1,242.90
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.128.	Priority creditor's name and mailing address ALLEN, MEGAN N 616 S FAIRVIEW AVE LANSING MI 48912	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$2,849.99	Priority amount \$2,849.99
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.129.	Priority creditor's name and mailing address ALLEN, RHEAGAN L 2525 SHILOH ROAD LOT 290 TYLER TX 75703 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$149.20</td> </tr> </table>	Total claim	\$149.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$149.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$149.20	Nonpriority amount	\$0.00
Total claim										
\$149.20										
Priority amount										
\$149.20										
Nonpriority amount										
\$0.00										
2.130.	Priority creditor's name and mailing address ALLEN, SYMONE 408 S MAIN ST. 3 BEEBE AR 72012 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$416.48</td> </tr> </table>	Total claim	\$416.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$416.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$416.48	Nonpriority amount	\$0.00
Total claim										
\$416.48										
Priority amount										
\$416.48										
Nonpriority amount										
\$0.00										
2.131.	Priority creditor's name and mailing address ALLEN, TYLER A 11212 WESTPARK DR #623 HOUSTON TX 77042 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$182.08</td> </tr> </table>	Total claim	\$182.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$182.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$182.08	Nonpriority amount	\$0.00
Total claim										
\$182.08										
Priority amount										
\$182.08										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.132.	Priority creditor's name and mailing address ALLESHOUSE, LEIGHA R 270 COUNTY ROUTE 52 GREENWICH NY 12834 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$207.94</td> </tr> </table>	Total claim	\$207.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$207.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$207.94	Nonpriority amount	\$0.00
Total claim										
\$207.94										
Priority amount										
\$207.94										
Nonpriority amount										
\$0.00										
2.133.	Priority creditor's name and mailing address ALLEY, JAYDEN 3312 COLLEGE AVE TERRE HAUTE IN 47803 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$105.42</td> </tr> </table>	Total claim	\$105.42	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$105.42</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$105.42	Nonpriority amount	\$0.00
Total claim										
\$105.42										
Priority amount										
\$105.42										
Nonpriority amount										
\$0.00										
2.134.	Priority creditor's name and mailing address ALLICK, KNIYAH M 1889 S KIRKMAN RD 621 ORLANDO FL 32811 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$136.00</td> </tr> </table>	Total claim	\$136.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$136.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$136.00	Nonpriority amount	\$0.00
Total claim										
\$136.00										
Priority amount										
\$136.00										
Nonpriority amount										
\$0.00										

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2.135.	Priority creditor's name and mailing address ALLIN, ALEXANDRA C 4313 E GREENWAY PHOENIX AZ 85032 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$3,114.18</td></tr></table>	Total claim	\$3,114.18	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$3,114.18</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$3,114.18	Nonpriority amount	\$0.00
Total claim										
\$3,114.18										
Priority amount										
\$3,114.18										
Nonpriority amount										
\$0.00										
2.136.	Priority creditor's name and mailing address ALLISON, KIMBERLY C 903 VINE STREET DALLAS CENTER IA 50063 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$2,952.14</td></tr></table>	Total claim	\$2,952.14	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$2,952.14</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$2,952.14	Nonpriority amount	\$0.00
Total claim										
\$2,952.14										
Priority amount										
\$2,952.14										
Nonpriority amount										
\$0.00										
2.137.	Priority creditor's name and mailing address ALLOTEY, ALELEAH N 1727 NE ROSA PARKS WAY PORTLAND OR 97211 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$213.57</td></tr></table>	Total claim	\$213.57	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$213.57</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$213.57	Nonpriority amount	\$0.00
Total claim										
\$213.57										
Priority amount										
\$213.57										
Nonpriority amount										
\$0.00										

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2.138.	Priority creditor's name and mailing address ALLRED, SOPHIE M 7702 CALLE DE ALCALDE PINE VALLEY CA 91962-1382	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$224.88	Priority amount \$224.88
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.139.	Priority creditor's name and mailing address ALLY, SALINA 282 PARAMARIBO ST PUNTA GORDA FL 33983-5853	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$300.44	Priority amount \$300.44
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.140.	Priority creditor's name and mailing address ALMAGER, RAY GREGORY O 519 KEELER ST. SPUR TX 79370	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$3,009.27	Priority amount \$3,009.27
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.141.	Priority creditor's name and mailing address ALMAGUER, ESTREA V 4398 E. 94TH PL THORNTON CO 80229 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$158.07</td> </tr> </table>	Total claim	\$158.07	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$158.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$158.07	Nonpriority amount	\$0.00
Total claim										
\$158.07										
Priority amount										
\$158.07										
Nonpriority amount										
\$0.00										
2.142.	Priority creditor's name and mailing address ALMANZA, DANIELA 3282 SENTINEL CIR LAWRENCEVILLE GA 30043 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$621.08</td> </tr> </table>	Total claim	\$621.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$621.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$621.08	Nonpriority amount	\$0.00
Total claim										
\$621.08										
Priority amount										
\$621.08										
Nonpriority amount										
\$0.00										
2.143.	Priority creditor's name and mailing address ALMANZA, JACQUELINE L 3444 E SANTA FE LN GILBERT AZ 85297 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$66.00</td> </tr> </table>	Total claim	\$66.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$66.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$66.00	Nonpriority amount	\$0.00
Total claim										
\$66.00										
Priority amount										
\$66.00										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.144.	Priority creditor's name and mailing address ALMANZA, MARICELA D 723 WATSON ST AURORA IL 60505-5245 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,610.52</td> </tr> </table>	Total claim	\$1,610.52	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,610.52</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,610.52	Nonpriority amount	\$0.00
Total claim										
\$1,610.52										
Priority amount										
\$1,610.52										
Nonpriority amount										
\$0.00										
2.145.	Priority creditor's name and mailing address ALMANZA, SANTANA M 4466 LARK AVE. SAN ANTONIO TX 78228-6007 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,187.59</td> </tr> </table>	Total claim	\$2,187.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,187.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,187.59	Nonpriority amount	\$0.00
Total claim										
\$2,187.59										
Priority amount										
\$2,187.59										
Nonpriority amount										
\$0.00										
2.146.	Priority creditor's name and mailing address ALMANZAR, BRIANNA M 1312 BURKEDALE DR. PORT LAVACA TX 77979 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$507.26</td> </tr> </table>	Total claim	\$507.26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$507.26</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$507.26	Nonpriority amount	\$0.00
Total claim										
\$507.26										
Priority amount										
\$507.26										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.147.	Priority creditor's name and mailing address ALMEIDA, ALEXANDRIA 232 BROAD STREET APT 2 BRIDGEWATER MA 02324	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$249.84	Priority amount \$249.84
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.148.	Priority creditor's name and mailing address ALMEIDA, ISABELLA C 9119 ORCHID SHADE DR. EL DORADO HILLS CA 95762	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$179.76	Priority amount \$179.76
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.149.	Priority creditor's name and mailing address ALMENDARES, NICOLE R 510 BLUE SAGE PL. SIMPSONVILLE SC 29680	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$284.95	Priority amount \$284.95
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.150.	Priority creditor's name and mailing address ALMODOVAR, SERENA N 1564 ARBORWOOD CIRCLE ROMEOVILLE IL 60446 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$40.43</td> </tr> </table>	Total claim	\$40.43	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$40.43</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$40.43	Nonpriority amount	\$0.00
Total claim										
\$40.43										
Priority amount										
\$40.43										
Nonpriority amount										
\$0.00										
2.151.	Priority creditor's name and mailing address ALNASER, MELISSA M 1037 E 12 MILE RD MADISON HEIGHTS MI 48071 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$660.47</td> </tr> </table>	Total claim	\$660.47	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$660.47</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$660.47	Nonpriority amount	\$0.00
Total claim										
\$660.47										
Priority amount										
\$660.47										
Nonpriority amount										
\$0.00										
2.152.	Priority creditor's name and mailing address ALOMAR, DEEMA O 2440 JEAN MARIE ST CORONA CA 92882 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$184.56</td> </tr> </table>	Total claim	\$184.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$184.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$184.56	Nonpriority amount	\$0.00
Total claim										
\$184.56										
Priority amount										
\$184.56										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.153.	Priority creditor's name and mailing address ALONSO, MAITE 8221 JESUS BAZAN ST. MONTE ALTO TX 78538 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$99.68</td></tr></table>	Total claim	\$99.68	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$99.68</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$99.68	Nonpriority amount	\$0.00
Total claim										
\$99.68										
Priority amount										
\$99.68										
Nonpriority amount										
\$0.00										
2.154.	Priority creditor's name and mailing address ALONZO, ALEXIA 888 NW 25TH AVE MIAMI FL 33125 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$211.23</td></tr></table>	Total claim	\$211.23	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$211.23</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$211.23	Nonpriority amount	\$0.00
Total claim										
\$211.23										
Priority amount										
\$211.23										
Nonpriority amount										
\$0.00										
2.155.	Priority creditor's name and mailing address ALSTON, ZAQUEALA 1600 EAST WASHINGTON BLVD FORT WAYNE IN 46803 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$64.32</td></tr></table>	Total claim	\$64.32	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$64.32</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$64.32	Nonpriority amount	\$0.00
Total claim										
\$64.32										
Priority amount										
\$64.32										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.156.	Priority creditor's name and mailing address ALTAMIRANO, EDITH 7905 FLORENCE ST LAMONT CA 93241	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$187.80	Priority amount \$187.80
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.157.	Priority creditor's name and mailing address ALTIERI, BRENDA 4224 S 76TH AVE PHOENIX AZ 85043	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$138.05	Priority amount \$138.05
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.158.	Priority creditor's name and mailing address ALTIMEMY, MARWA 10005 ROCKWELL TERRACE OKLAHOMA CITY OK 73162	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$138.69	Priority amount \$138.69
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.159.	Priority creditor's name and mailing address ALTOMONTE, ALEXIS M 6 GRENOBLE CT MATAWAN NJ 07747 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$880.26</td> </tr> </table>	Total claim	\$880.26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$880.26</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$880.26	Nonpriority amount	\$0.00
Total claim										
\$880.26										
Priority amount										
\$880.26										
Nonpriority amount										
\$0.00										
2.160.	Priority creditor's name and mailing address ALVA, CLARISSA N 116 MEADOW DRIVE CONVERSE TX 78109 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$214.40</td> </tr> </table>	Total claim	\$214.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$214.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$214.40	Nonpriority amount	\$0.00
Total claim										
\$214.40										
Priority amount										
\$214.40										
Nonpriority amount										
\$0.00										
2.161.	Priority creditor's name and mailing address ALVARADO, ABI P 5281 BERKSHIRE CT APT 9 STEPHENS CITY VA 22655 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$740.91</td> </tr> </table>	Total claim	\$740.91	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$740.91</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$740.91	Nonpriority amount	\$0.00
Total claim										
\$740.91										
Priority amount										
\$740.91										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.162.	Priority creditor's name and mailing address ALVARADO, ASHLEY 8759 W. STATE AVE GLENDALE AZ 85305 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$139.04</td> </tr> </table>	Total claim	\$139.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$139.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$139.04	Nonpriority amount	\$0.00
Total claim										
\$139.04										
Priority amount										
\$139.04										
Nonpriority amount										
\$0.00										
2.163.	Priority creditor's name and mailing address ALVARADO, CASSANDRA M 2520 W WHITENDALE AVE VISALIA CA 93277 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$666.54</td> </tr> </table>	Total claim	\$666.54	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$666.54</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$666.54	Nonpriority amount	\$0.00
Total claim										
\$666.54										
Priority amount										
\$666.54										
Nonpriority amount										
\$0.00										
2.164.	Priority creditor's name and mailing address ALVARADO, DAIANNY 1745 WELLS RD. 124 ORANGE PARK FL 32073 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$188.49</td> </tr> </table>	Total claim	\$188.49	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$188.49</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$188.49	Nonpriority amount	\$0.00
Total claim										
\$188.49										
Priority amount										
\$188.49										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.165.	Priority creditor's name and mailing address ALVARADO, JACQUELINE 2310 W 29TH PL LOS ANGELES CA 90018 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$234.27</td></tr></table>	Total claim	\$234.27	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$234.27</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$234.27	Nonpriority amount	\$0.00
Total claim										
\$234.27										
Priority amount										
\$234.27										
Nonpriority amount										
\$0.00										
2.166.	Priority creditor's name and mailing address ALVARADO, KARLY 35 CHESTNUTHILL AVE CRANSTON RI 02920 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$93.24</td></tr></table>	Total claim	\$93.24	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$93.24</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$93.24	Nonpriority amount	\$0.00
Total claim										
\$93.24										
Priority amount										
\$93.24										
Nonpriority amount										
\$0.00										
2.167.	Priority creditor's name and mailing address ALVARADO, MONTSEERRAT 31600 126TH AVE SE SPC 120 AUBURN WA 98092 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$133.08</td></tr></table>	Total claim	\$133.08	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$133.08</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$133.08	Nonpriority amount	\$0.00
Total claim										
\$133.08										
Priority amount										
\$133.08										
Nonpriority amount										
\$0.00										

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2.168.	Priority creditor's name and mailing address ALVARADO, SARAI 436 BROOKSHIRE DR COLUMBIA SC 29210 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$177.06</td> </tr> </table>	Total claim	\$177.06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$177.06</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$177.06	Nonpriority amount	\$0.00
Total claim										
\$177.06										
Priority amount										
\$177.06										
Nonpriority amount										
\$0.00										
2.169.	Priority creditor's name and mailing address ALVARADO, YARELI 5972 PEDRICK ROAD DIXON CA 95620 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$423.48</td> </tr> </table>	Total claim	\$423.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$423.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$423.48	Nonpriority amount	\$0.00
Total claim										
\$423.48										
Priority amount										
\$423.48										
Nonpriority amount										
\$0.00										
2.170.	Priority creditor's name and mailing address ALVARENGA, GABRIELA Y 14593 EARLHAM CT WOODBRIDGE VA 22193 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$72.75</td> </tr> </table>	Total claim	\$72.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$72.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$72.75	Nonpriority amount	\$0.00
Total claim										
\$72.75										
Priority amount										
\$72.75										
Nonpriority amount										
\$0.00										

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2.171.	Priority creditor's name and mailing address ALVAREZ, CAITLIN 8451 MEADOW WING CIRCLE COLORADO SPRINGS CO 80927 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$25.22</td> </tr> </table>	Total claim	\$25.22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$25.22</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$25.22	Nonpriority amount	\$0.00
Total claim										
\$25.22										
Priority amount										
\$25.22										
Nonpriority amount										
\$0.00										
2.172.	Priority creditor's name and mailing address ALVAREZ, DIOSELIN 9195 PORTLAND RD NE 7 SALEM OR 97305 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$424.58</td> </tr> </table>	Total claim	\$424.58	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$424.58</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$424.58	Nonpriority amount	\$0.00
Total claim										
\$424.58										
Priority amount										
\$424.58										
Nonpriority amount										
\$0.00										
2.173.	Priority creditor's name and mailing address ALVAREZ, FATIMA 1741 CONCORD DR MARIETTA GA 30060 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$196.47</td> </tr> </table>	Total claim	\$196.47	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$196.47</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$196.47	Nonpriority amount	\$0.00
Total claim										
\$196.47										
Priority amount										
\$196.47										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.174.	Priority creditor's name and mailing address ALVAREZ, JACKELINE 6619 HUNTSMAN BLVD SPRINGFIELD VA 22152 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$132.52</td> </tr> </table>	Total claim	\$132.52	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$132.52</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$132.52	Nonpriority amount	\$0.00
Total claim										
\$132.52										
Priority amount										
\$132.52										
Nonpriority amount										
\$0.00										
2.175.	Priority creditor's name and mailing address ALVAREZ, JEZAIDA 919 SE MLK JR BLVD STUART FL 34994 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$171.48</td> </tr> </table>	Total claim	\$171.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$171.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$171.48	Nonpriority amount	\$0.00
Total claim										
\$171.48										
Priority amount										
\$171.48										
Nonpriority amount										
\$0.00										
2.176.	Priority creditor's name and mailing address ALVAREZ, JULIA 320 FRANCISCAN CT APT. #17 FREMONT CA 94539 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$137.40</td> </tr> </table>	Total claim	\$137.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$137.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$137.40	Nonpriority amount	\$0.00
Total claim										
\$137.40										
Priority amount										
\$137.40										
Nonpriority amount										
\$0.00										

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2.177.	Priority creditor's name and mailing address ALVAREZ, KELLY S 9 CANTON ST PROVIDENCE RI 02908 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$83.95</td> </tr> </table>	Total claim	\$83.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$83.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$83.95	Nonpriority amount	\$0.00
Total claim										
\$83.95										
Priority amount										
\$83.95										
Nonpriority amount										
\$0.00										
2.178.	Priority creditor's name and mailing address ALVAREZ, MIREYA 5612 RYEGRASS DR ROCKFORD IL 61102 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$124.25</td> </tr> </table>	Total claim	\$124.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$124.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$124.25	Nonpriority amount	\$0.00
Total claim										
\$124.25										
Priority amount										
\$124.25										
Nonpriority amount										
\$0.00										
2.179.	Priority creditor's name and mailing address ALVAREZ, NANCY I 1441 DETROIT AVE 242 CONCORD CA 94520 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$459.14</td> </tr> </table>	Total claim	\$459.14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$459.14</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$459.14	Nonpriority amount	\$0.00
Total claim										
\$459.14										
Priority amount										
\$459.14										
Nonpriority amount										
\$0.00										

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2.180.	Priority creditor's name and mailing address ALVAREZ, VALERIA 19 EVERETT ST. 2 EAST BOSTON MA 02128 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$380.70</td></tr></table>	Total claim	\$380.70	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$380.70</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$380.70	Nonpriority amount	\$0.00
Total claim										
\$380.70										
Priority amount										
\$380.70										
Nonpriority amount										
\$0.00										
2.181.	Priority creditor's name and mailing address ALVELO, EMILY G 1126 WILLOW AVENUE HOBOKEN NJ 07030 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$447.35</td></tr></table>	Total claim	\$447.35	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$447.35</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$447.35	Nonpriority amount	\$0.00
Total claim										
\$447.35										
Priority amount										
\$447.35										
Nonpriority amount										
\$0.00										
2.182.	Priority creditor's name and mailing address AMANDA, TIFFANY 75 RAINTREE LANE ORMOND BEACH FL 32174 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$189.51</td></tr></table>	Total claim	\$189.51	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$189.51</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$189.51	Nonpriority amount	\$0.00
Total claim										
\$189.51										
Priority amount										
\$189.51										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.183.	Priority creditor's name and mailing address AMARAL, JENNA M 28 TANGLEWOOD DR NEW BEDFORD MA 02740 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$263.76</td> </tr> </table>	Total claim	\$263.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$263.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$263.76	Nonpriority amount	\$0.00
Total claim										
\$263.76										
Priority amount										
\$263.76										
Nonpriority amount										
\$0.00										
2.184.	Priority creditor's name and mailing address AMATO, ADDISON 3405 W LONE CACTUS DR. PHOENIX AZ 85027 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$496.87</td> </tr> </table>	Total claim	\$496.87	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$496.87</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$496.87	Nonpriority amount	\$0.00
Total claim										
\$496.87										
Priority amount										
\$496.87										
Nonpriority amount										
\$0.00										
2.185.	Priority creditor's name and mailing address AMAYA, RIVAS ELIZABETH 1650 WEST CHESTER PIKE APT M-H M-H 2 WEST CHESTER PA 19465 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$398.56</td> </tr> </table>	Total claim	\$398.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$398.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$398.56	Nonpriority amount	\$0.00
Total claim										
\$398.56										
Priority amount										
\$398.56										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.186.	Priority creditor's name and mailing address AMBRIS, DAISY M 3516 CHAPS RANCH AVE NORTH LAS VEGAS NV 89031 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$203.53</td> </tr> </table>	Total claim	\$203.53	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$203.53</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$203.53	Nonpriority amount	\$0.00
Total claim										
\$203.53										
Priority amount										
\$203.53										
Nonpriority amount										
\$0.00										
2.187.	Priority creditor's name and mailing address AMBRIZ, PAULINA E 4143 N PERSHING AVENUE STOCKTON CA 95207 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$138.60</td> </tr> </table>	Total claim	\$138.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$138.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$138.60	Nonpriority amount	\$0.00
Total claim										
\$138.60										
Priority amount										
\$138.60										
Nonpriority amount										
\$0.00										
2.188.	Priority creditor's name and mailing address AMBRIZ, YADIRA 3909 ALMEDA GENOA HOUSTON TX 77047 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$296.40</td> </tr> </table>	Total claim	\$296.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$296.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$296.40	Nonpriority amount	\$0.00
Total claim										
\$296.40										
Priority amount										
\$296.40										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.189.	Priority creditor's name and mailing address AMERICA, SADE 6031 LANCELOT LN SE SMYRNA GA 30080-5766 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,389.14</td> <td>\$2,389.14</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Total claim	Priority amount	\$2,389.14	\$2,389.14	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$2,389.14	\$2,389.14								
Nonpriority amount									
\$0.00									
2.190.	Priority creditor's name and mailing address AMES, ABIGAIL A 325 COLLINWOOD LOOP FOLEY AL 36535 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$762.36</td> <td>\$762.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Total claim	Priority amount	\$762.36	\$762.36	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$762.36	\$762.36								
Nonpriority amount									
\$0.00									
2.191.	Priority creditor's name and mailing address AMES, CONSUELO 29311 KICKAPOO MEADOWS LN WALLER TX 77484 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$248.82</td> <td>\$248.82</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Total claim	Priority amount	\$248.82	\$248.82	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$248.82	\$248.82								
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.192.	Priority creditor's name and mailing address AMESQUITA, ELIZABETH 5350 N. NOTTINGHAM AVE. CHICAGO IL 60656 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$160.95</td> </tr> </table>	Total claim	\$160.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$160.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$160.95	Nonpriority amount	\$0.00
Total claim										
\$160.95										
Priority amount										
\$160.95										
Nonpriority amount										
\$0.00										
2.193.	Priority creditor's name and mailing address AMMONS, JENNA L 38270 SE COUPLAND RD ESTACADA OR 97023 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$192.12</td> </tr> </table>	Total claim	\$192.12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$192.12</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$192.12	Nonpriority amount	\$0.00
Total claim										
\$192.12										
Priority amount										
\$192.12										
Nonpriority amount										
\$0.00										
2.194.	Priority creditor's name and mailing address AMRULLAH, MALIYAH J 5012 BIRKENHEAD RD JACKSONVILLE FL 32210 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$108.88</td> </tr> </table>	Total claim	\$108.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$108.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$108.88	Nonpriority amount	\$0.00
Total claim										
\$108.88										
Priority amount										
\$108.88										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.195.	Priority creditor's name and mailing address AMTHOR, LAEL D 302 RED BUD CIRCLE BRUCEVILLE TX 76630 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$121.67</td> </tr> </table>	Total claim	\$121.67	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$121.67</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$121.67	Nonpriority amount	\$0.00
Total claim										
\$121.67										
Priority amount										
\$121.67										
Nonpriority amount										
\$0.00										
2.196.	Priority creditor's name and mailing address AN, SAMMARY 730 BEDLOW DR STOCKTON CA 95210 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$257.40</td> </tr> </table>	Total claim	\$257.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$257.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$257.40	Nonpriority amount	\$0.00
Total claim										
\$257.40										
Priority amount										
\$257.40										
Nonpriority amount										
\$0.00										
2.197.	Priority creditor's name and mailing address ANANG, MICHAELA I 15317 WILFORD WAY EDMOND OK 73013 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$47.63</td> </tr> </table>	Total claim	\$47.63	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$47.63</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$47.63	Nonpriority amount	\$0.00
Total claim										
\$47.63										
Priority amount										
\$47.63										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.198.	Priority creditor's name and mailing address ANAYA, BEATRIZ 12524 S TRUMBULL AVE ALSIP IL 60803 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$268.51</td></tr></table>	Total claim	\$268.51	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$268.51</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$268.51	Nonpriority amount	\$0.00
Total claim										
\$268.51										
Priority amount										
\$268.51										
Nonpriority amount										
\$0.00										
2.199.	Priority creditor's name and mailing address ANDERSEN, STEPHANIE L 3842 E 127TH LN THORNTON CO 80241 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$533.65</td></tr></table>	Total claim	\$533.65	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$533.65</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$533.65	Nonpriority amount	\$0.00
Total claim										
\$533.65										
Priority amount										
\$533.65										
Nonpriority amount										
\$0.00										
2.200.	Priority creditor's name and mailing address ANDERSON, ALECIA 1455 WASHINGTON BLVD 405 STAMFORD CT 06902 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$121.91</td></tr></table>	Total claim	\$121.91	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$121.91</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$121.91	Nonpriority amount	\$0.00
Total claim										
\$121.91										
Priority amount										
\$121.91										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.201.	Priority creditor's name and mailing address ANDERSON, ASHLEY M 54 9TH AVENUE D HUDSON FALLS NY 12839 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$387.84</td> </tr> </table>	Total claim	\$387.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$387.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$387.84	Nonpriority amount	\$0.00
Total claim										
\$387.84										
Priority amount										
\$387.84										
Nonpriority amount										
\$0.00										
2.202.	Priority creditor's name and mailing address ANDERSON, CHARITY V 2491 ELIZABETH PIKE MINERAL WELLS WV 26150 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$35.18</td> </tr> </table>	Total claim	\$35.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$35.18</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$35.18	Nonpriority amount	\$0.00
Total claim										
\$35.18										
Priority amount										
\$35.18										
Nonpriority amount										
\$0.00										
2.203.	Priority creditor's name and mailing address ANDERSON, DARA A 1147 SOUTHVIEW DR APT 201 201 OXON HILL MD 20745 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$94.07</td> </tr> </table>	Total claim	\$94.07	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$94.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$94.07	Nonpriority amount	\$0.00
Total claim										
\$94.07										
Priority amount										
\$94.07										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.204.	Priority creditor's name and mailing address ANDERSON, DEANNA G 4948 AVENUE A RAPID CITY SD 57701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$298.39</td> </tr> </table>	Total claim	\$298.39	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$298.39</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$298.39	Nonpriority amount	\$0.00
Total claim										
\$298.39										
Priority amount										
\$298.39										
Nonpriority amount										
\$0.00										
2.205.	Priority creditor's name and mailing address ANDERSON, DENISE 541 BRIDLE RIDGE 204 RALEIGH NC 27609 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$76.86</td> </tr> </table>	Total claim	\$76.86	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$76.86</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$76.86	Nonpriority amount	\$0.00
Total claim										
\$76.86										
Priority amount										
\$76.86										
Nonpriority amount										
\$0.00										
2.206.	Priority creditor's name and mailing address ANDERSON, DESTINY U 521 ROWDY DR ROYCE CITY TX 75189 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$219.99</td> </tr> </table>	Total claim	\$219.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$219.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$219.99	Nonpriority amount	\$0.00
Total claim										
\$219.99										
Priority amount										
\$219.99										
Nonpriority amount										
\$0.00										

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2.207.	Priority creditor's name and mailing address ANDERSON, JADA 302 CORDELIA WAY FLORENCE AL 35633 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td>\$124.70</td> </tr> </table>	Total claim	\$124.70	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td>\$124.70</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$124.70	Nonpriority amount	\$0.00
Total claim										
\$124.70										
Priority amount										
\$124.70										
Nonpriority amount										
\$0.00										
2.208.	Priority creditor's name and mailing address ANDERSON, JAYME L 5584 HARDY AVE 107 SAN DIEGO CA 92115 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td>\$51.84</td> </tr> </table>	Total claim	\$51.84	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td>\$51.84</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$51.84	Nonpriority amount	\$0.00
Total claim										
\$51.84										
Priority amount										
\$51.84										
Nonpriority amount										
\$0.00										
2.209.	Priority creditor's name and mailing address ANDERSON, JORDAN A 17350 MAX RD PEYTON CO 80831 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td>\$265.29</td> </tr> </table>	Total claim	\$265.29	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td>\$265.29</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$265.29	Nonpriority amount	\$0.00
Total claim										
\$265.29										
Priority amount										
\$265.29										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.210.	Priority creditor's name and mailing address ANDERSON, LAUREN 810 N ANDALUSIA WAY MOUNTAIN HOUSE CA 95391	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$575.86	Priority amount \$575.86
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.211.	Priority creditor's name and mailing address ANDERSON, LISA L 2007 BLOSSOM VALLEY CT MT JULIET TN 37122	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$754.85	Priority amount \$754.85
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.212.	Priority creditor's name and mailing address ANDERSON, MADISON L 11302 MERCEDES REDFORD MI 48239	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$399.33	Priority amount \$399.33
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.213.	Priority creditor's name and mailing address ANDERSON, MEGHAN L 100 VIA ROYALE APT 109 JUPITER FL 33458	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$8,045.05	Priority amount \$8,045.05
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.214.	Priority creditor's name and mailing address ANDERSON, MORGAN 255 HONEYSUCKLE CIRCLE APT 1007 LAWRENCEVILLE GA 30046	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$37.60	Priority amount \$37.60
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.215.	Priority creditor's name and mailing address ANDERSON, SHAYLA 717 EAST MARIETTA AVE PEORIA HEIGHTS IL 61616	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$31.35	Priority amount \$31.35
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.216.	Priority creditor's name and mailing address ANDRADE, DEJA S 20 WESTMINSTER STREET L1 BOSTON MA 02136 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$54.24</td> </tr> </table>	Total claim	\$54.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$54.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$54.24	Nonpriority amount	\$0.00
Total claim										
\$54.24										
Priority amount										
\$54.24										
Nonpriority amount										
\$0.00										
2.217.	Priority creditor's name and mailing address ANDRADE, IMELDA M 1867 HACIENDA AVE LAS VEGAS NV 89119 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$453.92</td> </tr> </table>	Total claim	\$453.92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$453.92</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$453.92	Nonpriority amount	\$0.00
Total claim										
\$453.92										
Priority amount										
\$453.92										
Nonpriority amount										
\$0.00										
2.218.	Priority creditor's name and mailing address ANDRADE, ISABELLA M 12701 N PENNSYLVANIA AVE. 268 N OKLAHOMA CITY OK 73120 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$85.40</td> </tr> </table>	Total claim	\$85.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$85.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$85.40	Nonpriority amount	\$0.00
Total claim										
\$85.40										
Priority amount										
\$85.40										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.219.	Priority creditor's name and mailing address ANDRADE, REYNA 5447 29TH PL SW NAPLES FL 34116 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$1,164.98</td> </tr> </table>	Total claim	\$1,164.98	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$1,164.98</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$1,164.98	Nonpriority amount	\$0.00
Total claim										
\$1,164.98										
Priority amount										
\$1,164.98										
Nonpriority amount										
\$0.00										
2.220.	Priority creditor's name and mailing address ANDRADE, TERESA P 106 SUMNER STREET QUINCY MA 02169 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$195.60</td> </tr> </table>	Total claim	\$195.60	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$195.60</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$195.60	Nonpriority amount	\$0.00
Total claim										
\$195.60										
Priority amount										
\$195.60										
Nonpriority amount										
\$0.00										
2.221.	Priority creditor's name and mailing address ANDRADES, ANYARIS CALLE 39 JARDINES DE CO CAROLINA PR 00983 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$36.61</td> </tr> </table>	Total claim	\$36.61	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$36.61</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$36.61	Nonpriority amount	\$0.00
Total claim										
\$36.61										
Priority amount										
\$36.61										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.222.	Priority creditor's name and mailing address ANDREWS, BRIANA 667 LAKE FOREST LANE P12 NORTON SHORES MI 49441	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$432.04	Priority amount \$432.04
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.223.	Priority creditor's name and mailing address ANDREWS, DIAMOND D 668 RUTLAND ROAD 3B BROOKLYN NY 11203	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$62.55	Priority amount \$62.55
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.224.	Priority creditor's name and mailing address ANDREWS, NATOSHA L 104 GREENGABLE WAY CHESAPEAKE VA 23322	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$2,606.96	Priority amount \$2,606.96
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.225.	Priority creditor's name and mailing address ANDRUS, BRIANNA S 615 BURLINGTON CT EDGEWOOD MD 21040 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$41.11</td> </tr> </table>	Total claim	\$41.11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$41.11</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$41.11	Nonpriority amount	\$0.00
Total claim										
\$41.11										
Priority amount										
\$41.11										
Nonpriority amount										
\$0.00										
2.226.	Priority creditor's name and mailing address ANDUJAR, RIOS KARLA M 15234 HARRINGTON COVE DR ORLANDO FL 32824 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$181.99</td> </tr> </table>	Total claim	\$181.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$181.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$181.99	Nonpriority amount	\$0.00
Total claim										
\$181.99										
Priority amount										
\$181.99										
Nonpriority amount										
\$0.00										
2.227.	Priority creditor's name and mailing address ANGEL, JESSICA L 4195 SYCAMORE DR SAN DIEGO CA 92105 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$338.04</td> </tr> </table>	Total claim	\$338.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$338.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$338.04	Nonpriority amount	\$0.00
Total claim										
\$338.04										
Priority amount										
\$338.04										
Nonpriority amount										
\$0.00										

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2.228.	Priority creditor's name and mailing address ANGELES, JASMINE C 6319 BETSY ROSS CT CENTERVILLE VA 20121 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$88.80</td> </tr> </table>	Total claim	\$88.80	<table border="1" style="width: 100%;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$88.80</td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$88.80	Nonpriority amount	\$0.00
Total claim										
\$88.80										
Priority amount										
\$88.80										
Nonpriority amount										
\$0.00										
2.229.	Priority creditor's name and mailing address ANGUIANO, ANGELICA C 1500 SW PLASS AVE. TOPEKA KS 66604 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,706.39</td> </tr> </table>	Total claim	\$2,706.39	<table border="1" style="width: 100%;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,706.39</td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,706.39	Nonpriority amount	\$0.00
Total claim										
\$2,706.39										
Priority amount										
\$2,706.39										
Nonpriority amount										
\$0.00										
2.230.	Priority creditor's name and mailing address ANGUIANO, JASMINE A 240 E. TRIDENT DR. PITTSBURG CA 94565 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$166.44</td> </tr> </table>	Total claim	\$166.44	<table border="1" style="width: 100%;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$166.44</td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$166.44	Nonpriority amount	\$0.00
Total claim										
\$166.44										
Priority amount										
\$166.44										
Nonpriority amount										
\$0.00										

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2.231.	Priority creditor's name and mailing address ANGUIANO, KARINA 1100 HUNTER DR ELGIN IL 60120 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,724.60</td> </tr> </table>	Total claim	\$3,724.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,724.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$3,724.60	Nonpriority amount	\$0.00
Total claim										
\$3,724.60										
Priority amount										
\$3,724.60										
Nonpriority amount										
\$0.00										
2.232.	Priority creditor's name and mailing address ANGULO, LEXEE RAE 13403 WEST CITRUS COURT LITCHFIELD PARK AZ 85340 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$48.62</td> </tr> </table>	Total claim	\$48.62	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$48.62</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$48.62	Nonpriority amount	\$0.00
Total claim										
\$48.62										
Priority amount										
\$48.62										
Nonpriority amount										
\$0.00										
2.233.	Priority creditor's name and mailing address ANN HARRIS BENNETT TAX ASSESSOR-COLLECTOR PO BOX 4622 HOUSTON TX 77210-4622 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$13,510.04</td> </tr> </table>	Total claim	\$13,510.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$13,510.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$13,510.04	Nonpriority amount	\$0.00
Total claim										
\$13,510.04										
Priority amount										
\$13,510.04										
Nonpriority amount										
\$0.00										

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2.234.	Priority creditor's name and mailing address ANTANTIS, ALYSSA M 921 2ND STREET 15136 MCKEES ROCKS PA 15136 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$59.59</td> </tr> </table>	Total claim	\$59.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$59.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$59.59	Nonpriority amount	\$0.00
Total claim										
\$59.59										
Priority amount										
\$59.59										
Nonpriority amount										
\$0.00										
2.235.	Priority creditor's name and mailing address ANTENOR, ASHLEY 408 KELLER AVENUE ELMONT NY 11003 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$170.04</td> </tr> </table>	Total claim	\$170.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$170.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$170.04	Nonpriority amount	\$0.00
Total claim										
\$170.04										
Priority amount										
\$170.04										
Nonpriority amount										
\$0.00										
2.236.	Priority creditor's name and mailing address ANTHONY, COURTNEY 2932 HUNTER RIDGE DRIVE APT 108 BIRMINGHAM AL 35235 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$371.74</td> </tr> </table>	Total claim	\$371.74	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$371.74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$371.74	Nonpriority amount	\$0.00
Total claim										
\$371.74										
Priority amount										
\$371.74										
Nonpriority amount										
\$0.00										

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2.237.	Priority creditor's name and mailing address ANTONIO, ALEAH V 11011 PALMS BLVD. 201 LOS ANGELES CA 90034 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$190.54</td> </tr> </table>	Total claim	\$190.54	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$190.54</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$190.54	Nonpriority amount	\$0.00
Total claim										
\$190.54										
Priority amount										
\$190.54										
Nonpriority amount										
\$0.00										
2.238.	Priority creditor's name and mailing address ANTONIO, MARISELA 1723 CORINTH AVE APT 4 LOS ANGELES CA 90025-6745 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$180.63</td> </tr> </table>	Total claim	\$180.63	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$180.63</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$180.63	Nonpriority amount	\$0.00
Total claim										
\$180.63										
Priority amount										
\$180.63										
Nonpriority amount										
\$0.00										
2.239.	Priority creditor's name and mailing address ANTONUCCI, KELLY 241 KNICKERBOCKER DR PITTSBURGH PA 15235-4726 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$510.25</td> </tr> </table>	Total claim	\$510.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$510.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$510.25	Nonpriority amount	\$0.00
Total claim										
\$510.25										
Priority amount										
\$510.25										
Nonpriority amount										
\$0.00										

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2.240.	Priority creditor's name and mailing address ANTUNEZ, TORRES JANETH 1711 GESSNER RD APT 92 HOUSTON TX 77080	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$97.92	Priority amount \$97.92
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.241.	Priority creditor's name and mailing address ANTWI, SARAH B 12866 MCCARTHY CIRCLE PHILADELPHIA PA 19154	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$66.30	Priority amount \$66.30
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.242.	Priority creditor's name and mailing address APAIRCIO, ALESSANDRA 88 GEORGE STREET 3R BROOKLYN NY 11206	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$121.05	Priority amount \$121.05
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.243.	Priority creditor's name and mailing address APARICIO, MITZY J 19902 APPLE RIDGE PL MONTGOMERY VILLAGE MD 20886 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$138.01</td> </tr> </table>	Total claim	\$138.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$138.01</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$138.01	Nonpriority amount	\$0.00
Total claim										
\$138.01										
Priority amount										
\$138.01										
Nonpriority amount										
\$0.00										
2.244.	Priority creditor's name and mailing address APEL, SABRINA I 50A MORRIS ST. REVERE MA 02151 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$54.00</td> </tr> </table>	Total claim	\$54.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$54.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$54.00	Nonpriority amount	\$0.00
Total claim										
\$54.00										
Priority amount										
\$54.00										
Nonpriority amount										
\$0.00										
2.245.	Priority creditor's name and mailing address APONTE, MELENY D 39 WILSON ST BRENTWOOD NY 11717 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$572.62</td> </tr> </table>	Total claim	\$572.62	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$572.62</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$572.62	Nonpriority amount	\$0.00
Total claim										
\$572.62										
Priority amount										
\$572.62										
Nonpriority amount										
\$0.00										

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2.246.	Priority creditor's name and mailing address APPLE-VONJAROSCHKAPOHL, TAELO A 1701 E COTATI AVE #99 ROHNERT PARK CA 94928 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$144.24</td> </tr> </table>	Total claim	\$144.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$144.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$144.24	Nonpriority amount	\$0.00
Total claim										
\$144.24										
Priority amount										
\$144.24										
Nonpriority amount										
\$0.00										
2.247.	Priority creditor's name and mailing address APUNA-BOYD, KUUIPO 450 KAAO CIRCLE KAHULUI HI 96732 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$319.77</td> </tr> </table>	Total claim	\$319.77	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$319.77</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$319.77	Nonpriority amount	\$0.00
Total claim										
\$319.77										
Priority amount										
\$319.77										
Nonpriority amount										
\$0.00										
2.248.	Priority creditor's name and mailing address AQUINO, ALICIA M 2103 HARTNELL ST. 2 UNION CITY CA 94587 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$620.14</td> </tr> </table>	Total claim	\$620.14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$620.14</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$620.14	Nonpriority amount	\$0.00
Total claim										
\$620.14										
Priority amount										
\$620.14										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.249.	Priority creditor's name and mailing address AQUINO, BRYANNA 21CLAREMONT ST MALDEN MA 02148 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$823.55</td> </tr> </table>	Total claim	\$823.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$823.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$823.55	Nonpriority amount	\$0.00
Total claim										
\$823.55										
Priority amount										
\$823.55										
Nonpriority amount										
\$0.00										
2.250.	Priority creditor's name and mailing address AQUINO, MONICA M 16995 MALAGA DR MORGAN HILL CA 95037 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$257.55</td> </tr> </table>	Total claim	\$257.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$257.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$257.55	Nonpriority amount	\$0.00
Total claim										
\$257.55										
Priority amount										
\$257.55										
Nonpriority amount										
\$0.00										
2.251.	Priority creditor's name and mailing address ARACIL, CHELSEA C 801 DUTTON ST WINTERS CA 95694-1737 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,865.39</td> </tr> </table>	Total claim	\$2,865.39	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,865.39</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,865.39	Nonpriority amount	\$0.00
Total claim										
\$2,865.39										
Priority amount										
\$2,865.39										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.252.	Priority creditor's name and mailing address ARAGON, CASTELLANOS MAYRANI 127 E 59TH ST 304 MINNEAPOLIS MN 55419 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$600.82</td> </tr> </table>	Total claim	\$600.82	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$600.82</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	Priority amount	\$600.82	Nonpriority amount	\$0.00
Total claim										
\$600.82										
Priority amount										
\$600.82										
Nonpriority amount										
\$0.00										
2.253.	Priority creditor's name and mailing address ARAGON, DEBORAH L 505 AMANDA AVE FOLEY AL 36535 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$39.40</td> </tr> </table>	Total claim	\$39.40	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$39.40</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	Priority amount	\$39.40	Nonpriority amount	\$0.00
Total claim										
\$39.40										
Priority amount										
\$39.40										
Nonpriority amount										
\$0.00										
2.254.	Priority creditor's name and mailing address ARAMKUL, DIVINA 8219 LAUFFER WAY SACRAMENTO CA 95758 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$5,757.28</td> </tr> </table>	Total claim	\$5,757.28	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$5,757.28</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	Priority amount	\$5,757.28	Nonpriority amount	\$0.00
Total claim										
\$5,757.28										
Priority amount										
\$5,757.28										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.255.	Priority creditor's name and mailing address ARANDA, ARLENE A 928 FUCHSIA LANE SAN DIEGO CA 92154 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$89.40</td> </tr> </table>	Total claim	\$89.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$89.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$89.40	Nonpriority amount	\$0.00
Total claim										
\$89.40										
Priority amount										
\$89.40										
Nonpriority amount										
\$0.00										
2.256.	Priority creditor's name and mailing address ARANDA, MELISSA 11724 AQUIFER CT EL PASO TX 79936-1074 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,127.01</td> </tr> </table>	Total claim	\$2,127.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,127.01</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,127.01	Nonpriority amount	\$0.00
Total claim										
\$2,127.01										
Priority amount										
\$2,127.01										
Nonpriority amount										
\$0.00										
2.257.	Priority creditor's name and mailing address ARANDA, STEPHANIE 15411 SUNSET RIDGE DRIVE ORLAND PARK IL 60462 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$304.03</td> </tr> </table>	Total claim	\$304.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$304.03</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$304.03	Nonpriority amount	\$0.00
Total claim										
\$304.03										
Priority amount										
\$304.03										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.258.	Priority creditor's name and mailing address ARAUJO, MERCADO BLANCA L 1750 E 51 ST BROOKLYN NY 11234 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$889.36</td> </tr> </table>	Total claim	\$889.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$889.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$889.36	Nonpriority amount	\$0.00
Total claim										
\$889.36										
Priority amount										
\$889.36										
Nonpriority amount										
\$0.00										
2.259.	Priority creditor's name and mailing address ARCE, ARELI 2102 9TH AVE E BRADENTON FL 34208 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$547.55</td> </tr> </table>	Total claim	\$547.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$547.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$547.55	Nonpriority amount	\$0.00
Total claim										
\$547.55										
Priority amount										
\$547.55										
Nonpriority amount										
\$0.00										
2.260.	Priority creditor's name and mailing address ARCE, NATALIA TIMOTEO 8 33 TOA BAJA PR 00949 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$206.25</td> </tr> </table>	Total claim	\$206.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$206.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$206.25	Nonpriority amount	\$0.00
Total claim										
\$206.25										
Priority amount										
\$206.25										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.261.	Priority creditor's name and mailing address ARCE-LISBOA, DOMINIQUE N 9607 COPPER HARBOR HOUSTON TX 77095 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,118.41</td> </tr> </table>	Total claim	\$1,118.41	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,118.41</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,118.41	Nonpriority amount	\$0.00
Total claim										
\$1,118.41										
Priority amount										
\$1,118.41										
Nonpriority amount										
\$0.00										
2.262.	Priority creditor's name and mailing address ARCELUS, MORALES PAOLA B 7951 ETIWANDA AVE 14106 RANCHO CUCAMONGA CA 91739 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$186.24</td> </tr> </table>	Total claim	\$186.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$186.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$186.24	Nonpriority amount	\$0.00
Total claim										
\$186.24										
Priority amount										
\$186.24										
Nonpriority amount										
\$0.00										
2.263.	Priority creditor's name and mailing address ARCHER, BETHANY E 180 HIMANGO RD ESKO MN 55733 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,090.40</td> </tr> </table>	Total claim	\$2,090.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,090.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,090.40	Nonpriority amount	\$0.00
Total claim										
\$2,090.40										
Priority amount										
\$2,090.40										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.264.	Priority creditor's name and mailing address ARCHER, BRINA J 8708 HURLBUT ST SAN DIEGO CA 92123 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$854.36</td> </tr> </table>	Total claim	\$854.36	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$854.36</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$854.36	Nonpriority amount	\$0.00
Total claim										
\$854.36										
Priority amount										
\$854.36										
Nonpriority amount										
\$0.00										
2.265.	Priority creditor's name and mailing address ARCHER, ELISE 4222 MCWHINNEY BOULEVARD #311 LOVELAND CO 80538 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$91.02</td> </tr> </table>	Total claim	\$91.02	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$91.02</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$91.02	Nonpriority amount	\$0.00
Total claim										
\$91.02										
Priority amount										
\$91.02										
Nonpriority amount										
\$0.00										
2.266.	Priority creditor's name and mailing address ARCHER, HAYLI N 25534 HEMINGWAY AVE UNIT B STEVENSON RANCH CA 91381 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$145.44</td> </tr> </table>	Total claim	\$145.44	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$145.44</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$145.44	Nonpriority amount	\$0.00
Total claim										
\$145.44										
Priority amount										
\$145.44										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.267.	Priority creditor's name and mailing address ARCHUAL, SARAH E 9600 TABERNA LANE OLMSTED TOWNSHIP OH 44138 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$111.32</td></tr></table>	Total claim	\$111.32	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$111.32</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$111.32	Nonpriority amount	\$0.00
Total claim										
\$111.32										
Priority amount										
\$111.32										
Nonpriority amount										
\$0.00										
2.268.	Priority creditor's name and mailing address ARCHULETA, LUCIA D 7089 WAGON RIDGE DR COLORADO SPRINGS CO 80923 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$94.13</td></tr></table>	Total claim	\$94.13	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$94.13</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$94.13	Nonpriority amount	\$0.00
Total claim										
\$94.13										
Priority amount										
\$94.13										
Nonpriority amount										
\$0.00										
2.269.	Priority creditor's name and mailing address ARECHIGA, STEVEN L 41670 ROAD 125 OROSI CA 93647 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$147.00</td></tr></table>	Total claim	\$147.00	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$147.00</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$147.00	Nonpriority amount	\$0.00
Total claim										
\$147.00										
Priority amount										
\$147.00										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.270.	Priority creditor's name and mailing address AREL, ZOE R 132 CHACE ROAD EAST FREETOWN MA 02717	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$325.44	Priority amount \$325.44
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.271.	Priority creditor's name and mailing address ARELLANO, CYNTHIA 457 S MANZANITA CT CANBY OR 97013	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$133.56	Priority amount \$133.56
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.272.	Priority creditor's name and mailing address ARELLANO, JASMINE N 7648 E 121ST AVE CROWN POINT IN 46307	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$110.05	Priority amount \$110.05
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.273.	Priority creditor's name and mailing address ARELLANO, YVETTE M 10467 MOLETTE ST. BELLFLOWER CA 90706	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$739.20	Priority amount \$739.20
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.274.	Priority creditor's name and mailing address ARENAS, CINDY 811 19TH AVE W BRADENTON FL 34205	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$310.81	Priority amount \$310.81
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.275.	Priority creditor's name and mailing address ARENDT, BRITTANY 13096 MESSINA CIRCLE FISHERS IN 46038	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$512.30	Priority amount \$512.30
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.276.	Priority creditor's name and mailing address AREVALO, LEILANI M 10768 SANTA CRUZ RD DESERT HOT SPRINGS CA 92240	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$176.16	Priority amount \$176.16
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.277.	Priority creditor's name and mailing address ARHANGELSKY, SYDNEY E 602 SW CAPRINGTON ST #2 BENTONVILLE AR 72712	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$63.28	Priority amount \$63.28
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.278.	Priority creditor's name and mailing address ARIAS, AMBER G 13344 CLOSE ST WHITTIER CA 90605	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$292.32	Priority amount \$292.32
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.279.	Priority creditor's name and mailing address ARIAS, ANETH M 4 ARMSTRONG ST BRENTWOOD NY 11717 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$95.40</td> </tr> </table>	Total claim	\$95.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$95.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$95.40	Nonpriority amount	\$0.00
Total claim										
\$95.40										
Priority amount										
\$95.40										
Nonpriority amount										
\$0.00										
2.280.	Priority creditor's name and mailing address ARIAS, ARIANNA A 275 CHERYL PL CHULA VISTA CA 91911 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$164.52</td> </tr> </table>	Total claim	\$164.52	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$164.52</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$164.52	Nonpriority amount	\$0.00
Total claim										
\$164.52										
Priority amount										
\$164.52										
Nonpriority amount										
\$0.00										
2.281.	Priority creditor's name and mailing address ARIZPE, ALECIA M 3121 SE ADAMS ST TOPEKA KS 66605 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$146.26</td> </tr> </table>	Total claim	\$146.26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$146.26</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$146.26	Nonpriority amount	\$0.00
Total claim										
\$146.26										
Priority amount										
\$146.26										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.282.	Priority creditor's name and mailing address ARMER, MEGGAN M 18777 MIDWAY RD 703B DALLAS TX 75287-2793	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$3,778.98	Priority amount \$3,778.98
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.283.	Priority creditor's name and mailing address ARMSTRONG, CYANNA V 21160 EASTWOOD BLVD WARREN MI 48089	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$380.70	Priority amount \$380.70
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.284.	Priority creditor's name and mailing address ARMSTRONG, KENNIESHA P.O BOX 713 WESTMONT IL 60559	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$913.64	Priority amount \$913.64
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.285.	Priority creditor's name and mailing address ARMSTRONG, KYLE'-SIMONE M 740 WILLOW BROOK RD CHEASPEAKE VA 23320 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$245.36</td> </tr> </table>	Total claim	\$245.36	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$245.36</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$245.36	Nonpriority amount	\$0.00
Total claim										
\$245.36										
Priority amount										
\$245.36										
Nonpriority amount										
\$0.00										
2.286.	Priority creditor's name and mailing address ARMSTRONG, NICOLA 35 NEWTON ST MERIDEN CT 06450 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$77.77</td> </tr> </table>	Total claim	\$77.77	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$77.77</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$77.77	Nonpriority amount	\$0.00
Total claim										
\$77.77										
Priority amount										
\$77.77										
Nonpriority amount										
\$0.00										
2.287.	Priority creditor's name and mailing address ARMSTRONG, SHAKIKKA 218 E WYANDOTTE ST SHREVEPORT LA 71101 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$314.66</td> </tr> </table>	Total claim	\$314.66	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$314.66</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$314.66	Nonpriority amount	\$0.00
Total claim										
\$314.66										
Priority amount										
\$314.66										
Nonpriority amount										
\$0.00										

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2.288.	Priority creditor's name and mailing address ARNOLD, ALLISON M 7940 HARVEST DRIVE FRANKFORT IL 60423 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$4,277.00</td> </tr> </table>	Total claim	\$4,277.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$4,277.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$4,277.00	Nonpriority amount	\$0.00
Total claim										
\$4,277.00										
Priority amount										
\$4,277.00										
Nonpriority amount										
\$0.00										
2.289.	Priority creditor's name and mailing address ARNOLD, ARAFEL S 8420 W LAUREL LN PEORIA AZ 85345 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,850.82</td> </tr> </table>	Total claim	\$1,850.82	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,850.82</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,850.82	Nonpriority amount	\$0.00
Total claim										
\$1,850.82										
Priority amount										
\$1,850.82										
Nonpriority amount										
\$0.00										
2.290.	Priority creditor's name and mailing address ARNOLD, DALIS 4432 CUARZO AVE ALBUQUERQUE NM 87114 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,391.28</td> </tr> </table>	Total claim	\$1,391.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,391.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,391.28	Nonpriority amount	\$0.00
Total claim										
\$1,391.28										
Priority amount										
\$1,391.28										
Nonpriority amount										
\$0.00										

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2.291.	Priority creditor's name and mailing address ARNOLD, DEBORAH 1538 MISTY SKY DRIVE HENDERSON NV 89052 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$12,529.48</td> <td>\$12,529.48</td> </tr> </table>	Total claim	Priority amount	\$12,529.48	\$12,529.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount									
\$12,529.48	\$12,529.48									
Nonpriority amount										
\$0.00										
2.292.	Priority creditor's name and mailing address AROCHO, RILEY N 215 EAST COLLIERS MILLS RD NEW EGYPT NJ 08533 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$515.35</td> <td>\$515.35</td> </tr> </table>	Total claim	Priority amount	\$515.35	\$515.35	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount									
\$515.35	\$515.35									
Nonpriority amount										
\$0.00										
2.293.	Priority creditor's name and mailing address ARREDONDO, YESENIA 4795 BLACKHAWK WAY DENVER CO 80239 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,172.33</td> <td>\$1,172.33</td> </tr> </table>	Total claim	Priority amount	\$1,172.33	\$1,172.33	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount									
\$1,172.33	\$1,172.33									
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.294.	Priority creditor's name and mailing address ARREOLA, GONZALEZ LINDA 2235 MANNINGTON AVE RENO NV 89512 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$164.18</td> </tr> </table>	Total claim	\$164.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$164.18</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$164.18	Nonpriority amount	\$0.00
Total claim										
\$164.18										
Priority amount										
\$164.18										
Nonpriority amount										
\$0.00										
2.295.	Priority creditor's name and mailing address ARREOLA, JULISSA 2219 DALY ST LOS ANGELES CA 90031 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$546.63</td> </tr> </table>	Total claim	\$546.63	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$546.63</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$546.63	Nonpriority amount	\$0.00
Total claim										
\$546.63										
Priority amount										
\$546.63										
Nonpriority amount										
\$0.00										
2.296.	Priority creditor's name and mailing address ARRIAGA, COURTNEY 325 RIDGEWAY LANE LEXINGTON NC 27295 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$580.59</td> </tr> </table>	Total claim	\$580.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$580.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$580.59	Nonpriority amount	\$0.00
Total claim										
\$580.59										
Priority amount										
\$580.59										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.297.	Priority creditor's name and mailing address ARROYO, CATHELINE 157 PERRY AVE #3 WORCESTER MA 01610 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$136.68</td> </tr> </table>	Total claim	\$136.68	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$136.68</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$136.68	Nonpriority amount	\$0.00
Total claim										
\$136.68										
Priority amount										
\$136.68										
Nonpriority amount										
\$0.00										
2.298.	Priority creditor's name and mailing address ARROYO, JANICE RB1 CALLE 11 CALLE 11 RB1 TRUJILLO ALTO PR 00976-6440 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$103.05</td> </tr> </table>	Total claim	\$103.05	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$103.05</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$103.05	Nonpriority amount	\$0.00
Total claim										
\$103.05										
Priority amount										
\$103.05										
Nonpriority amount										
\$0.00										
2.299.	Priority creditor's name and mailing address ARROYO, MARIA D 14 WEST MAIN STREET APT 12 EPHRATA PA 17522 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$776.82</td> </tr> </table>	Total claim	\$776.82	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$776.82</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$776.82	Nonpriority amount	\$0.00
Total claim										
\$776.82										
Priority amount										
\$776.82										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.300.	Priority creditor's name and mailing address ARROYO, STEPHANIE 9311 MIRROR CIR. WESTMINSTER CA 92683 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$88.56</td> </tr> </table>	Total claim	\$88.56	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$88.56</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$88.56	Nonpriority amount	\$0.00
Total claim										
\$88.56										
Priority amount										
\$88.56										
Nonpriority amount										
\$0.00										
2.301.	Priority creditor's name and mailing address ARSENAULT, BRITTNY C 129 REYNOLDS ST 3 NEW BEDFORD MA 02746 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$61.92</td> </tr> </table>	Total claim	\$61.92	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$61.92</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$61.92	Nonpriority amount	\$0.00
Total claim										
\$61.92										
Priority amount										
\$61.92										
Nonpriority amount										
\$0.00										
2.302.	Priority creditor's name and mailing address ARSENIC, SOFIJA 610 ADAM LN CAROL STREAM IL 60188 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$354.25</td> </tr> </table>	Total claim	\$354.25	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$354.25</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$354.25	Nonpriority amount	\$0.00
Total claim										
\$354.25										
Priority amount										
\$354.25										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.303.	Priority creditor's name and mailing address ARTACHE, LATASHA 3144 WHITE CT SAN JOSE CA 95127-3269 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$108.36</td> </tr> </table>	Total claim	\$108.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$108.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$108.36	Nonpriority amount	\$0.00
Total claim										
\$108.36										
Priority amount										
\$108.36										
Nonpriority amount										
\$0.00										
2.304.	Priority creditor's name and mailing address ARTEAGA, LILIANA 1932 S 61ST AVE CICERO IL 60804-1648 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,661.41</td> </tr> </table>	Total claim	\$1,661.41	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,661.41</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,661.41	Nonpriority amount	\$0.00
Total claim										
\$1,661.41										
Priority amount										
\$1,661.41										
Nonpriority amount										
\$0.00										
2.305.	Priority creditor's name and mailing address ARTER, BRITTANY 325 N OAK ST BREESE IL 62230-1775 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$89.95</td> </tr> </table>	Total claim	\$89.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$89.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$89.95	Nonpriority amount	\$0.00
Total claim										
\$89.95										
Priority amount										
\$89.95										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.306.	Priority creditor's name and mailing address ARTHUR, JAMIE A 132 OLDE PLANTATION DR MT. HOLLY NC 28120 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$4,721.77</td> </tr> </table>	Total claim	\$4,721.77	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$4,721.77</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	Priority amount	\$4,721.77	Nonpriority amount	\$0.00
Total claim										
\$4,721.77										
Priority amount										
\$4,721.77										
Nonpriority amount										
\$0.00										
2.307.	Priority creditor's name and mailing address ARTIS-WELCH, ARIANA S 361 DENNIS CT 361 TOLEDO OH 43604 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$37.02</td> </tr> </table>	Total claim	\$37.02	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$37.02</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	Priority amount	\$37.02	Nonpriority amount	\$0.00
Total claim										
\$37.02										
Priority amount										
\$37.02										
Nonpriority amount										
\$0.00										
2.308.	Priority creditor's name and mailing address ARTUSO, PRISCILLA M 31700 CONCORD DRIVE APARTMENT B MADISON HEIGHTS MI 48071 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$3,789.00</td> </tr> </table>	Total claim	\$3,789.00	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$3,789.00</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	Priority amount	\$3,789.00	Nonpriority amount	\$0.00
Total claim										
\$3,789.00										
Priority amount										
\$3,789.00										
Nonpriority amount										
\$0.00										

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2.309.	Priority creditor's name and mailing address ARVILA, SAMANTHA J 21 CAMPUSVIEW RD APT 5 MANKATO MN 56001 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$87.06</td></tr></table>	Total claim	\$87.06	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$87.06</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$87.06	Nonpriority amount	\$0.00
Total claim										
\$87.06										
Priority amount										
\$87.06										
Nonpriority amount										
\$0.00										
2.310.	Priority creditor's name and mailing address ARZU, MARIAH I 508 E 163RD ST 2C BRONX NY 10451 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$138.30</td></tr></table>	Total claim	\$138.30	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$138.30</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$138.30	Nonpriority amount	\$0.00
Total claim										
\$138.30										
Priority amount										
\$138.30										
Nonpriority amount										
\$0.00										
2.311.	Priority creditor's name and mailing address ASECIO, RUIZ ANGELIQUE L 533 HILLBRIGHT PL #2 SAN JOSE CA 95123 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$299.25</td></tr></table>	Total claim	\$299.25	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$299.25</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$299.25	Nonpriority amount	\$0.00
Total claim										
\$299.25										
Priority amount										
\$299.25										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.312.	Priority creditor's name and mailing address ASHCRAFT, TIFFANY B 6111 HIGHVIEW ROAD MATTHEWS NC 28104 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$256.20</td> </tr> </table>	Total claim	\$256.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$256.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$256.20	Nonpriority amount	\$0.00
Total claim										
\$256.20										
Priority amount										
\$256.20										
Nonpriority amount										
\$0.00										
2.313.	Priority creditor's name and mailing address ASHE, APRIL V 1832 STATE STREET HARRISBURG PA 17103 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$64.09</td> </tr> </table>	Total claim	\$64.09	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$64.09</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$64.09	Nonpriority amount	\$0.00
Total claim										
\$64.09										
Priority amount										
\$64.09										
Nonpriority amount										
\$0.00										
2.314.	Priority creditor's name and mailing address ASHLEY, DEJA 327 IRVINE PLACE ELMIRA NY 14901 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$88.25</td> </tr> </table>	Total claim	\$88.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$88.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$88.25	Nonpriority amount	\$0.00
Total claim										
\$88.25										
Priority amount										
\$88.25										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.315.	Priority creditor's name and mailing address ASHLEY, MEGHAN E 1548 CHESTNUT STREET BOWLING GREEN KY 42101 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$171.99</td> </tr> </table>	Total claim	\$171.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$171.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$171.99	Nonpriority amount	\$0.00
Total claim										
\$171.99										
Priority amount										
\$171.99										
Nonpriority amount										
\$0.00										
2.316.	Priority creditor's name and mailing address ASHLEY, RASHIDA 64-80 KISSENA BLVD FLUSHING NY 11367 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$500.55</td> </tr> </table>	Total claim	\$500.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$500.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$500.55	Nonpriority amount	\$0.00
Total claim										
\$500.55										
Priority amount										
\$500.55										
Nonpriority amount										
\$0.00										
2.317.	Priority creditor's name and mailing address ASHMORE, DANIELLE 4601 N 75TH STREET SCOTTSDALE AZ 85251 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$14,624.96</td> </tr> </table>	Total claim	\$14,624.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$12,850.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$1,774.96</td> </tr> </table>	Priority amount	\$12,850.00	Nonpriority amount	\$1,774.96
Total claim										
\$14,624.96										
Priority amount										
\$12,850.00										
Nonpriority amount										
\$1,774.96										

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2.318.	Priority creditor's name and mailing address ASHRAF, MISHAL 4616A OLD COURT RD BALTIMORE MD 21208 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$203.69</td> </tr> </table>	Total claim	\$203.69	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$203.69</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$203.69	Nonpriority amount	\$0.00
Total claim										
\$203.69										
Priority amount										
\$203.69										
Nonpriority amount										
\$0.00										
2.319.	Priority creditor's name and mailing address ASIAMAHA, EMOND A 27 RAYMOND ST WORCESTER MA 01607 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$202.56</td> </tr> </table>	Total claim	\$202.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$202.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$202.56	Nonpriority amount	\$0.00
Total claim										
\$202.56										
Priority amount										
\$202.56										
Nonpriority amount										
\$0.00										
2.320.	Priority creditor's name and mailing address ASMUSSEN, MAGGIE A 2845 WEST KANDICE CT. MERIDIAN ID 83646 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$46.84</td> </tr> </table>	Total claim	\$46.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$46.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$46.84	Nonpriority amount	\$0.00
Total claim										
\$46.84										
Priority amount										
\$46.84										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.321.	Priority creditor's name and mailing address ASPER, TAYLOR M 6056 ALBERT AVE NORTH RIDGEVILLE OH 44039 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$159.21</td> </tr> </table>	Total claim	\$159.21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$159.21</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$159.21	Nonpriority amount	\$0.00
Total claim										
\$159.21										
Priority amount										
\$159.21										
Nonpriority amount										
\$0.00										
2.322.	Priority creditor's name and mailing address ASTACIO, ALINA M 1500 N CONGRESS AVE WEST PALM BEACH FL 33401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$73.44</td> </tr> </table>	Total claim	\$73.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$73.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$73.44	Nonpriority amount	\$0.00
Total claim										
\$73.44										
Priority amount										
\$73.44										
Nonpriority amount										
\$0.00										
2.323.	Priority creditor's name and mailing address ASTORGA, BRISEIDA 3631 W 85TH PL CHICAGO IL 60652 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$425.23</td> </tr> </table>	Total claim	\$425.23	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$425.23</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$425.23	Nonpriority amount	\$0.00
Total claim										
\$425.23										
Priority amount										
\$425.23										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.324.	Priority creditor's name and mailing address ATCHISON, OCEANNA 12001 CALLE NARANJA EL CAJON CA 92019 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$216.60</td> </tr> </table>	Total claim	\$216.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$216.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$216.60	Nonpriority amount	\$0.00
Total claim										
\$216.60										
Priority amount										
\$216.60										
Nonpriority amount										
\$0.00										
2.325.	Priority creditor's name and mailing address ATCHLEY, ERICA 601 JUDY LANE COPPERAS COVE TX 76522 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$474.92</td> </tr> </table>	Total claim	\$474.92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$474.92</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$474.92	Nonpriority amount	\$0.00
Total claim										
\$474.92										
Priority amount										
\$474.92										
Nonpriority amount										
\$0.00										
2.326.	Priority creditor's name and mailing address ATCITY, CHRISTINA V 1915 N. 26TH PL APT#8 PHOENIX AZ 85008 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$82.83</td> </tr> </table>	Total claim	\$82.83	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$82.83</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$82.83	Nonpriority amount	\$0.00
Total claim										
\$82.83										
Priority amount										
\$82.83										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.327.	Priority creditor's name and mailing address ATHENS-CLARKE COUNTY BUSINESS TAX OFFICE P.O. BOX 1748 ATHENS GA 30603	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$590.00	Priority amount \$590.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAXES		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? ☒ No ☐ Yes		

2.328.	Priority creditor's name and mailing address ATILANO, AILIN 7720 PURPLE CONE RD SW ALBUQUERQUE NM 87121	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$153.64	Priority amount \$153.64
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.329.	Priority creditor's name and mailing address ATKINS, JADA J 127 SOUTH PITTSBURGH STREET ZELIENOPLE PA 16063	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$21.75	Priority amount \$21.75
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.330.	Priority creditor's name and mailing address ATKINS, TIFFANY M 18 WEST ST 4 TUNKHANNOCK PA 18657 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$178.71</td> </tr> </table>	Total claim	\$178.71	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$178.71</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$178.71	Nonpriority amount	\$0.00
Total claim										
\$178.71										
Priority amount										
\$178.71										
Nonpriority amount										
\$0.00										
2.331.	Priority creditor's name and mailing address ATKINSON, JAZMINE 9201 UNIVERSITY CITY DRIVE BELK HALL 331 CHARLOTTE NC 28223 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$34.77</td> </tr> </table>	Total claim	\$34.77	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$34.77</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$34.77	Nonpriority amount	\$0.00
Total claim										
\$34.77										
Priority amount										
\$34.77										
Nonpriority amount										
\$0.00										
2.332.	Priority creditor's name and mailing address ATROUNI, ISABELLE C 504 CROSBY LANE ROCHESTER NY 14612 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$641.87</td> </tr> </table>	Total claim	\$641.87	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$641.87</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$641.87	Nonpriority amount	\$0.00
Total claim										
\$641.87										
Priority amount										
\$641.87										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.333.	Priority creditor's name and mailing address ATTERHOLT, MEKENNA 114 TRESSEL STREET BERE A OH 44017	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$81.48	Priority amount \$81.48
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.334.	Priority creditor's name and mailing address AUBUCHON, KAITLYN D 901 TRUDY LANE O'FALLON MO 63366	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$1,057.95	Priority amount \$1,057.95
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.335.	Priority creditor's name and mailing address AUCOIN, CRYSTAL MARIE 12 MAGNA VISTA DR AUBURN MA 01501	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$5,532.39	Priority amount \$5,532.39
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.336.	Priority creditor's name and mailing address AUSTIN, CARLIE A 11630 IRIS SPRING CT RIVERVIEW FL 33579 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$69.71</td> </tr> </table>	Total claim	\$69.71	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$69.71</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$69.71	Nonpriority amount	\$0.00
Total claim										
\$69.71										
Priority amount										
\$69.71										
Nonpriority amount										
\$0.00										
2.337.	Priority creditor's name and mailing address AUSTIN, CHAUNDRA M 3509 MARIPOSA RD SW HUNTSVILLE AL 35805 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$133.11</td> </tr> </table>	Total claim	\$133.11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$133.11</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$133.11	Nonpriority amount	\$0.00
Total claim										
\$133.11										
Priority amount										
\$133.11										
Nonpriority amount										
\$0.00										
2.338.	Priority creditor's name and mailing address AUSTIN, CORINEA L 3385 PEACHTREE CORNERS CIRCLE APT. N NORCROSS GA 30092 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,249.05</td> </tr> </table>	Total claim	\$1,249.05	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,249.05</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,249.05	Nonpriority amount	\$0.00
Total claim										
\$1,249.05										
Priority amount										
\$1,249.05										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.339.	Priority creditor's name and mailing address AUSTIN, KAYLA 5240 EL TRIO WAY 3 ORLANDO FL 32818	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$34.17	Priority amount \$34.17
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.340.	Priority creditor's name and mailing address AUSTIN, VIRGINIA C 1015 MYRICK STREET FREDERICKSBURG VA 22401	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$2,355.90	Priority amount \$2,355.90
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.341.	Priority creditor's name and mailing address AUSTRIA, JESSALYN 7169 HOOD RIVER AVE LAS VEGAS NV 89179	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$25.00	Priority amount \$25.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.342.	Priority creditor's name and mailing address AVALOS, MICHELLE M 1032 S FLEETWELL AVE WEST COVINA CA 91791-3516 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$4,055.13</td> </tr> </table>	Total claim	\$4,055.13	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$4,055.13</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$4,055.13	Nonpriority amount	\$0.00
Total claim										
\$4,055.13										
Priority amount										
\$4,055.13										
Nonpriority amount										
\$0.00										
2.343.	Priority creditor's name and mailing address AVILA, BRIANDA P 3005 W. CONCORD AVE ALHAMBRA CA 91803 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,530.66</td> </tr> </table>	Total claim	\$1,530.66	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,530.66</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,530.66	Nonpriority amount	\$0.00
Total claim										
\$1,530.66										
Priority amount										
\$1,530.66										
Nonpriority amount										
\$0.00										
2.344.	Priority creditor's name and mailing address AVILA, CASTILLO YANAHI 8129 ZION TRAIL FORT WORTH TX 76137 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$643.50</td> </tr> </table>	Total claim	\$643.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$643.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$643.50	Nonpriority amount	\$0.00
Total claim										
\$643.50										
Priority amount										
\$643.50										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.345.	Priority creditor's name and mailing address AVILA, DALIA A 3136 S PULASKI RD B CHICAGO IL 60623	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$318.84	Priority amount \$318.84
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.346.	Priority creditor's name and mailing address AVILA, JASMIN 4685 W 102ND PL WESTMINSTER CO 80031	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$264.96	Priority amount \$264.96
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.347.	Priority creditor's name and mailing address AVILA, MARISOL 406 HOLLYBROOK DR INEZ TX 77968	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$527.73	Priority amount \$527.73
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.348.	Priority creditor's name and mailing address AVILA, SELENA J 9028 W. GRANADA RD. PHOENIX AZ 85037	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$175.45	Priority amount \$175.45
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.349.	Priority creditor's name and mailing address AVILA, VASQUEZ KATIA 2333 CANVASBACK DR INDIANAPOLIS IN 46234	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$603.46	Priority amount \$603.46
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.350.	Priority creditor's name and mailing address AVILA-MARTINEZ, LAKSHMI B 8003 KELOK WAY CLAYTON CA 94517	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$177.84	Priority amount \$177.84
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.351.	Priority creditor's name and mailing address AVILES, CAROLINA 5516 KALAHARI LANE LAS CRUCES NM 88011	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$164.23	Priority amount \$164.23
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.352.	Priority creditor's name and mailing address AVILES, ERIKA 800 N HAYES AVE. DINUBA CA 93618	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$72.96	Priority amount \$72.96
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.353.	Priority creditor's name and mailing address AVILES, MARIA C 1516 16TH ST W BRADENTON FL 34205	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$75.08	Priority amount \$75.08
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.354.	Priority creditor's name and mailing address AVINA, MELISSA V 701 W. 57TH ST. LOS ANGELES CA 90037	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$345.03	Priority amount \$345.03
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.355.	Priority creditor's name and mailing address AWAD, SARA 3000 HARVEST PLACE DARIEN IL 60561	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$227.62	Priority amount \$227.62
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.356.	Priority creditor's name and mailing address AXTELL, AMANDA L 6533 SE PINE CREEK WAY PORTLAND OR 97267-1928	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$3,565.24	Priority amount \$3,565.24
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.357.	Priority creditor's name and mailing address AYALA, AMANDA Y 2018 QUAIL VALLEY EAST DR. MISSOURI CITY TX 77459 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$80.22</td> </tr> </table>	Total claim	\$80.22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$80.22</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$80.22	Nonpriority amount	\$0.00
Total claim										
\$80.22										
Priority amount										
\$80.22										
Nonpriority amount										
\$0.00										
2.358.	Priority creditor's name and mailing address AYALA, ANGELICA 1028 PROSPECT AVE #3 SCRANTON PA 18505 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$40.60</td> </tr> </table>	Total claim	\$40.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$40.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$40.60	Nonpriority amount	\$0.00
Total claim										
\$40.60										
Priority amount										
\$40.60										
Nonpriority amount										
\$0.00										
2.359.	Priority creditor's name and mailing address AYALA, ANNABEL 1021 HUNTSWOOD WAY OXNARD CA 93030 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,484.71</td> </tr> </table>	Total claim	\$1,484.71	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,484.71</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,484.71	Nonpriority amount	\$0.00
Total claim										
\$1,484.71										
Priority amount										
\$1,484.71										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.360.	Priority creditor's name and mailing address AYALA, DESIAH R 508 SW 51ST ST OKLAHOMA CITY OK 73109 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$160.45</td> </tr> </table>	Total claim	\$160.45	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$160.45</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$160.45	Nonpriority amount	\$0.00
Total claim										
\$160.45										
Priority amount										
\$160.45										
Nonpriority amount										
\$0.00										
2.361.	Priority creditor's name and mailing address AYALA, JENNIFER Y 21 WATCHUNG AVE 2 BELLEVILLE NJ 07109 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$278.60</td> </tr> </table>	Total claim	\$278.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$278.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$278.60	Nonpriority amount	\$0.00
Total claim										
\$278.60										
Priority amount										
\$278.60										
Nonpriority amount										
\$0.00										
2.362.	Priority creditor's name and mailing address AYALA, K'NYEL 5902 MEMORIAL HWY APT. 115 TAMPA FL 33615 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,153.85</td> </tr> </table>	Total claim	\$1,153.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,153.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,153.85	Nonpriority amount	\$0.00
Total claim										
\$1,153.85										
Priority amount										
\$1,153.85										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.363.	Priority creditor's name and mailing address AYALA, LESLY M 628 BURTONWOOD DR GASTONIA NC 28054 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$49.76</td> </tr> </table>	Total claim	\$49.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$49.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$49.76	Nonpriority amount	\$0.00
Total claim										
\$49.76										
Priority amount										
\$49.76										
Nonpriority amount										
\$0.00										
2.364.	Priority creditor's name and mailing address AYALA, NAILA G 2908 MILLIE AVE LAS VEGAS NV 89101 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$25.33</td> </tr> </table>	Total claim	\$25.33	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$25.33</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$25.33	Nonpriority amount	\$0.00
Total claim										
\$25.33										
Priority amount										
\$25.33										
Nonpriority amount										
\$0.00										
2.365.	Priority creditor's name and mailing address AYALA-TORO, LOURDES A 161 DEERTREE DR ATHENS GA 30605 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$5,375.99</td> </tr> </table>	Total claim	\$5,375.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$5,375.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$5,375.99	Nonpriority amount	\$0.00
Total claim										
\$5,375.99										
Priority amount										
\$5,375.99										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.366.	Priority creditor's name and mailing address AYERS, AKAYLA 9 IVY HALL DOVER DE 19904 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$500.85</td></tr></table>	Total claim	\$500.85	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$500.85</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$500.85	Nonpriority amount	\$0.00
Total claim										
\$500.85										
Priority amount										
\$500.85										
Nonpriority amount										
\$0.00										
2.367.	Priority creditor's name and mailing address AYERS, NATALIE L 5028 BONNY KAYE CT. ANTELOPE CA 95843 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$463.50</td></tr></table>	Total claim	\$463.50	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$463.50</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$463.50	Nonpriority amount	\$0.00
Total claim										
\$463.50										
Priority amount										
\$463.50										
Nonpriority amount										
\$0.00										
2.368.	Priority creditor's name and mailing address AYITEY, PEARL 1350 EISENHOWER CIRCLE APARTMENT 401 WOODBRIDGE VA 22191 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$83.79</td></tr></table>	Total claim	\$83.79	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$83.79</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$83.79	Nonpriority amount	\$0.00
Total claim										
\$83.79										
Priority amount										
\$83.79										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.369.	Priority creditor's name and mailing address AYO, EDNA 1899 CRINAN DR SAN JOSE CA 95122 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$337.20</td></tr></table>	Total claim	\$337.20	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$337.20</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$337.20	Nonpriority amount	\$0.00
Total claim										
\$337.20										
Priority amount										
\$337.20										
Nonpriority amount										
\$0.00										
2.370.	Priority creditor's name and mailing address AYRES, OLIVIA J 10321 GERMANTOWN RD BERLIN MD 21811-2854 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$42.02</td></tr></table>	Total claim	\$42.02	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$42.02</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$42.02	Nonpriority amount	\$0.00
Total claim										
\$42.02										
Priority amount										
\$42.02										
Nonpriority amount										
\$0.00										
2.371.	Priority creditor's name and mailing address AZOR, ANASTACIA 1429 LOVAT CT RIVERSIDE CA 92507 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$71.04</td></tr></table>	Total claim	\$71.04	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$71.04</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$71.04	Nonpriority amount	\$0.00
Total claim										
\$71.04										
Priority amount										
\$71.04										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.372.	Priority creditor's name and mailing address BACA, JANELLA J 2525 CHELTON LN PUEBLO CO 81001 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$194.14</td> </tr> </table>	Total claim	\$194.14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$194.14</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$194.14	Nonpriority amount	\$0.00
Total claim										
\$194.14										
Priority amount										
\$194.14										
Nonpriority amount										
\$0.00										
2.373.	Priority creditor's name and mailing address BACA, VICTORIA C 1323 W MICHIGAN AVE PHOENIX AZ 85023 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$58.85</td> </tr> </table>	Total claim	\$58.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$58.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$58.85	Nonpriority amount	\$0.00
Total claim										
\$58.85										
Priority amount										
\$58.85										
Nonpriority amount										
\$0.00										
2.374.	Priority creditor's name and mailing address BACKER, IVY S 230 ACADEMY AVENUE PROVIDENCE RI 02908 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$33.92</td> </tr> </table>	Total claim	\$33.92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$33.92</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$33.92	Nonpriority amount	\$0.00
Total claim										
\$33.92										
Priority amount										
\$33.92										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.375.	Priority creditor's name and mailing address BAEZ, NAYSHA N 101 NORTON STREET 2 WATERBURY CT 06708 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$96.90</td></tr></table>	Total claim	\$96.90	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$96.90</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$96.90	Nonpriority amount	\$0.00
Total claim										
\$96.90										
Priority amount										
\$96.90										
Nonpriority amount										
\$0.00										
2.376.	Priority creditor's name and mailing address BAGGS, JASLYN S 4600 MIRA LOMA DR 10-G RENO NV 89052 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$237.98</td></tr></table>	Total claim	\$237.98	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$237.98</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$237.98	Nonpriority amount	\$0.00
Total claim										
\$237.98										
Priority amount										
\$237.98										
Nonpriority amount										
\$0.00										
2.377.	Priority creditor's name and mailing address BAGLEY, RACQUEL D 1821 CLIFFBROOK LANE APT#E APT E RICHMOND VA 23227 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$495.66</td></tr></table>	Total claim	\$495.66	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$495.66</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$495.66	Nonpriority amount	\$0.00
Total claim										
\$495.66										
Priority amount										
\$495.66										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.378.	Priority creditor's name and mailing address BAGLEY, TIARRA 505 HIGHLANDS DR DESOTO TX 75115 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$156.18</td> </tr> </table>	Total claim	\$156.18	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$156.18</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$156.18	Nonpriority amount	\$0.00
Total claim										
\$156.18										
Priority amount										
\$156.18										
Nonpriority amount										
\$0.00										
2.379.	Priority creditor's name and mailing address BAILEN-, SAUCEDA CHRISTINA 3044 SAN MATEO WAY UNION CITY CA 94587 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$24.00</td> </tr> </table>	Total claim	\$24.00	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$24.00</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$24.00	Nonpriority amount	\$0.00
Total claim										
\$24.00										
Priority amount										
\$24.00										
Nonpriority amount										
\$0.00										
2.380.	Priority creditor's name and mailing address BAILEY, CYNTHIA 405 E PILOT ST APT C5 DURHAM NC 27707 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$515.48</td> </tr> </table>	Total claim	\$515.48	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$515.48</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$515.48	Nonpriority amount	\$0.00
Total claim										
\$515.48										
Priority amount										
\$515.48										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.381.	Priority creditor's name and mailing address BAILEY, DENICE B 110 DEERFIELD PLACE FLORENCE AL 35630 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$39.01</td> </tr> </table>	Total claim	\$39.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$39.01</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$39.01	Nonpriority amount	\$0.00
Total claim										
\$39.01										
Priority amount										
\$39.01										
Nonpriority amount										
\$0.00										
2.382.	Priority creditor's name and mailing address BAILEY, INDIA 81 ELAINE RD MILFORD CT 06460 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$167.28</td> </tr> </table>	Total claim	\$167.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$167.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$167.28	Nonpriority amount	\$0.00
Total claim										
\$167.28										
Priority amount										
\$167.28										
Nonpriority amount										
\$0.00										
2.383.	Priority creditor's name and mailing address BAILEY, KAITLYNN E 102 BOYDTON PLANK DRIVE STEPHENS CITY VA 22655 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$84.23</td> </tr> </table>	Total claim	\$84.23	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$84.23</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$84.23	Nonpriority amount	\$0.00
Total claim										
\$84.23										
Priority amount										
\$84.23										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.384.	Priority creditor's name and mailing address BAILEY, LINESHA N 1734 BENNETT DRIVE APT 1307 WEST DES MOINES IA 50265 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$181.92</td></tr></table>	Total claim	\$181.92	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$181.92</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$181.92	Nonpriority amount	\$0.00
Total claim										
\$181.92										
Priority amount										
\$181.92										
Nonpriority amount										
\$0.00										
2.385.	Priority creditor's name and mailing address BAILEY, PERKELISH R 935 SPRING CREEK WAY DOUGALSVILLE GA 30134 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$125.65</td></tr></table>	Total claim	\$125.65	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$125.65</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$125.65	Nonpriority amount	\$0.00
Total claim										
\$125.65										
Priority amount										
\$125.65										
Nonpriority amount										
\$0.00										
2.386.	Priority creditor's name and mailing address BAILEY, SHANEKIA N 102 CIRCLE DRIVE APT 1 SHANNON MS 38868 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$32.68</td></tr></table>	Total claim	\$32.68	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$32.68</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$32.68	Nonpriority amount	\$0.00
Total claim										
\$32.68										
Priority amount										
\$32.68										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.387.	Priority creditor's name and mailing address BAILEY-ROBINSON, MEKIYAH N 1821 OATES DRIVE 425 MESQUITE TX 75150 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$33.00</td> </tr> </table>	Total claim	\$33.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$33.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$33.00	Nonpriority amount	\$0.00
Total claim										
\$33.00										
Priority amount										
\$33.00										
Nonpriority amount										
\$0.00										
2.388.	Priority creditor's name and mailing address BAILOR, CHARLOTTE A 1134 MAGNOLIA ST COLORADO SPRING CO 80907 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,033.25</td> </tr> </table>	Total claim	\$3,033.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,033.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,033.25	Nonpriority amount	\$0.00
Total claim										
\$3,033.25										
Priority amount										
\$3,033.25										
Nonpriority amount										
\$0.00										
2.389.	Priority creditor's name and mailing address BAJINKA, AWA 139 CHESTNUT ST APT 3 CHELSEA MA 01250 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$238.68</td> </tr> </table>	Total claim	\$238.68	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$238.68</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$238.68	Nonpriority amount	\$0.00
Total claim										
\$238.68										
Priority amount										
\$238.68										
Nonpriority amount										
\$0.00										

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2.390.	Priority creditor's name and mailing address BAJOR, HALEY A 84 NASHUA RD WINDHAM NH 03087 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$697.15</td></tr></table>	Total claim	\$697.15	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$697.15</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$697.15	Nonpriority amount	\$0.00
Total claim										
\$697.15										
Priority amount										
\$697.15										
Nonpriority amount										
\$0.00										
2.391.	Priority creditor's name and mailing address BAK, NICOLE 4424 N. NAGLE HARWOOD HEIGHTS IL 60706 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$120.55</td></tr></table>	Total claim	\$120.55	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$120.55</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$120.55	Nonpriority amount	\$0.00
Total claim										
\$120.55										
Priority amount										
\$120.55										
Nonpriority amount										
\$0.00										
2.392.	Priority creditor's name and mailing address BAKER, GINA 800 FONT STREET SAN FRANCISCO CA 94123 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$606.07</td></tr></table>	Total claim	\$606.07	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$606.07</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$606.07	Nonpriority amount	\$0.00
Total claim										
\$606.07										
Priority amount										
\$606.07										
Nonpriority amount										
\$0.00										

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2.393.	Priority creditor's name and mailing address BAKER, KAYLLEIGH M 7941 N HICKORY ST APT 6 KANSAS CITY MO 64118 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$1,348.24</td></tr></table>	Total claim	\$1,348.24	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$1,348.24</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,348.24	Nonpriority amount	\$0.00
Total claim										
\$1,348.24										
Priority amount										
\$1,348.24										
Nonpriority amount										
\$0.00										
2.394.	Priority creditor's name and mailing address BAKER, NIKIA J 4011 PAYNE DR FORT WASHINGTON MD 20744 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$264.28</td></tr></table>	Total claim	\$264.28	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$264.28</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$264.28	Nonpriority amount	\$0.00
Total claim										
\$264.28										
Priority amount										
\$264.28										
Nonpriority amount										
\$0.00										
2.395.	Priority creditor's name and mailing address BALADEZ, AMANDA M 1209 NEPTUNE DRIVE CHULA VISTA CA 91911 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$3,620.54</td></tr></table>	Total claim	\$3,620.54	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$3,620.54</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$3,620.54	Nonpriority amount	\$0.00
Total claim										
\$3,620.54										
Priority amount										
\$3,620.54										
Nonpriority amount										
\$0.00										

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2.396.	Priority creditor's name and mailing address BALAGURU, KISHAALEE 9900 BOYSENBERRY WAY APT 267 GAITHERSBURG MD 20879	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$136.34	Priority amount \$136.34
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.397.	Priority creditor's name and mailing address BALBUENA, YILEIRI E 7852 CALZADA WAY ELK GROVE CA 95758	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$635.18	Priority amount \$635.18
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.398.	Priority creditor's name and mailing address BALDWIN, ALYSSA R 705 GREGORY DRIVE NEWARK DE 19702	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$2,280.36	Priority amount \$2,280.36
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.399.	Priority creditor's name and mailing address BALDWIN, BRIDGET M 4156 STUBBINGTON LN INDIANAPOLIS IN 46239 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$4,960.25</td> </tr> </table>	Total claim	\$4,960.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$4,960.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$4,960.25	Nonpriority amount	\$0.00
Total claim										
\$4,960.25										
Priority amount										
\$4,960.25										
Nonpriority amount										
\$0.00										
2.400.	Priority creditor's name and mailing address BALDWIN, HAYLEE A 5408 BUCKLEY FOREST TRL. WALKERTOWN NC 27051 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$112.96</td> </tr> </table>	Total claim	\$112.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$112.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$112.96	Nonpriority amount	\$0.00
Total claim										
\$112.96										
Priority amount										
\$112.96										
Nonpriority amount										
\$0.00										
2.401.	Priority creditor's name and mailing address BALDWIN, MANESHA M 3026 DOBBS CIRCLE MONTGOMERY AL 36116 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$57.48</td> </tr> </table>	Total claim	\$57.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$57.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$57.48	Nonpriority amount	\$0.00
Total claim										
\$57.48										
Priority amount										
\$57.48										
Nonpriority amount										
\$0.00										

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2.402.	Priority creditor's name and mailing address BALENTINE, TENIESHA 548 TIMBER RIDGE ROAD SUNRISE BEACH MO 65079 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$265.18</td> </tr> </table>	Total claim	\$265.18	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$265.18</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$265.18	Nonpriority amount	\$0.00
Total claim										
\$265.18										
Priority amount										
\$265.18										
Nonpriority amount										
\$0.00										
2.403.	Priority creditor's name and mailing address BALES, JORDAN E 773 N SEARLS RD WEBBERVILLE MI 48892 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$711.15</td> </tr> </table>	Total claim	\$711.15	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$711.15</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$711.15	Nonpriority amount	\$0.00
Total claim										
\$711.15										
Priority amount										
\$711.15										
Nonpriority amount										
\$0.00										
2.404.	Priority creditor's name and mailing address BALL, HILLARY D 120 CANAL ST. LEBANON OH 45036 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$130.39</td> </tr> </table>	Total claim	\$130.39	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$130.39</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$130.39	Nonpriority amount	\$0.00
Total claim										
\$130.39										
Priority amount										
\$130.39										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.405.	Priority creditor's name and mailing address BALL, LESLIE R 25 ISAIAH DRIVE JEFFERSON GA 30549 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$145.90</td> </tr> </table>	Total claim	\$145.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$145.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$145.90	Nonpriority amount	\$0.00
Total claim										
\$145.90										
Priority amount										
\$145.90										
Nonpriority amount										
\$0.00										
2.406.	Priority creditor's name and mailing address BALLARD, KATHERINE 1050 W. FAYETTE AVE SPRINGFIELD IL 62704 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$169.95</td> </tr> </table>	Total claim	\$169.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$169.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$169.95	Nonpriority amount	\$0.00
Total claim										
\$169.95										
Priority amount										
\$169.95										
Nonpriority amount										
\$0.00										
2.407.	Priority creditor's name and mailing address BALLENTINE, MIRANDA J 506 E 10TH AVE TARENTUM PA 15084 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$477.20</td> </tr> </table>	Total claim	\$477.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$477.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$477.20	Nonpriority amount	\$0.00
Total claim										
\$477.20										
Priority amount										
\$477.20										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.408.	Priority creditor's name and mailing address BALLESTEROS, MINERVA 950 W 4TH AVE APACHE JUNCTION AZ 85120-6607 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$89.54</td> </tr> </table>	Total claim	\$89.54	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$89.54</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$89.54	Nonpriority amount	\$0.00
Total claim										
\$89.54										
Priority amount										
\$89.54										
Nonpriority amount										
\$0.00										
2.409.	Priority creditor's name and mailing address BALLINGER, TENESSA M 11 OVERLOOK DRIVE FRANKLIN OH 45005 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$127.14</td> </tr> </table>	Total claim	\$127.14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$127.14</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$127.14	Nonpriority amount	\$0.00
Total claim										
\$127.14										
Priority amount										
\$127.14										
Nonpriority amount										
\$0.00										
2.410.	Priority creditor's name and mailing address BALLIU, MEGI 13836 77TH AVENUE FLUSHING NY 66A NEW YORK NY 11367 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$83.25</td> </tr> </table>	Total claim	\$83.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$83.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$83.25	Nonpriority amount	\$0.00
Total claim										
\$83.25										
Priority amount										
\$83.25										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.411.	Priority creditor's name and mailing address BALLOUT, ZAINAB 2538 NORTH SHEFFORD COURT WICHITA KS 67205 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$108.39</td> </tr> </table>	Total claim	\$108.39	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$108.39</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$108.39	Nonpriority amount	\$0.00
Total claim										
\$108.39										
Priority amount										
\$108.39										
Nonpriority amount										
\$0.00										
2.412.	Priority creditor's name and mailing address BALOCH, SARA M 5019 ROYAL AMBER LN. KATY TX 77493 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,680.37</td> </tr> </table>	Total claim	\$1,680.37	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,680.37</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,680.37	Nonpriority amount	\$0.00
Total claim										
\$1,680.37										
Priority amount										
\$1,680.37										
Nonpriority amount										
\$0.00										
2.413.	Priority creditor's name and mailing address BALSAMO-MIKELS, DESTINY 378 E LAWSON AVE. 378 FOLEY AL 36535 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$353.84</td> </tr> </table>	Total claim	\$353.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$353.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$353.84	Nonpriority amount	\$0.00
Total claim										
\$353.84										
Priority amount										
\$353.84										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.414.	Priority creditor's name and mailing address BALTIMORE, MELISSA 4919 DUNMAN AVE WOODLAND HILLS CA 91364	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$171.59	Priority amount \$171.59
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.415.	Priority creditor's name and mailing address BALTZELL, BRIAUNA N 304 15TH AVENUE SE MINNEAPOLIS MN 55414	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$851.59	Priority amount \$851.59
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.416.	Priority creditor's name and mailing address BANAGA, MONIQUE 6 BITTERSWEET DR EAST HARTFORD CT 06108	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$335.78	Priority amount \$335.78
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.417.	Priority creditor's name and mailing address BANDA, ASHLEY N 3900 SCR 1200 #14 MIDLAND TX 79706 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$90.45</td> </tr> </table>	Total claim	\$90.45	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$90.45</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$90.45	Nonpriority amount	\$0.00
Total claim										
\$90.45										
Priority amount										
\$90.45										
Nonpriority amount										
\$0.00										
2.418.	Priority creditor's name and mailing address BANDA, ELIANNA M 1509 K ST #185 MODESTO CA 95354 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$198.84</td> </tr> </table>	Total claim	\$198.84	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$198.84</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$198.84	Nonpriority amount	\$0.00
Total claim										
\$198.84										
Priority amount										
\$198.84										
Nonpriority amount										
\$0.00										
2.419.	Priority creditor's name and mailing address BANDISON, ASHLEY A 146-36 176ST JAMAICA NY 11434 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$264.24</td> </tr> </table>	Total claim	\$264.24	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$264.24</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$264.24	Nonpriority amount	\$0.00
Total claim										
\$264.24										
Priority amount										
\$264.24										
Nonpriority amount										
\$0.00										

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2.420.	Priority creditor's name and mailing address BANKS, CELINA 59 HARRAL AVE BRIDGEPORT CT 06604	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
			\$45.15	\$45.15
				Nonpriority amount
				\$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.421.	Priority creditor's name and mailing address BANKS, DEANDRAE 3603 BARED WIRE KILLEEN TX 76549	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
			\$137.08	\$137.08
				Nonpriority amount
				\$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.422.	Priority creditor's name and mailing address BANKS, ISJA'MONEE M 5 LA COSTA DR EGG HARBOR TOWNSHI NJ 08234	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
			\$153.55	\$153.55
				Nonpriority amount
				\$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.423.	Priority creditor's name and mailing address BANKS, JAZMINE R 3305 EAST ROME BLVD APT. 1002 NORTH LAS VEGAS NV 89086	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$125.98	Priority amount \$125.98
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.424.	Priority creditor's name and mailing address BANKS, NASYA D 7629 JOHNNYCAKE ROAD WINDSOR MILL MD 21244	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$254.91	Priority amount \$254.91
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.425.	Priority creditor's name and mailing address BANKS, TONI 418 OGLE AVENUE FRUITLAND MD 21826	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$58.65	Priority amount \$58.65
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.426.	Priority creditor's name and mailing address BANUELOS, SANDRA 625 8TH ST BAKERSFIELD CA 93304	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$77.64	Priority amount \$77.64
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.427.	Priority creditor's name and mailing address BANZUELO, MARIANNE V 9405 WROUGHT IRON CT FAIRFAX VA 22032	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$91.40	Priority amount \$91.40
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.428.	Priority creditor's name and mailing address BARAHONA, JAQUELINE F 10225 HILLHAVEN AVENUE 203 TUJUNGA CA 91042	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$320.16	Priority amount \$320.16
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.429.	Priority creditor's name and mailing address BARAHONA, MICHELLE S 2906 EAGLE NEST LN HUMBLE TX 77396	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$38.72	Priority amount \$38.72
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.430.	Priority creditor's name and mailing address BARAJAS, JOAIDA 1111 AVALON AVE 2234 SAN MARCOS TX 78666	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$34.56	Priority amount \$34.56
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.431.	Priority creditor's name and mailing address BARAJAS, KASSANDRA M 25860 THUNDERCLOUD CT. MORENO VALLEY CA 92553	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$149.40	Priority amount \$149.40
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.432.	Priority creditor's name and mailing address BARAJAS, MELISSA 1650 PREUSS RD. LOS ANGELES CA 90036	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$4,606.84	Priority amount \$4,606.84
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.433.	Priority creditor's name and mailing address BARAJAS, SANDRA 28TH AVE. W. 515 BRADENTON FL 34205	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$284.82	Priority amount \$284.82
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.434.	Priority creditor's name and mailing address BARAJAS, VERONICA 807 PARK ST SW GRAND RAPIDS MI 49504	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$48.43	Priority amount \$48.43
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.435.	Priority creditor's name and mailing address BARBEE, TIFFANI M 110 WOODLET LN BOLINGBROOK IL 60490 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$206.83	Priority amount \$206.83 Nonpriority amount \$0.00
2.436.	Priority creditor's name and mailing address BARBER, KOLBY M 1350 N LBJ DRIVE APT. 332 SAN MARCOS TX 78666 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$57.36	Priority amount \$57.36 Nonpriority amount \$0.00
2.437.	Priority creditor's name and mailing address BARBER, XIARA 442 WEST CLINTON ST ELMIRA NY 14901 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$574.12	Priority amount \$574.12 Nonpriority amount \$0.00

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2.438.	Priority creditor's name and mailing address BARBONTIN, KRYSTAL S 1917 HARRISON AVE B SAN DIEGO CA 92113	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$619.08	Priority amount \$619.08
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.439.	Priority creditor's name and mailing address BARBUZON, JENNIFER C 1338 W. CALLE RIO LOBO TUCSON AZ 85714	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$44.33	Priority amount \$44.33
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.440.	Priority creditor's name and mailing address BARCH, SKYLAR M 32 TRAIL RIDGE DRIVE MELISSA TX 75454	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$32.84	Priority amount \$32.84
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.441.	Priority creditor's name and mailing address BARCLAY, DESTINY 12727 SANDBUR VALLEY WAY HOUSTON TX 77045 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$504.24</td> </tr> </table>	Total claim	\$504.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$504.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$504.24	Nonpriority amount	\$0.00
Total claim										
\$504.24										
Priority amount										
\$504.24										
Nonpriority amount										
\$0.00										
2.442.	Priority creditor's name and mailing address BARCUS, TA-MERAH 27 GOVERNOR STREET NEWARK NJ 07102 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$204.79</td> </tr> </table>	Total claim	\$204.79	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$204.79</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$204.79	Nonpriority amount	\$0.00
Total claim										
\$204.79										
Priority amount										
\$204.79										
Nonpriority amount										
\$0.00										
2.443.	Priority creditor's name and mailing address BARDELL, SHIANN T PO BOX 2201 405 SW 1ST STR BATTLE GROUND WA 98604 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$241.80</td> </tr> </table>	Total claim	\$241.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$241.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$241.80	Nonpriority amount	\$0.00
Total claim										
\$241.80										
Priority amount										
\$241.80										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.444.	Priority creditor's name and mailing address BARDWELL, BRITTANY 1200 WEST TIDWELL 1803 HOUSTON TX 77091	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$498.06	Priority amount \$498.06
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.445.	Priority creditor's name and mailing address BARELA, TERESA C 314 WILDWOOD DRIVE SOUTH SAN FRANCISCO CA 94080	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$441.96	Priority amount \$441.96
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.446.	Priority creditor's name and mailing address BARIS, SENAY E 36 DELEMERE BLVD FAIRPORT NY 14450	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$357.65	Priority amount \$357.65
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.447.	Priority creditor's name and mailing address BARNELLO, CATHERINE I 7562 YORK DRIVE APT 1E CLAYTON MO 63105 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$9,156.83</td> </tr> </table>	Total claim	\$9,156.83	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$9,156.83</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	Priority amount	\$9,156.83	Nonpriority amount	\$0.00
Total claim										
\$9,156.83										
Priority amount										
\$9,156.83										
Nonpriority amount										
\$0.00										
2.448.	Priority creditor's name and mailing address BARNES, GAYLE N 2993 HOLLY ROAD ALPINE CA 91901 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$71.64</td> </tr> </table>	Total claim	\$71.64	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$71.64</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	Priority amount	\$71.64	Nonpriority amount	\$0.00
Total claim										
\$71.64										
Priority amount										
\$71.64										
Nonpriority amount										
\$0.00										
2.449.	Priority creditor's name and mailing address BARNES, KAITLYN 210 MILL LANE APT #106 ST AUGUSTINE FL 32084 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$717.63</td> </tr> </table>	Total claim	\$717.63	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$717.63</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	Priority amount	\$717.63	Nonpriority amount	\$0.00
Total claim										
\$717.63										
Priority amount										
\$717.63										
Nonpriority amount										
\$0.00										

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2.450.	Priority creditor's name and mailing address BARNETT, ADISON L 129 CARONDOLET COURT NORTH MOBILE AL 36608	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$135.24	Priority amount \$135.24
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.451.	Priority creditor's name and mailing address BARNETT, CATRINA 3504 WOODLAWN FARMS SCHERTZ TX 78154	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$105.49	Priority amount \$105.49
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.452.	Priority creditor's name and mailing address BARNETT, SHENEE 1596 ANDOVER LN FREDERICK MD 21702	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$2,671.43	Priority amount \$2,671.43
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.453.	Priority creditor's name and mailing address BARNHART, JESSICA L 2304 N. BUSINESS RT. 5 CAMDENTON MO 65020	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$3,423.54	Priority amount \$3,423.54
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.454.	Priority creditor's name and mailing address BARONE, ASHLEY M 1051 LANE CREEK WAY BISHOP GA 30621-1183	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$177.31	Priority amount \$177.31
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.455.	Priority creditor's name and mailing address BARRAGAN, ALEXIS C 1115 SOUTH CLELA LOS ANGELES CA 90022	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$221.52	Priority amount \$221.52
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.456.	Priority creditor's name and mailing address BARRAZA, ALONDRA T 4006 W. PARADISE AVE. VISALIA CA 93277	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$253.56	Priority amount \$253.56
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.457.	Priority creditor's name and mailing address BARRAZA, ANGELIQUE V 7460 KITTY HAWK ROAD LOT #27 CONVERSE TX 78109	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$69.09	Priority amount \$69.09
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.458.	Priority creditor's name and mailing address BARRERA, ADILENE R 1427 RAMONA LANE SAINT CHARLES MO 63304	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$653.52	Priority amount \$653.52
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.459.	Priority creditor's name and mailing address BARRETO, JUANA 2800 WILLOW AVE APT.177 CLOVIS CA 93612	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$1,910.36	Priority amount \$1,910.36
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.460.	Priority creditor's name and mailing address BARRETT, RENA D 6474 RIDGE RD. UPER PARMA OH 44129	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$473.35	Priority amount \$473.35
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.461.	Priority creditor's name and mailing address BARRETT-FRANCIS, ALLISON 47 WADE ST 1 WEST HAVEN CT 06516-1932	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$1,642.73	Priority amount \$1,642.73
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.462.	Priority creditor's name and mailing address BARRIENTOS, SERENA N 942 SAPPHIRE COURT SAN JOSE CA 95136 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$269.70</td></tr></table>	Total claim	\$269.70	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$269.70</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$269.70	Nonpriority amount	\$0.00
Total claim										
\$269.70										
Priority amount										
\$269.70										
Nonpriority amount										
\$0.00										
2.463.	Priority creditor's name and mailing address BARRON, AMY A 904 39TH AVE W BRADENTON FL 34205 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$463.44</td></tr></table>	Total claim	\$463.44	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$463.44</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$463.44	Nonpriority amount	\$0.00
Total claim										
\$463.44										
Priority amount										
\$463.44										
Nonpriority amount										
\$0.00										
2.464.	Priority creditor's name and mailing address BARRON, ANALYSSA C 63 N SIERRA MADRE ST MOUNTAIN HOUSE CA 95391 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$624.62</td></tr></table>	Total claim	\$624.62	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$624.62</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$624.62	Nonpriority amount	\$0.00
Total claim										
\$624.62										
Priority amount										
\$624.62										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.465.	Priority creditor's name and mailing address BARRON, LATRICE 2545 NE 50TH PLACE Ocala FL 34479	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$88.27	Priority amount \$88.27
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.466.	Priority creditor's name and mailing address BARRON, MIREYA B 1019 OLSON PL DUNCANVILLE TX 75137	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$231.67	Priority amount \$231.67
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.467.	Priority creditor's name and mailing address BARRON, VIVIANA J 437 S CENTER ST ORANGE CA 92866	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$672.27	Priority amount \$672.27
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.468.	Priority creditor's name and mailing address BARRUS, DESTINEE H 580 N 2ND AVE COAL CITY IL 60416 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$662.29</td> </tr> </table>	Total claim	\$662.29	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$662.29</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$662.29	Nonpriority amount	\$0.00
Total claim										
\$662.29										
Priority amount										
\$662.29										
Nonpriority amount										
\$0.00										
2.469.	Priority creditor's name and mailing address BARRUTIA, VANESSA A 9260 CROSSMEADOW DR BEAUMONT TX 77706-3824 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$536.87</td> </tr> </table>	Total claim	\$536.87	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$536.87</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$536.87	Nonpriority amount	\$0.00
Total claim										
\$536.87										
Priority amount										
\$536.87										
Nonpriority amount										
\$0.00										
2.470.	Priority creditor's name and mailing address BARSUASKAS, TERESA 700 S HARBOUR ISLAND BLVD #206 TAMPA FL 33602 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$8,673.88</td> </tr> </table>	Total claim	\$8,673.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$8,673.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$8,673.88	Nonpriority amount	\$0.00
Total claim										
\$8,673.88										
Priority amount										
\$8,673.88										
Nonpriority amount										
\$0.00										

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2.471.	Priority creditor's name and mailing address BARTLEY, ARIA M 1 UNIVERSITY PARK DR. LU BOX 1091 NASHVILLE TN 37204 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$150.40</td> </tr> </table>	Total claim	\$150.40	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$150.40</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$150.40	Nonpriority amount	\$0.00
Total claim										
\$150.40										
Priority amount										
\$150.40										
Nonpriority amount										
\$0.00										
2.472.	Priority creditor's name and mailing address BARTOLO, ALEYDA 10000 CLUB CREEK APT.1003 HOUSTON TX 77036 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$86.88</td> </tr> </table>	Total claim	\$86.88	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$86.88</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$86.88	Nonpriority amount	\$0.00
Total claim										
\$86.88										
Priority amount										
\$86.88										
Nonpriority amount										
\$0.00										
2.473.	Priority creditor's name and mailing address BARTON, CHELSEA S 2828 SW 130TH TER MIRAMAR FL 33027 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$277.06</td> </tr> </table>	Total claim	\$277.06	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$277.06</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$277.06	Nonpriority amount	\$0.00
Total claim										
\$277.06										
Priority amount										
\$277.06										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.474.	Priority creditor's name and mailing address BARTZ, KOURTNEY J 301 CROWN WYOMING MI 49548 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,501.60</td> </tr> </table>	Total claim	\$2,501.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,501.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,501.60	Nonpriority amount	\$0.00
Total claim										
\$2,501.60										
Priority amount										
\$2,501.60										
Nonpriority amount										
\$0.00										
2.475.	Priority creditor's name and mailing address BARZEY, KYANNA N 307 KINGFISH DRIVE KISSIMMEE FL 34759 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$252.36</td> </tr> </table>	Total claim	\$252.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$252.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$252.36	Nonpriority amount	\$0.00
Total claim										
\$252.36										
Priority amount										
\$252.36										
Nonpriority amount										
\$0.00										
2.476.	Priority creditor's name and mailing address BASGALL, KYRA M 7701 WCR 116 #24B MIDLAND TX 79706 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$50.00</td> </tr> </table>	Total claim	\$50.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$50.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$50.00	Nonpriority amount	\$0.00
Total claim										
\$50.00										
Priority amount										
\$50.00										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.477.	Priority creditor's name and mailing address BASH, KAMRYN 15 CANTON ST WEST HAVEN CT 06516 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$175.44</td> </tr> </table>	Total claim	\$175.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$175.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$175.44	Nonpriority amount	\$0.00
Total claim										
\$175.44										
Priority amount										
\$175.44										
Nonpriority amount										
\$0.00										
2.478.	Priority creditor's name and mailing address BASHARAT, AYSHA M 2751 TYBURN OAKS CT WALDORF MD 20601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$186.85</td> </tr> </table>	Total claim	\$186.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$186.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$186.85	Nonpriority amount	\$0.00
Total claim										
\$186.85										
Priority amount										
\$186.85										
Nonpriority amount										
\$0.00										
2.479.	Priority creditor's name and mailing address BASKERVILLE, NAJAH 320 NORTH PENNSYLVANIA AVENUE ATLANTIC CITY NJ 08401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$171.25</td> </tr> </table>	Total claim	\$171.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$171.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$171.25	Nonpriority amount	\$0.00
Total claim										
\$171.25										
Priority amount										
\$171.25										
Nonpriority amount										
\$0.00										

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2.480.	Priority creditor's name and mailing address BASS, AHLIYAH N 4703 MARTHAS WAY GROVETOWN GA 30813	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$2,044.04	Priority amount \$2,044.04
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.481.	Priority creditor's name and mailing address BASS, ALYSSA 228 N 5TH AVE BEECH GROVE IN 46107	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$211.13	Priority amount \$211.13
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.482.	Priority creditor's name and mailing address BASSLER, JORDYN M 216 E MOUNTAIN VIEW DR FLAGSTAFF AZ 86001	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$156.96	Priority amount \$156.96
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.483.	Priority creditor's name and mailing address BATCHELOR, LAURA E 3 LANTERN LANE LONDONDERRY NH 03053 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$65.76</td> </tr> </table>	Total claim	\$65.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$65.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$65.76	Nonpriority amount	\$0.00
Total claim										
\$65.76										
Priority amount										
\$65.76										
Nonpriority amount										
\$0.00										
2.484.	Priority creditor's name and mailing address BATES, BRYTTANY N 4025 WEBB COURT COLUMBIA SC 29204 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$111.51</td> </tr> </table>	Total claim	\$111.51	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$111.51</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$111.51	Nonpriority amount	\$0.00
Total claim										
\$111.51										
Priority amount										
\$111.51										
Nonpriority amount										
\$0.00										
2.485.	Priority creditor's name and mailing address BATES, DANIELLE M 4901 NW LINDEN RD KANSAS CITY MO 64151 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$178.61</td> </tr> </table>	Total claim	\$178.61	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$178.61</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$178.61	Nonpriority amount	\$0.00
Total claim										
\$178.61										
Priority amount										
\$178.61										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.486.	Priority creditor's name and mailing address BATES, MARKAYLA 7942 CALVARY COURT MANASSAS VA 20109 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$475.75</td> </tr> </table>	Total claim	\$475.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$475.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$475.75	Nonpriority amount	\$0.00
Total claim										
\$475.75										
Priority amount										
\$475.75										
Nonpriority amount										
\$0.00										
2.487.	Priority creditor's name and mailing address BATLLE, SHERYL 1095 WEST 37 STREET HIALEAH FL 33012 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$480.00</td> </tr> </table>	Total claim	\$480.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$480.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$480.00	Nonpriority amount	\$0.00
Total claim										
\$480.00										
Priority amount										
\$480.00										
Nonpriority amount										
\$0.00										
2.488.	Priority creditor's name and mailing address BATRES, YESENIA 18410 SANDY DR. APT. #103 CANYON COUNTRY CA 91387 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$84.60</td> </tr> </table>	Total claim	\$84.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$84.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$84.60	Nonpriority amount	\$0.00
Total claim										
\$84.60										
Priority amount										
\$84.60										
Nonpriority amount										
\$0.00										

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2.489.	Priority creditor's name and mailing address BATSON, NYROBI N 12 SHADY LAKE CIRCLE JACKSON NJ 08527 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$94.07</td></tr></table>	Total claim	\$94.07	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$94.07</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$94.07	Nonpriority amount	\$0.00
Total claim										
\$94.07										
Priority amount										
\$94.07										
Nonpriority amount										
\$0.00										
2.490.	Priority creditor's name and mailing address BATTERSHAW, TRENTON 1601 S 20TH ST UNIT 3 LINCOLN NE 68502 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$1,087.48</td></tr></table>	Total claim	\$1,087.48	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$1,087.48</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,087.48	Nonpriority amount	\$0.00
Total claim										
\$1,087.48										
Priority amount										
\$1,087.48										
Nonpriority amount										
\$0.00										
2.491.	Priority creditor's name and mailing address BATTLE, KYLAH R 13202 MATTIE CIRCLE APT 13 NEWPORT NEWS VA 23608 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$151.41</td></tr></table>	Total claim	\$151.41	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$151.41</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$151.41	Nonpriority amount	\$0.00
Total claim										
\$151.41										
Priority amount										
\$151.41										
Nonpriority amount										
\$0.00										

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2.492.	Priority creditor's name and mailing address BAUER, EVE L 5025 COLLWOOD BLVD APT 1202 SAN DIEGO CA 92115 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$37.80</td> </tr> </table>	Total claim	\$37.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$37.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$37.80	Nonpriority amount	\$0.00
Total claim										
\$37.80										
Priority amount										
\$37.80										
Nonpriority amount										
\$0.00										
2.493.	Priority creditor's name and mailing address BAUMBERGER, LOREN R 10415 BERNADETTE DR EVANSVILLE IN 47725 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$571.55</td> </tr> </table>	Total claim	\$571.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$571.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$571.55	Nonpriority amount	\$0.00
Total claim										
\$571.55										
Priority amount										
\$571.55										
Nonpriority amount										
\$0.00										
2.494.	Priority creditor's name and mailing address BAUTISTA, AURORA 6115 S KILDARE AVE. CHICAGO IL 60629 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$164.45</td> </tr> </table>	Total claim	\$164.45	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$164.45</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$164.45	Nonpriority amount	\$0.00
Total claim										
\$164.45										
Priority amount										
\$164.45										
Nonpriority amount										
\$0.00										

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2.495.	Priority creditor's name and mailing address BAUTISTA, DOMINGUEZ KAREN J 152 N ALBERT AVENUE SOUTH BEND IN 46619 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$35.80</td> </tr> </table>	Total claim	\$35.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$35.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$35.80	Nonpriority amount	\$0.00
Total claim										
\$35.80										
Priority amount										
\$35.80										
Nonpriority amount										
\$0.00										
2.496.	Priority creditor's name and mailing address BAUTISTA, MIRIAM 1655 S 43RD ST APT 5 SAN DIEGO CA 92113 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$598.11</td> </tr> </table>	Total claim	\$598.11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$598.11</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$598.11	Nonpriority amount	\$0.00
Total claim										
\$598.11										
Priority amount										
\$598.11										
Nonpriority amount										
\$0.00										
2.497.	Priority creditor's name and mailing address BAVADI, HANNAH C 7336 CHESAPEAKE COVE ST LAS VEGAS NV 89166 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$138.03</td> </tr> </table>	Total claim	\$138.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$138.03</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$138.03	Nonpriority amount	\$0.00
Total claim										
\$138.03										
Priority amount										
\$138.03										
Nonpriority amount										
\$0.00										

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2.498.	Priority creditor's name and mailing address BAXTER, KEANA S 54 RIDGEWOOD AVENUE APT. 2 NEWARK NJ 07108 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td>\$162.66</td> </tr> </table>	Total claim	\$162.66	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td>\$162.66</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$162.66	Nonpriority amount	\$0.00
Total claim										
\$162.66										
Priority amount										
\$162.66										
Nonpriority amount										
\$0.00										
2.499.	Priority creditor's name and mailing address BAYAN, SADE I 4059 LOCERBIE CIR. SPRING HILL TN 37174 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td>\$117.64</td> </tr> </table>	Total claim	\$117.64	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td>\$117.64</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$117.64	Nonpriority amount	\$0.00
Total claim										
\$117.64										
Priority amount										
\$117.64										
Nonpriority amount										
\$0.00										
2.500.	Priority creditor's name and mailing address BAYAWA, SHECAINA R 1830 LANAKILA AVENUE HONOLULU HI 96817 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td>\$105.75</td> </tr> </table>	Total claim	\$105.75	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td>\$105.75</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$105.75	Nonpriority amount	\$0.00
Total claim										
\$105.75										
Priority amount										
\$105.75										
Nonpriority amount										
\$0.00										

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2.501.	Priority creditor's name and mailing address BAYER, AUTUMN R 14805 MCVAY AVE SAN JOSE CA 95127 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$225.15</td> </tr> </table>	Total claim	\$225.15	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$225.15</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$225.15	Nonpriority amount	\$0.00
Total claim										
\$225.15										
Priority amount										
\$225.15										
Nonpriority amount										
\$0.00										
2.502.	Priority creditor's name and mailing address BAYERSDORFER, MEGHAN 4535 LAKE FORREST DRIVE ATLANTA GA 30342 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$73.35</td> </tr> </table>	Total claim	\$73.35	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$73.35</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$73.35	Nonpriority amount	\$0.00
Total claim										
\$73.35										
Priority amount										
\$73.35										
Nonpriority amount										
\$0.00										
2.503.	Priority creditor's name and mailing address BAYLARK, CARLY M 1907 EAGLE CT. POTTERVILLE MI 48876 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$724.38</td> </tr> </table>	Total claim	\$724.38	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$724.38</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$724.38	Nonpriority amount	\$0.00
Total claim										
\$724.38										
Priority amount										
\$724.38										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.504.	Priority creditor's name and mailing address BEACH, ASHLEY 88 LEORY STREET BINGHAMTON NY 13905 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$435.34</td> </tr> </table>	Total claim	\$435.34	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$435.34</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$435.34	Nonpriority amount	\$0.00
Total claim										
\$435.34										
Priority amount										
\$435.34										
Nonpriority amount										
\$0.00										
2.505.	Priority creditor's name and mailing address BEAHM, BRITTANY E 153 EDWARDS AVE SWANNANOA NC 28778 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$237.63</td> </tr> </table>	Total claim	\$237.63	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$237.63</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$237.63	Nonpriority amount	\$0.00
Total claim										
\$237.63										
Priority amount										
\$237.63										
Nonpriority amount										
\$0.00										
2.506.	Priority creditor's name and mailing address BEAL, SARENA 1065 ROSE DR BENICIA CA 94510 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$538.56</td> </tr> </table>	Total claim	\$538.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$538.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$538.56	Nonpriority amount	\$0.00
Total claim										
\$538.56										
Priority amount										
\$538.56										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.507.	Priority creditor's name and mailing address BEARD, EGYPT A 1416 ABBEYHILL DR COLUMBUS OH WORTHINGTON OH 43085 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$218.97</td> </tr> </table>	Total claim	\$218.97	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$218.97</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$218.97	Nonpriority amount	\$0.00
Total claim										
\$218.97										
Priority amount										
\$218.97										
Nonpriority amount										
\$0.00										
2.508.	Priority creditor's name and mailing address BEARD, MAKENZIE 4611 BIRCH HOLLOW DR. LINCOLN NE 68516 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$489.49</td> </tr> </table>	Total claim	\$489.49	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$489.49</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$489.49	Nonpriority amount	\$0.00
Total claim										
\$489.49										
Priority amount										
\$489.49										
Nonpriority amount										
\$0.00										
2.509.	Priority creditor's name and mailing address BEARDEN, ELIZABETH R 1792 FEATHER REED LANE GREENWOOD IN 46143 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$184.48</td> </tr> </table>	Total claim	\$184.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$184.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$184.48	Nonpriority amount	\$0.00
Total claim										
\$184.48										
Priority amount										
\$184.48										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.510.	Priority creditor's name and mailing address BEARDSLEY, DESIREE D 709 TROY COVE JONESBORO AR 72401	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$2,003.64	Priority amount \$2,003.64
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.511.	Priority creditor's name and mailing address BEATTY, JASMINE N 178 LOCKMAN AVE. 5B STATEN ISLAND NY 10303	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$118.50	Priority amount \$118.50
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.512.	Priority creditor's name and mailing address BEAUDION, EMILEE 146 LONGDALE DR LIVERPOOL NY 13090	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$168.95	Priority amount \$168.95
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.513.	Priority creditor's name and mailing address BEAULIEU, ANNELIESE 9 NICHOLS AVE. BROOKLINE NH 03033 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$521.00</td> </tr> </table>	Total claim	\$521.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$521.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$521.00	Nonpriority amount	\$0.00
Total claim										
\$521.00										
Priority amount										
\$521.00										
Nonpriority amount										
\$0.00										
2.514.	Priority creditor's name and mailing address BEAVER, LARRISHA J 720 MORRISON AVENUE SACRAMENTO CA 95838 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$33.24</td> </tr> </table>	Total claim	\$33.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$33.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$33.24	Nonpriority amount	\$0.00
Total claim										
\$33.24										
Priority amount										
\$33.24										
Nonpriority amount										
\$0.00										
2.515.	Priority creditor's name and mailing address BEAVER, SAVANNAH M 6247 WARDS GAP ROAD CASAR NC 28020 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$440.40</td> </tr> </table>	Total claim	\$440.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$440.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$440.40	Nonpriority amount	\$0.00
Total claim										
\$440.40										
Priority amount										
\$440.40										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.516.	Priority creditor's name and mailing address BECERRA, BRIANA 17113 ARDMORE AVE. BELLFLOWER CA 90706 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$71.64</td></tr></table>	Total claim	\$71.64	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$71.64</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$71.64	Nonpriority amount	\$0.00
Total claim										
\$71.64										
Priority amount										
\$71.64										
Nonpriority amount										
\$0.00										
2.517.	Priority creditor's name and mailing address BECK, MIKYLA S 2121 WEST MAIN STREET 2094 MESA AZ 85201 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$68.76</td></tr></table>	Total claim	\$68.76	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$68.76</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$68.76	Nonpriority amount	\$0.00
Total claim										
\$68.76										
Priority amount										
\$68.76										
Nonpriority amount										
\$0.00										
2.518.	Priority creditor's name and mailing address BECKER, BREANNA 811 LINK DR. APT 37 DUNCANVILLE TX 75116 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$138.18</td></tr></table>	Total claim	\$138.18	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$138.18</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$138.18	Nonpriority amount	\$0.00
Total claim										
\$138.18										
Priority amount										
\$138.18										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.519.	Priority creditor's name and mailing address BECKER, BRITTANY M 8CHESTNUT ST. MIDDLEBORO MA 02346 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$524.34</td> </tr> </table>	Total claim	\$524.34	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$524.34</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$524.34	Nonpriority amount	\$0.00
Total claim										
\$524.34										
Priority amount										
\$524.34										
Nonpriority amount										
\$0.00										
2.520.	Priority creditor's name and mailing address BECKER, JULIANNA M 105 WOODBRIDGE DR SLIPPERY ROCK PA 16057 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$39.19</td> </tr> </table>	Total claim	\$39.19	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$39.19</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$39.19	Nonpriority amount	\$0.00
Total claim										
\$39.19										
Priority amount										
\$39.19										
Nonpriority amount										
\$0.00										
2.521.	Priority creditor's name and mailing address BECKETT, KATHRYN J 811 BOWERS AVENUE RUNNEMEDE NJ 08078 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$195.76</td> </tr> </table>	Total claim	\$195.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$195.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$195.76	Nonpriority amount	\$0.00
Total claim										
\$195.76										
Priority amount										
\$195.76										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.522.	Priority creditor's name and mailing address BECKFORD, MELISSA O 2943 NW 68TH AVE MARGATE FL 33063-2064 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$4,454.22</td> <td style="text-align: right;">\$4,454.22</td> </tr> </table>	Total claim	Priority amount	\$4,454.22	\$4,454.22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount									
\$4,454.22	\$4,454.22									
Nonpriority amount										
\$0.00										
2.523.	Priority creditor's name and mailing address BECKFORD, TRANIQUE A 8104 WEBB ROAD APT 2208 RIVERDALE GA 30274 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$1,150.10</td> <td style="text-align: right;">\$1,150.10</td> </tr> </table>	Total claim	Priority amount	\$1,150.10	\$1,150.10	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount									
\$1,150.10	\$1,150.10									
Nonpriority amount										
\$0.00										
2.524.	Priority creditor's name and mailing address BECK-JOHNSON, COURTNEY E 2410 MADERA CIRCLE APT 147 PORT HUENEME CA 93041 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$185.88</td> <td style="text-align: right;">\$185.88</td> </tr> </table>	Total claim	Priority amount	\$185.88	\$185.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount									
\$185.88	\$185.88									
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.525.	Priority creditor's name and mailing address BEDOLLA-MAGO, JENNIFER 12208 ALEXANDER ROAD EVERETT WA 98204 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$289.80</td> </tr> </table>	Total claim	\$289.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$289.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$289.80	Nonpriority amount	\$0.00
Total claim										
\$289.80										
Priority amount										
\$289.80										
Nonpriority amount										
\$0.00										
2.526.	Priority creditor's name and mailing address BEELER, GRETCHEN E 1594 VISTA LN APT 3 CLARKSVILLE TN 37043 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$475.00</td> </tr> </table>	Total claim	\$475.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$475.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$475.00	Nonpriority amount	\$0.00
Total claim										
\$475.00										
Priority amount										
\$475.00										
Nonpriority amount										
\$0.00										
2.527.	Priority creditor's name and mailing address BEEMON, ACACIA Y 542 WOODY DRIVE JACKSON MS 39212 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$626.33</td> </tr> </table>	Total claim	\$626.33	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$626.33</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$626.33	Nonpriority amount	\$0.00
Total claim										
\$626.33										
Priority amount										
\$626.33										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.528.	Priority creditor's name and mailing address BEEMSTERBOER, JENNIFER A 1109 W MAIN ST 523 PEORIA IL 61606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$69.38</td> </tr> </table>	Total claim	\$69.38	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$69.38</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$69.38	Nonpriority amount	\$0.00
Total claim										
\$69.38										
Priority amount										
\$69.38										
Nonpriority amount										
\$0.00										
2.529.	Priority creditor's name and mailing address BEGLEY, ASHLEY N 8530 W WINDROSE DR PEORIA AZ 85381 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$112.86</td> </tr> </table>	Total claim	\$112.86	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$112.86</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$112.86	Nonpriority amount	\$0.00
Total claim										
\$112.86										
Priority amount										
\$112.86										
Nonpriority amount										
\$0.00										
2.530.	Priority creditor's name and mailing address BEHLER, CORY B 316 AMY COURT #1 SHILLINGTON PA 19607 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,756.82</td> </tr> </table>	Total claim	\$3,756.82	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,756.82</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$3,756.82	Nonpriority amount	\$0.00
Total claim										
\$3,756.82										
Priority amount										
\$3,756.82										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.531.	Priority creditor's name and mailing address BEHLES, KERI N 1644 PORTSMOUTH LAKE DR. BRANDON FL 33511 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$114.21</td> </tr> </table>	Total claim	\$114.21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$114.21</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$114.21	Nonpriority amount	\$0.00
Total claim										
\$114.21										
Priority amount										
\$114.21										
Nonpriority amount										
\$0.00										
2.532.	Priority creditor's name and mailing address BEHRENS, DOMINIQUE M 15 HARVEST WAY LITTLE EGG HARBOR NJ 08087 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$525.00</td> </tr> </table>	Total claim	\$525.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$525.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$525.00	Nonpriority amount	\$0.00
Total claim										
\$525.00										
Priority amount										
\$525.00										
Nonpriority amount										
\$0.00										
2.533.	Priority creditor's name and mailing address BEHRENS, SHEALEE 4338 SPRINGFIELD ST SIOUX CITY IA 51108 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$156.09</td> </tr> </table>	Total claim	\$156.09	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$156.09</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$156.09	Nonpriority amount	\$0.00
Total claim										
\$156.09										
Priority amount										
\$156.09										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.534.	Priority creditor's name and mailing address BEISWENGER, KENDRA L 1022 VALLEY GROVE ROAD VALLEY GROVE WV 26060	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$1,125.91	Priority amount \$1,125.91
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.535.	Priority creditor's name and mailing address BEJARANO, YASDI 23461 HWY 59 PORTER TX 77365	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$62.80	Priority amount \$62.80
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.536.	Priority creditor's name and mailing address BELCHER, DAIZHANNA A 4320 BOSTIC DR 101 GREENVILLE NC 27834	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$64.53	Priority amount \$64.53
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.537.	Priority creditor's name and mailing address BELL COUNTY TAX APPRASIAL DISTRICT OF BELL COUNTY PO BOX 390 BELTON TX 76513 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$3,832.71</td></tr></table>	Total claim	\$3,832.71	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$3,832.71</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$3,832.71	Nonpriority amount	\$0.00
Total claim										
\$3,832.71										
Priority amount										
\$3,832.71										
Nonpriority amount										
\$0.00										
2.538.	Priority creditor's name and mailing address BELL, ALEXIS K 240 ONLEY ROAD 102 SALISBURY MD 21804 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$45.43</td></tr></table>	Total claim	\$45.43	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$45.43</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$45.43	Nonpriority amount	\$0.00
Total claim										
\$45.43										
Priority amount										
\$45.43										
Nonpriority amount										
\$0.00										
2.539.	Priority creditor's name and mailing address BELL, ASHLEIGH M 28 HICKORY HILL LN FREDERICKSBURG VA 22405 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$106.06</td></tr></table>	Total claim	\$106.06	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$106.06</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$106.06	Nonpriority amount	\$0.00
Total claim										
\$106.06										
Priority amount										
\$106.06										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.540.	Priority creditor's name and mailing address BELLE, ALIX M 1413 4TH STREET SE ROCHESTER MN 55904 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,447.21</td> </tr> </table>	Total claim	\$1,447.21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,447.21</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,447.21	Nonpriority amount	\$0.00
Total claim										
\$1,447.21										
Priority amount										
\$1,447.21										
Nonpriority amount										
\$0.00										
2.541.	Priority creditor's name and mailing address BELLIARD, MARLENNY 771 ATWELLS AVE. PROVIDENCE RI 02909 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$32.03</td> </tr> </table>	Total claim	\$32.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$32.03</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$32.03	Nonpriority amount	\$0.00
Total claim										
\$32.03										
Priority amount										
\$32.03										
Nonpriority amount										
\$0.00										
2.542.	Priority creditor's name and mailing address BELLIZZIA, NAYELI F 129 FAIRFAX CIR BRANDON MS 39047 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,268.26</td> </tr> </table>	Total claim	\$2,268.26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,268.26</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,268.26	Nonpriority amount	\$0.00
Total claim										
\$2,268.26										
Priority amount										
\$2,268.26										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.543.	Priority creditor's name and mailing address BELL-MAYHORN, JASMINE B 10320 S. VERNON AVE APT.2 2 CHICAGO IL 60628	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$44.88	Priority amount \$44.88
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.544.	Priority creditor's name and mailing address BELLO, TAMI L 283 BAY 17TH STREET APT. #3A BROOKLYN NY 11214	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$6,044.14	Priority amount \$6,044.14
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.545.	Priority creditor's name and mailing address BELMAREZ, GUADALUPE I 6122 OLD LA BLANCA RD. DONNA TX 78537	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$45.38	Priority amount \$45.38
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.546.	Priority creditor's name and mailing address BELTRAN, KATHIA 3848W 164TH ST 215 TORRANCE CA 90505 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$291.12</td> </tr> </table>	Total claim	\$291.12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$291.12</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$291.12	Nonpriority amount	\$0.00
Total claim										
\$291.12										
Priority amount										
\$291.12										
Nonpriority amount										
\$0.00										
2.547.	Priority creditor's name and mailing address BELTRAN, SAMANTHA A 94-980 AWAIKI ST. WAIPAHU HI 96797 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$132.29</td> </tr> </table>	Total claim	\$132.29	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$132.29</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$132.29	Nonpriority amount	\$0.00
Total claim										
\$132.29										
Priority amount										
\$132.29										
Nonpriority amount										
\$0.00										
2.548.	Priority creditor's name and mailing address BEN, AMARA CELESTE 15150 MACADAM ROAD S APT B202 TUKWILA WA 98188 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$4,085.23</td> </tr> </table>	Total claim	\$4,085.23	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$4,085.23</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$4,085.23	Nonpriority amount	\$0.00
Total claim										
\$4,085.23										
Priority amount										
\$4,085.23										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.549.	Priority creditor's name and mailing address BEN, MALENA 7022 WALMSLEY BLVD. RICHMOND VA 23236 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$81.81</td> </tr> </table>	Total claim	\$81.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$81.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$81.81	Nonpriority amount	\$0.00
Total claim										
\$81.81										
Priority amount										
\$81.81										
Nonpriority amount										
\$0.00										
2.550.	Priority creditor's name and mailing address BENACQUISTA, ALANNA 604 23RD STREET 2 WATERVLIET NY 12189 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$410.26</td> </tr> </table>	Total claim	\$410.26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$410.26</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$410.26	Nonpriority amount	\$0.00
Total claim										
\$410.26										
Priority amount										
\$410.26										
Nonpriority amount										
\$0.00										
2.551.	Priority creditor's name and mailing address BENAVIDES, AUBREE L 3505 BOSWELLIA DR. BAKERSFIELD CA 93311 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$72.84</td> </tr> </table>	Total claim	\$72.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$72.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$72.84	Nonpriority amount	\$0.00
Total claim										
\$72.84										
Priority amount										
\$72.84										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.552.	Priority creditor's name and mailing address BENAVIDEZ, CYNTHIA Y 5770 BACKLICK RD 201 SPRINGFIELD VA 22150 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$578.27</td> </tr> </table>	Total claim	\$578.27	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$578.27</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$578.27	Nonpriority amount	\$0.00
Total claim										
\$578.27										
Priority amount										
\$578.27										
Nonpriority amount										
\$0.00										
2.553.	Priority creditor's name and mailing address BENAVIDEZ, HERLINDA 8763 PINE CREST PL RANCHO CUCAMONGA CA 91730 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,848.57</td> </tr> </table>	Total claim	\$1,848.57	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,848.57</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,848.57	Nonpriority amount	\$0.00
Total claim										
\$1,848.57										
Priority amount										
\$1,848.57										
Nonpriority amount										
\$0.00										
2.554.	Priority creditor's name and mailing address BENDAHO, YASMINA 1265 SHOE BRIDGE DRIVE MYRTLE BEACH SC 29579 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$74.46</td> </tr> </table>	Total claim	\$74.46	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$74.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$74.46	Nonpriority amount	\$0.00
Total claim										
\$74.46										
Priority amount										
\$74.46										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.555.	Priority creditor's name and mailing address BENDALL, KATIE L 256 OSCAR WEBSTER RD HUNTSVILLE AL 35803	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$179.37	Priority amount \$179.37
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.556.	Priority creditor's name and mailing address BENITES, YANICET M 541 NORTHRIDGE RD APT E ATLANTA GA 30350	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$28.50	Priority amount \$28.50
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.557.	Priority creditor's name and mailing address BENITEZ, VIRYDIANA B 1825 TERRY LN KNIGHTDALE NC 27545	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$139.71	Priority amount \$139.71
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.558.	Priority creditor's name and mailing address BENITEZ-RAMIREZ, YOHANA 4520 ORCHARD AVE LOS ANGELES CA 90037	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$1,830.60	Priority amount \$1,830.60
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.559.	Priority creditor's name and mailing address BENJAMIN, STAJIA W 2087 ALLSTON CT FAIRFIELD CA 94533	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$0.00	Priority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.560.	Priority creditor's name and mailing address BENNETT, ARAZHANE T 3064 STANTON RD SE APT 2A WASHINGTON DC 20020	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$146.60	Priority amount \$146.60
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.561.	Priority creditor's name and mailing address BENNETT, TAYLOR 35457 HWY 433 SLIDELL LA 70460	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$668.86	Priority amount \$668.86
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.562.	Priority creditor's name and mailing address BENNETT, WENTER M 401 CEDAR GLEN CIR CHATTANOOGA TN 37412	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$166.92	Priority amount \$166.92
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.563.	Priority creditor's name and mailing address BENSON, KHYLA 1400 BRUSH ROW ROAD WILBERFORCE OH 45385	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$68.66	Priority amount \$68.66
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.564.	Priority creditor's name and mailing address BENSON, NATALIE M 2364 WHARREY DRIVE SEWICKLEY PA 15143 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$574.64</td> </tr> </table>	Total claim	\$574.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$574.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$574.64	Nonpriority amount	\$0.00
Total claim										
\$574.64										
Priority amount										
\$574.64										
Nonpriority amount										
\$0.00										
2.565.	Priority creditor's name and mailing address BENTLEY, MADISON H 1815 SABRINA LANE HEDGESVILLE WV 25427 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$226.97</td> </tr> </table>	Total claim	\$226.97	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$226.97</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$226.97	Nonpriority amount	\$0.00
Total claim										
\$226.97										
Priority amount										
\$226.97										
Nonpriority amount										
\$0.00										
2.566.	Priority creditor's name and mailing address BENTON, DENEANE C 901 MCNEIL ST. SHREVEPORT LA 71101 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$453.08</td> </tr> </table>	Total claim	\$453.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$453.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$453.08	Nonpriority amount	\$0.00
Total claim										
\$453.08										
Priority amount										
\$453.08										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.567.	Priority creditor's name and mailing address BENTON, GWENDOLYN D 1308 N 45TH STREET FT. SMITH AR 72904 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,981.62</td> </tr> </table>	Total claim	\$2,981.62	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,981.62</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,981.62	Nonpriority amount	\$0.00
Total claim										
\$2,981.62										
Priority amount										
\$2,981.62										
Nonpriority amount										
\$0.00										
2.568.	Priority creditor's name and mailing address BENTON, MADISON L 600 YARMOUTH LANE BEL AIR MD 21014 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$943.32</td> </tr> </table>	Total claim	\$943.32	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$943.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$943.32	Nonpriority amount	\$0.00
Total claim										
\$943.32										
Priority amount										
\$943.32										
Nonpriority amount										
\$0.00										
2.569.	Priority creditor's name and mailing address BERARD, CHERYL A 211 PHILLIPS ST. METHUEN MA 01844 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$105.48</td> </tr> </table>	Total claim	\$105.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$105.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$105.48	Nonpriority amount	\$0.00
Total claim										
\$105.48										
Priority amount										
\$105.48										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.570.	Priority creditor's name and mailing address BERKA, ROBBI D 22491 ORCHARD GRASS TERRACE APPARTMENT 402 ASHBURN VA 20148 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$1,877.40</td> </tr> </table>	Total claim	\$1,877.40	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$1,877.40</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$1,877.40	Nonpriority amount	\$0.00
Total claim										
\$1,877.40										
Priority amount										
\$1,877.40										
Nonpriority amount										
\$0.00										
2.571.	Priority creditor's name and mailing address BERMUDEZ, JANET E 401 LUNA AZUL CHAPARRAL NM 88081 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$1,229.48</td> </tr> </table>	Total claim	\$1,229.48	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$1,229.48</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$1,229.48	Nonpriority amount	\$0.00
Total claim										
\$1,229.48										
Priority amount										
\$1,229.48										
Nonpriority amount										
\$0.00										
2.572.	Priority creditor's name and mailing address BERMUDEZ, ZULMA L 1649 CRYSTALVIEW TRL LAKELAND FL 33801 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$175.46</td> </tr> </table>	Total claim	\$175.46	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$175.46</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$175.46	Nonpriority amount	\$0.00
Total claim										
\$175.46										
Priority amount										
\$175.46										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.573.	Priority creditor's name and mailing address BERNACHE-MORENO, LARESA M 1905 BLUE CLOUD ST. HENDERSON NV 89002	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$8,973.82	Priority amount \$8,973.82
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.574.	Priority creditor's name and mailing address BERNAL, THANIA 3625 ELM FARM RD #40 WOODBRIDGE VA 22192	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$93.49	Priority amount \$93.49
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.575.	Priority creditor's name and mailing address BERNARD, OZIEANNA G 21720 SE ALDER DR GRESHAM OR 97030	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$212.04	Priority amount \$212.04
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.576.	Priority creditor's name and mailing address BERNARD, YMANEE C 2525 CENTERGATE DR APT201 MIRAMAR FL 33025 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$123.10</td></tr></table>	Total claim	\$123.10	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$123.10</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$123.10	Nonpriority amount	\$0.00
Total claim										
\$123.10										
Priority amount										
\$123.10										
Nonpriority amount										
\$0.00										
2.577.	Priority creditor's name and mailing address BERRIOS, GIANA M 1023 VALLEY COURT PENNSBURG PA 18073 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$37.84</td></tr></table>	Total claim	\$37.84	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$37.84</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$37.84	Nonpriority amount	\$0.00
Total claim										
\$37.84										
Priority amount										
\$37.84										
Nonpriority amount										
\$0.00										
2.578.	Priority creditor's name and mailing address BERROA, WENDY A 11 PROSPECTS APT 21 21 WORCESTER MA 01608 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$138.96</td></tr></table>	Total claim	\$138.96	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$138.96</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$138.96	Nonpriority amount	\$0.00
Total claim										
\$138.96										
Priority amount										
\$138.96										
Nonpriority amount										
\$0.00										

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2.579.	Priority creditor's name and mailing address BERRY, AMBER 203 WILKERSON STREET 1110 SCOTTSVILLE KY 42164 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$28.89</td></tr></table>	Total claim	\$28.89	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$28.89</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$28.89	Nonpriority amount	\$0.00
Total claim										
\$28.89										
Priority amount										
\$28.89										
Nonpriority amount										
\$0.00										
2.580.	Priority creditor's name and mailing address BERRY, ANABELLE 2054 W 2ND PL MESA AZ 85201 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$665.26</td></tr></table>	Total claim	\$665.26	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$665.26</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$665.26	Nonpriority amount	\$0.00
Total claim										
\$665.26										
Priority amount										
\$665.26										
Nonpriority amount										
\$0.00										
2.581.	Priority creditor's name and mailing address BERRY, CAITLYN A 12551 LORNA ST GARDEN GROVE CA 92841 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$265.80</td></tr></table>	Total claim	\$265.80	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$265.80</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$265.80	Nonpriority amount	\$0.00
Total claim										
\$265.80										
Priority amount										
\$265.80										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.582.	Priority creditor's name and mailing address BERRY, ICYPHINE 1203 HIGH HAMMOCK DRIVE APT 10 TAMPA FL 33619	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$1,366.62	Priority amount \$1,366.62
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.583.	Priority creditor's name and mailing address BERRY, SHELBY 203 LANDMARK DRIVE SCOTTSVILLE KY 42164	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$32.19	Priority amount \$32.19
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.584.	Priority creditor's name and mailing address BERRY, STEPHANY K 200 MAGNOLIA BOULEVARD PORT WENTWORTH GA 31407	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$506.04	Priority amount \$506.04
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.585.	Priority creditor's name and mailing address BERTKE, ANNDREA J 2636 PRELUDE PATH WEST CARROLLTON OH 45449 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$183.66</td> </tr> </table>	Total claim	\$183.66	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$183.66</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$183.66	Nonpriority amount	\$0.00
Total claim										
\$183.66										
Priority amount										
\$183.66										
Nonpriority amount										
\$0.00										
2.586.	Priority creditor's name and mailing address BERTRAND, MIKAYLA M 19 MOUNT PLEASANT STREET DERRY NH 03038 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$708.96</td> </tr> </table>	Total claim	\$708.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$708.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$708.96	Nonpriority amount	\$0.00
Total claim										
\$708.96										
Priority amount										
\$708.96										
Nonpriority amount										
\$0.00										
2.587.	Priority creditor's name and mailing address BETANZOS, JESSICA 14916 61ST CT N LOXAHATCHEE FL 33470 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$264.13</td> </tr> </table>	Total claim	\$264.13	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$264.13</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$264.13	Nonpriority amount	\$0.00
Total claim										
\$264.13										
Priority amount										
\$264.13										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.588.	Priority creditor's name and mailing address BETHEA, QUABENA H 31920 124TH AVE SE #K103 AUBURN WA 98092 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$162.60</td> </tr> </table>	Total claim	\$162.60	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$162.60</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$162.60	Nonpriority amount	\$0.00
Total claim										
\$162.60										
Priority amount										
\$162.60										
Nonpriority amount										
\$0.00										
2.589.	Priority creditor's name and mailing address BETHEA, RASHEEDAH 1162 SOUTH ORANGE AVE APT. 1 SOUTH ORANGE NJ 07079 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$54.17</td> </tr> </table>	Total claim	\$54.17	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$54.17</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$54.17	Nonpriority amount	\$0.00
Total claim										
\$54.17										
Priority amount										
\$54.17										
Nonpriority amount										
\$0.00										
2.590.	Priority creditor's name and mailing address BETTS, AMANDA R 99 SHANDON ROAD #302 DORCHESTER CENTER MA 02124 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$173.64</td> </tr> </table>	Total claim	\$173.64	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$173.64</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$173.64	Nonpriority amount	\$0.00
Total claim										
\$173.64										
Priority amount										
\$173.64										
Nonpriority amount										
\$0.00										

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2.591.	Priority creditor's name and mailing address BETTS, MYAH M 943 HARLAN CIRCLE SAN DIEGO CA 92114 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$99.00</td> </tr> </table>	Total claim	\$99.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$99.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$99.00	Nonpriority amount	\$0.00
Total claim										
\$99.00										
Priority amount										
\$99.00										
Nonpriority amount										
\$0.00										
2.592.	Priority creditor's name and mailing address BEU, JULIANA E 23 GATEWAY ROAD FAIRPORT NY 14450 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$226.77</td> </tr> </table>	Total claim	\$226.77	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$226.77</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$226.77	Nonpriority amount	\$0.00
Total claim										
\$226.77										
Priority amount										
\$226.77										
Nonpriority amount										
\$0.00										
2.593.	Priority creditor's name and mailing address BEVAN, HEATHER L 3 DANIEL ST GREENSBURG PA 15601-6303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,113.88</td> </tr> </table>	Total claim	\$3,113.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,113.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$3,113.88	Nonpriority amount	\$0.00
Total claim										
\$3,113.88										
Priority amount										
\$3,113.88										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.594.	Priority creditor's name and mailing address BEVERLY, DONIQUA J 3 BOULDERCREST COURT H ROSEDALE MD 21237 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$193.72</td> </tr> </table>	Total claim	\$193.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$193.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$193.72	Nonpriority amount	\$0.00
Total claim										
\$193.72										
Priority amount										
\$193.72										
Nonpriority amount										
\$0.00										
2.595.	Priority creditor's name and mailing address BEVILACQUA, MARIA ANTONIETT 1301 POST AVENUE ELMONT NY 11003 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$63.36</td> </tr> </table>	Total claim	\$63.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$63.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$63.36	Nonpriority amount	\$0.00
Total claim										
\$63.36										
Priority amount										
\$63.36										
Nonpriority amount										
\$0.00										
2.596.	Priority creditor's name and mailing address BEZILLA, PAMELA 1341 PARKSIDE AVE EWING NJ 08638 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,527.40</td> </tr> </table>	Total claim	\$3,527.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,527.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$3,527.40	Nonpriority amount	\$0.00
Total claim										
\$3,527.40										
Priority amount										
\$3,527.40										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.597.	Priority creditor's name and mailing address BHOOMBLA, HARLEEN 514 HARTFORD RD MOORESTOWN NJ 08057 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$30.98</td> </tr> </table>	Total claim	\$30.98	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$30.98</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$30.98	Nonpriority amount	\$0.00
Total claim										
\$30.98										
Priority amount										
\$30.98										
Nonpriority amount										
\$0.00										
2.598.	Priority creditor's name and mailing address BHOOSHAN, DEANNA 5900 36TH ST W APT L201 BRADENTON FL 34210 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,971.96</td> </tr> </table>	Total claim	\$1,971.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,971.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,971.96	Nonpriority amount	\$0.00
Total claim										
\$1,971.96										
Priority amount										
\$1,971.96										
Nonpriority amount										
\$0.00										
2.599.	Priority creditor's name and mailing address BIAS, MAKELAH 18520 N 83RD DR PEORIA AZ 85382 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$320.43</td> </tr> </table>	Total claim	\$320.43	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$320.43</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$320.43	Nonpriority amount	\$0.00
Total claim										
\$320.43										
Priority amount										
\$320.43										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.600.	Priority creditor's name and mailing address BIBINS-NORD, NYCHOLE 3226 VICKSBURG ST DETROIT MI 48206 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$611.77</td> </tr> </table>	Total claim	\$611.77	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$611.77</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$611.77	Nonpriority amount	\$0.00
Total claim										
\$611.77										
Priority amount										
\$611.77										
Nonpriority amount										
\$0.00										
2.601.	Priority creditor's name and mailing address BICE, JESSIE D 4248 E FOX STREET MESA AZ 85205 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$145.75</td> </tr> </table>	Total claim	\$145.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$145.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$145.75	Nonpriority amount	\$0.00
Total claim										
\$145.75										
Priority amount										
\$145.75										
Nonpriority amount										
\$0.00										
2.602.	Priority creditor's name and mailing address BICHA, JENNIFER E 7932 CARMENCITA AVE SACRAMENTO CA 95829 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$205.20</td> </tr> </table>	Total claim	\$205.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$205.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$205.20	Nonpriority amount	\$0.00
Total claim										
\$205.20										
Priority amount										
\$205.20										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.603.	Priority creditor's name and mailing address BIGELOW, RICCI N 1640 GRAND AVENUE 1301 KNOXVILLE TN 37916 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$112.46</td> </tr> </table>	Total claim	\$112.46	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$112.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$112.46	Nonpriority amount	\$0.00
Total claim										
\$112.46										
Priority amount										
\$112.46										
Nonpriority amount										
\$0.00										
2.604.	Priority creditor's name and mailing address BIGGERS, ALEXIS 504 SOUTH MULLER PARKWAY APT #404-C BLOOMINGTON IN 47406 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$115.25</td> </tr> </table>	Total claim	\$115.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$115.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$115.25	Nonpriority amount	\$0.00
Total claim										
\$115.25										
Priority amount										
\$115.25										
Nonpriority amount										
\$0.00										
2.605.	Priority creditor's name and mailing address BILLINGSLEY, STAR 9310 E BARRON CIRCLE WICHITA KS 67207 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$30.65</td> </tr> </table>	Total claim	\$30.65	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$30.65</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$30.65	Nonpriority amount	\$0.00
Total claim										
\$30.65										
Priority amount										
\$30.65										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.606.	Priority creditor's name and mailing address BILLINSLEY, MARQUISE A 9310 E BARRON CIR WICHITA KS 67207-3708 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$37.37</td> </tr> </table>	Total claim	\$37.37	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$37.37</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$37.37	Nonpriority amount	\$0.00
Total claim										
\$37.37										
Priority amount										
\$37.37										
Nonpriority amount										
\$0.00										
2.607.	Priority creditor's name and mailing address BILLOCK, ALICIA M 216 N 2ND AVE E DULUTH MN 55803 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$989.85</td> </tr> </table>	Total claim	\$989.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$989.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$989.85	Nonpriority amount	\$0.00
Total claim										
\$989.85										
Priority amount										
\$989.85										
Nonpriority amount										
\$0.00										
2.608.	Priority creditor's name and mailing address BINKLY, ANNABELLE 11129 NE 43RD CIRCLE VANCOUVER WA 98682 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$103.08</td> </tr> </table>	Total claim	\$103.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$103.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$103.08	Nonpriority amount	\$0.00
Total claim										
\$103.08										
Priority amount										
\$103.08										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.609.	Priority creditor's name and mailing address BIRCHFIELD, LAURA O 107 HASTY BLVD ERWIN TN 37650 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$150.08</td> </tr> </table>	Total claim	\$150.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$150.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$150.08	Nonpriority amount	\$0.00
Total claim										
\$150.08										
Priority amount										
\$150.08										
Nonpriority amount										
\$0.00										
2.610.	Priority creditor's name and mailing address BIRD, SAMANTHA E 6809 MILWAUKEE ST 106 MADISON WI 53718-3468 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$3,206.32</td> </tr> </table>	Total claim	\$3,206.32	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$3,206.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,206.32	Nonpriority amount	\$0.00
Total claim										
\$3,206.32										
Priority amount										
\$3,206.32										
Nonpriority amount										
\$0.00										
2.611.	Priority creditor's name and mailing address BISCAN, MEGAN 651 DANA DR. COLUMBIA IL 62236 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$89.44</td> </tr> </table>	Total claim	\$89.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$89.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$89.44	Nonpriority amount	\$0.00
Total claim										
\$89.44										
Priority amount										
\$89.44										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.612.	Priority creditor's name and mailing address BISHOP, MEGAN R 6252 THORNAPPLE VALLEY DR HASTINGS MI 49058 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$39.74</td> </tr> </table>	Total claim	\$39.74	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$39.74</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$39.74	Nonpriority amount	\$0.00
Total claim										
\$39.74										
Priority amount										
\$39.74										
Nonpriority amount										
\$0.00										
2.613.	Priority creditor's name and mailing address BITTERMAN, MAKENZIE M 207 N BALL ST 1 OWOSSO MI 48867 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$871.02</td> </tr> </table>	Total claim	\$871.02	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$871.02</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$871.02	Nonpriority amount	\$0.00
Total claim										
\$871.02										
Priority amount										
\$871.02										
Nonpriority amount										
\$0.00										
2.614.	Priority creditor's name and mailing address BIVENS, DANNISHA K 14602 BELLA MEADOW CT CYPRESS TX 77433 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$32.80</td> </tr> </table>	Total claim	\$32.80	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$32.80</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$32.80	Nonpriority amount	\$0.00
Total claim										
\$32.80										
Priority amount										
\$32.80										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.615.	Priority creditor's name and mailing address BLACK, ANGELA 3903 BUTTONWOOD DRIVE APT 101 COLUMBIA MO 65201	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$310.72	Priority amount \$310.72
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.616.	Priority creditor's name and mailing address BLACK, JASMINE C 2225 MARTIN LN TYLER TX 75701	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$125.01	Priority amount \$125.01
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.617.	Priority creditor's name and mailing address BLACK, NATOSHA L 203 HALL AVE SOLVAY NY 13209	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$1,788.08	Priority amount \$1,788.08
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.618.	Priority creditor's name and mailing address BLACKBURN, EMMA 3295 SHELBY STREET THE VILLAGES FL 32162	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$293.00	Priority amount \$293.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.619.	Priority creditor's name and mailing address BLAIR, RAYONNA X 511 SHELLY RIDGE LN 308 RALEIGH NC 27609	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$109.77	Priority amount \$109.77
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.620.	Priority creditor's name and mailing address BLAIR, SYDNEY Y 202 MEADOW RUN EXTENSION ASHEVILLE NC 28806	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$137.16	Priority amount \$137.16
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.621.	Priority creditor's name and mailing address BLAISDELL, KASSANDRA M 500 SALISBURY ST WORCESTER MA 01609 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$194.04</td> </tr> </table>	Total claim	\$194.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$194.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$194.04	Nonpriority amount	\$0.00
Total claim										
\$194.04										
Priority amount										
\$194.04										
Nonpriority amount										
\$0.00										
2.622.	Priority creditor's name and mailing address BLAISE, ALLYSON 804 TYLER TERRACE UTICA NY 13501 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$223.00</td> </tr> </table>	Total claim	\$223.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$223.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$223.00	Nonpriority amount	\$0.00
Total claim										
\$223.00										
Priority amount										
\$223.00										
Nonpriority amount										
\$0.00										
2.623.	Priority creditor's name and mailing address BLAKE, DERRIERE M 1812 CALADIUM DR. CORINTH TX 76210 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$113.93</td> </tr> </table>	Total claim	\$113.93	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$113.93</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$113.93	Nonpriority amount	\$0.00
Total claim										
\$113.93										
Priority amount										
\$113.93										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.624.	Priority creditor's name and mailing address BLAKELY, CHYNNA S 565 E ELM ST APT 3 LINDEN NJ 07036 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$141.42</td></tr></table>	Total claim	\$141.42	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$141.42</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$141.42	Nonpriority amount	\$0.00
Total claim										
\$141.42										
Priority amount										
\$141.42										
Nonpriority amount										
\$0.00										
2.625.	Priority creditor's name and mailing address BLAKEMORE, SADIE N 340 SUNRISE DRIVE KEVIL KY 42053 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$644.60</td></tr></table>	Total claim	\$644.60	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$644.60</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$644.60	Nonpriority amount	\$0.00
Total claim										
\$644.60										
Priority amount										
\$644.60										
Nonpriority amount										
\$0.00										
2.626.	Priority creditor's name and mailing address BLANCHARD, ELIZABETH A 420 GILMOR RD JOPPA MD 21085-4219 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$1,432.34</td></tr></table>	Total claim	\$1,432.34	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$1,432.34</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,432.34	Nonpriority amount	\$0.00
Total claim										
\$1,432.34										
Priority amount										
\$1,432.34										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.627.	Priority creditor's name and mailing address BLANCHARD, RILEY 5366 DESCANSO CIR E COLORADO SPRINGS CO 80918	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
			\$44.18	\$44.18
				Nonpriority amount
				\$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.628.	Priority creditor's name and mailing address BLANCO, CLARISSA 609 MIDDLE NECK RD 3 GREAT NECK NY 11023	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
			\$557.25	\$557.25
				Nonpriority amount
				\$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.629.	Priority creditor's name and mailing address BLAND, PAMELA M 137 HUNTLEIGH FOREST DR KIRKWOOD MO 63122-1201	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
			\$65.30	\$65.30
				Nonpriority amount
				\$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.630.	Priority creditor's name and mailing address BLECHMAN, EVE S 195 RIVER ROAD DEERFIELD IL 60015 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$426.54</td> </tr> </table>	Total claim	\$426.54	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$426.54</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$426.54	Nonpriority amount	\$0.00
Total claim										
\$426.54										
Priority amount										
\$426.54										
Nonpriority amount										
\$0.00										
2.631.	Priority creditor's name and mailing address BLEDSON, KRISTEN M 161-22 119TH AVENUE 2ND FLOOR JAMAICA NY 11434 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$310.44</td> </tr> </table>	Total claim	\$310.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$310.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$310.44	Nonpriority amount	\$0.00
Total claim										
\$310.44										
Priority amount										
\$310.44										
Nonpriority amount										
\$0.00										
2.632.	Priority creditor's name and mailing address BLEVINS, CHRISTINA J 11296 122ND AVE LARGO FL 33778 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$681.95</td> </tr> </table>	Total claim	\$681.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$681.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$681.95	Nonpriority amount	\$0.00
Total claim										
\$681.95										
Priority amount										
\$681.95										
Nonpriority amount										
\$0.00										

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2.633.	Priority creditor's name and mailing address BLISH, STEPHANIE C 4750 W 29TH ST 706 GREELEY CO 80634 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$100.24</td></tr></table>	Total claim	\$100.24	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$100.24</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$100.24	Nonpriority amount	\$0.00
Total claim										
\$100.24										
Priority amount										
\$100.24										
Nonpriority amount										
\$0.00										
2.634.	Priority creditor's name and mailing address BLOOMER, ANTHONY J 2819 FAIRMOUNT AVE ATLANTIC CITY NJ 08401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$170.98</td></tr></table>	Total claim	\$170.98	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$170.98</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$170.98	Nonpriority amount	\$0.00
Total claim										
\$170.98										
Priority amount										
\$170.98										
Nonpriority amount										
\$0.00										
2.635.	Priority creditor's name and mailing address BLUCAS, ALEXANDRIA 208 ROCKSVILLE ROAD SOUTHAMPTON PA 18966 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$148.61</td></tr></table>	Total claim	\$148.61	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$148.61</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$148.61	Nonpriority amount	\$0.00
Total claim										
\$148.61										
Priority amount										
\$148.61										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.636.	Priority creditor's name and mailing address BLUE, SHANTA L 8411 SOMERTON CIRCLE DOUGLASVILLE GA 30134 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$100.55</td> </tr> </table>	Total claim	\$100.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$100.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$100.55	Nonpriority amount	\$0.00
Total claim										
\$100.55										
Priority amount										
\$100.55										
Nonpriority amount										
\$0.00										
2.637.	Priority creditor's name and mailing address BOATENG, CHANELLE 3932 STRETTON AVE FAYETTEVILLE NC 28306 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$125.28</td> </tr> </table>	Total claim	\$125.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$125.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$125.28	Nonpriority amount	\$0.00
Total claim										
\$125.28										
Priority amount										
\$125.28										
Nonpriority amount										
\$0.00										
2.638.	Priority creditor's name and mailing address BOBSEIN, MARIA A 108 HAWTHORNE DRIVE N APT 5F NEW LONDON CT 06320 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$7,008.95</td> </tr> </table>	Total claim	\$7,008.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$7,008.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$7,008.95	Nonpriority amount	\$0.00
Total claim										
\$7,008.95										
Priority amount										
\$7,008.95										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.639.	Priority creditor's name and mailing address BOCANEGRA, FABIOLA 3516 OLGA AVE MCALLEN TX 78503 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$79.20</td></tr></table>	Total claim	\$79.20	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$79.20</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$79.20	Nonpriority amount	\$0.00
Total claim										
\$79.20										
Priority amount										
\$79.20										
Nonpriority amount										
\$0.00										
2.640.	Priority creditor's name and mailing address BODDY, CHEROKEE 1367 SOUTHVIEW DRIVE 102 OXON HILL MD 20745 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$96.60</td></tr></table>	Total claim	\$96.60	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$96.60</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$96.60	Nonpriority amount	\$0.00
Total claim										
\$96.60										
Priority amount										
\$96.60										
Nonpriority amount										
\$0.00										
2.641.	Priority creditor's name and mailing address BODLEY, MAKAILA J 10881 HULME AVE LYNWOOD CA 90262 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$36.36</td></tr></table>	Total claim	\$36.36	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$36.36</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$36.36	Nonpriority amount	\$0.00
Total claim										
\$36.36										
Priority amount										
\$36.36										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.642.	Priority creditor's name and mailing address BODY, SHARON K 9225 E TANQUE VERDE RD 46-104 TUCSON NV 85749 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$4,044.17</td> </tr> </table>	Total claim	\$4,044.17	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$4,044.17</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$4,044.17	Nonpriority amount	\$0.00
Total claim										
\$4,044.17										
Priority amount										
\$4,044.17										
Nonpriority amount										
\$0.00										
2.643.	Priority creditor's name and mailing address BOGAR, BRANDI S 2502 CHANNING DR. GRAND PRAIRIE TX 75052 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$157.95</td> </tr> </table>	Total claim	\$157.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$157.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$157.95	Nonpriority amount	\$0.00
Total claim										
\$157.95										
Priority amount										
\$157.95										
Nonpriority amount										
\$0.00										
2.644.	Priority creditor's name and mailing address BOGGESE, CHELSIE A 3785 QUITMAN ST BEAUMONT TX 77708-4118 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$99.79</td> </tr> </table>	Total claim	\$99.79	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$99.79</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$99.79	Nonpriority amount	\$0.00
Total claim										
\$99.79										
Priority amount										
\$99.79										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.645.	Priority creditor's name and mailing address BOGUE, JADYN T 5450 WEST BRIXTON DRIVE LINCOLN NE 68521	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$65.07	Priority amount \$65.07
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.646.	Priority creditor's name and mailing address BOHLAND, BRIANNA C 454 HOPKINS CEMETERY RD C 502 HARRINGTON DE 19952	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$509.63	Priority amount \$509.63
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.647.	Priority creditor's name and mailing address BOHLIN, HAILEY O 339 E BROWNSTONE DRIVE BLOOMINGTON IN 47408	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$523.71	Priority amount \$523.71
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.648.	Priority creditor's name and mailing address BOISCLAIR, SASHA L 194 FAYETTE STREET LYNN MA 01902 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$444.96</td> </tr> </table>	Total claim	\$444.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$444.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$444.96	Nonpriority amount	\$0.00
Total claim										
\$444.96										
Priority amount										
\$444.96										
Nonpriority amount										
\$0.00										
2.649.	Priority creditor's name and mailing address BOITNOTT, ALEXANDRA E 4009 APACHE RD. SALEM VA 24153 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$400.56</td> </tr> </table>	Total claim	\$400.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$400.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$400.56	Nonpriority amount	\$0.00
Total claim										
\$400.56										
Priority amount										
\$400.56										
Nonpriority amount										
\$0.00										
2.650.	Priority creditor's name and mailing address BOLAND, KERI L 1538 YARMOUTH AVE WELLINGTON FL 33414 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,361.02</td> </tr> </table>	Total claim	\$1,361.02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,361.02</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,361.02	Nonpriority amount	\$0.00
Total claim										
\$1,361.02										
Priority amount										
\$1,361.02										
Nonpriority amount										
\$0.00										

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2.651.	Priority creditor's name and mailing address BOLANDER, GABRIELLE C 7616 FOXGLOVE LANE NOBLESVILLE IN 46062	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$457.52	Priority amount \$457.52
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.652.	Priority creditor's name and mailing address BOLDEN, JASMINE A 5348 JORDAN DRIVE MEMPHIS TN 38116	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$80.85	Priority amount \$80.85
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.653.	Priority creditor's name and mailing address BOLLING, KAMESIA C 5724 PALOMINO DRIVE RALEIGH NC 27606	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$60.54	Priority amount \$60.54
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.654.	Priority creditor's name and mailing address BOLTON, TASHA N 292 REVERE AVE 2 UNION NJ 07083 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$6,118.57</td> </tr> </table>	Total claim	\$6,118.57	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$6,118.57</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	Priority amount	\$6,118.57	Nonpriority amount	\$0.00
Total claim										
\$6,118.57										
Priority amount										
\$6,118.57										
Nonpriority amount										
\$0.00										
2.655.	Priority creditor's name and mailing address BOLTON, TORI R 1811 HOYT AVE INDIANAPOLIS IN 46203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$375.10</td> </tr> </table>	Total claim	\$375.10	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$375.10</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	Priority amount	\$375.10	Nonpriority amount	\$0.00
Total claim										
\$375.10										
Priority amount										
\$375.10										
Nonpriority amount										
\$0.00										
2.656.	Priority creditor's name and mailing address BONANNO, AUDRY K 630 RALPH HUGHES COURT PANAMA CITY FL 32404 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$257.22</td> </tr> </table>	Total claim	\$257.22	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$257.22</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	Priority amount	\$257.22	Nonpriority amount	\$0.00
Total claim										
\$257.22										
Priority amount										
\$257.22										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.657.	Priority creditor's name and mailing address BOND, JADYN R 5503 E. FARM RD. 170 ROGERSVILLE MO 65742	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$107.84	Priority amount \$107.84
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.658.	Priority creditor's name and mailing address BONET, ELIZABETH 816 MARION OAKS MANOR Ocala FL 34473	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$2,427.17	Priority amount \$2,427.17
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.659.	Priority creditor's name and mailing address BONGARD, COURTNEY 3841 DAYSTAR RD D MADISON WI 53704	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$63.98	Priority amount \$63.98
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.660.	Priority creditor's name and mailing address BONIFACIO, MEGAN N 5900 HIDDEN PINE LANE MCKINNEY TX 75070	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$542.59	Priority amount \$542.59
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.661.	Priority creditor's name and mailing address BONILLA, BRIANNA 508 NEWYORK AVE ELIZABETH NJ 07202	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$124.43	Priority amount \$124.43
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.662.	Priority creditor's name and mailing address BONNEAU, LINDSEY A 74 PACIFIC OCEAN DR BRICK NJ 08723	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$226.74	Priority amount \$226.74
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.663.	Priority creditor's name and mailing address BONNER, VANESSA 915 SANDRA DRIVE BAKERSFIELD CA 93304	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$94.44	Priority amount \$94.44
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.664.	Priority creditor's name and mailing address BONNEVILLE, RACHELLE A 124 S FREDERICKSBURG WAY VANCOUVER WA 98664	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$1,834.36	Priority amount \$1,834.36
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.665.	Priority creditor's name and mailing address BOOKER, IYAUNA N 4613 MILLVALE CT NORTH CHESTERFIELD VA 23832	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$62.77	Priority amount \$62.77
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.666.	Priority creditor's name and mailing address BOOKER, LATONIA 5464 POLLARD DR SOUTHAVEN MS 38671-6981	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$621.29	Priority amount \$621.29
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.667.	Priority creditor's name and mailing address BOOKER, LILLIAN D 1000 CHASTAIN ROAD 857826 KENNESAW GA 30144	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$116.43	Priority amount \$116.43
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.668.	Priority creditor's name and mailing address BOOKER, TIFFANY B 1416 SW 27TH CT FT LAUDERDALE FL 33315	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$541.49	Priority amount \$541.49
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.669.	Priority creditor's name and mailing address BOONE, ERIN M 7627 PIMMIT HILLS DR JACKSONVILLE FL 32244-6535 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,470.17</td> </tr> </table>	Total claim	\$1,470.17	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,470.17</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,470.17	Nonpriority amount	\$0.00
Total claim										
\$1,470.17										
Priority amount										
\$1,470.17										
Nonpriority amount										
\$0.00										
2.670.	Priority creditor's name and mailing address BOONE, THEOTIS 72 GUERNSEY DR COLUMBIA SC 29203-6736 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,767.86</td> </tr> </table>	Total claim	\$1,767.86	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,767.86</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,767.86	Nonpriority amount	\$0.00
Total claim										
\$1,767.86										
Priority amount										
\$1,767.86										
Nonpriority amount										
\$0.00										
2.671.	Priority creditor's name and mailing address BOONE, TIA 205 LOCHNESS CT APT 201 VIRGINIA BEACH VA 23452 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$370.85</td> </tr> </table>	Total claim	\$370.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$370.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$370.85	Nonpriority amount	\$0.00
Total claim										
\$370.85										
Priority amount										
\$370.85										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.672.	Priority creditor's name and mailing address BOOTH, INFYNITY R 14949 SE STARK ST 2 PORTLAND OR 97233 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$344.16</td></tr></table>	Total claim	\$344.16	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$344.16</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$344.16	Nonpriority amount	\$0.00
Total claim										
\$344.16										
Priority amount										
\$344.16										
Nonpriority amount										
\$0.00										
2.673.	Priority creditor's name and mailing address BOOTH, LEIGHANN 3320 KOSSUTH AVE 6B BRONX NY 10467 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$842.56</td></tr></table>	Total claim	\$842.56	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$842.56</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$842.56	Nonpriority amount	\$0.00
Total claim										
\$842.56										
Priority amount										
\$842.56										
Nonpriority amount										
\$0.00										
2.674.	Priority creditor's name and mailing address BOOTH, NATHANIEL 750 WILDBRIAR RD APT 104 PALM BAY FL 32905 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$92.38</td></tr></table>	Total claim	\$92.38	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$92.38</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$92.38	Nonpriority amount	\$0.00
Total claim										
\$92.38										
Priority amount										
\$92.38										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.675.	Priority creditor's name and mailing address BOOTHE, LORNETTE S 9116 KILPATRICK AVE APT 1A APT 1A SKOKIE IL 60076	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
			\$359.15	\$359.15
				Nonpriority amount
				\$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.676.	Priority creditor's name and mailing address BOOZER, BRYANNA M 70 SOUTHWATERFORD ROAD DALTON PA 18414	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
			\$42.41	\$42.41
				Nonpriority amount
				\$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.677.	Priority creditor's name and mailing address BORDEN, BREANNA P 319 CARLEIGH LANE BOONEVILLE MS 38829	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
			\$498.27	\$498.27
				Nonpriority amount
				\$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.678.	Priority creditor's name and mailing address BORDEN, DESTANI 113 CHANTICLEER VILLAGE DR. B MYRTLE BEACH SC 29579	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$272.70	Priority amount \$272.70
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.679.	Priority creditor's name and mailing address BORDERS, HAILEY N 30 MIDLAND LANE WHEATLEY HEIGHTS NY 11798	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$1,476.00	Priority amount \$1,476.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.680.	Priority creditor's name and mailing address BORDONARO, MOLLY A 513 JACK STREET GREENSBURG PA 15601	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$142.83	Priority amount \$142.83
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.681.	Priority creditor's name and mailing address BORGES, ERICKA T 3252 CABRILLO MESA DR SAN DIEGO CA 92123 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$111.72</td> </tr> </table>	Total claim	\$111.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$111.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$111.72	Nonpriority amount	\$0.00
Total claim										
\$111.72										
Priority amount										
\$111.72										
Nonpriority amount										
\$0.00										
2.682.	Priority creditor's name and mailing address BORIA, FUENTES RAIZA S CARR 187 #23 BO MEDIANIA BA LOIZA PR 00772 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,374.58</td> </tr> </table>	Total claim	\$1,374.58	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,374.58</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,374.58	Nonpriority amount	\$0.00
Total claim										
\$1,374.58										
Priority amount										
\$1,374.58										
Nonpriority amount										
\$0.00										
2.683.	Priority creditor's name and mailing address BORJA, BRENDA 2207 BELVEDERE BLVD TYLER TX 75702-3923 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$173.57</td> </tr> </table>	Total claim	\$173.57	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$173.57</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$173.57	Nonpriority amount	\$0.00
Total claim										
\$173.57										
Priority amount										
\$173.57										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.684.	Priority creditor's name and mailing address BORJA, CELESTE J 500 BUENA VISTA BLVD. BAKERSFIELD CA 93307	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$75.36	Priority amount \$75.36
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.685.	Priority creditor's name and mailing address BOR-MARQUEZ, JAQUELINE M 478 BEDFORD AVE UNIONDALE NY 11553	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$244.32	Priority amount \$244.32
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.686.	Priority creditor's name and mailing address BORNOS, BRYANNA C 91-458 MAKALEA ST EWA BEACH HI 96706	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$208.77	Priority amount \$208.77
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.687.	Priority creditor's name and mailing address BORNIO, KRISTEN-MARIE 1809 LANAKILA AVE HONOLULU HI 96817	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$552.26	Priority amount \$552.26
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.688.	Priority creditor's name and mailing address BORUNDA, ARIANA 4410 N. 49TH DR. PHOENIX AZ 85031	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$238.03	Priority amount \$238.03
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.689.	Priority creditor's name and mailing address BOSTEDER, BRIANNA L 10400 SE COOK CT 132 MILWAUKIE OR 97222	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$747.88	Priority amount \$747.88
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.690.	Priority creditor's name and mailing address BOSTEDT, BROOKLYN 1384 EAST ADAM DRIVE DE PERE WI 54115 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$134.79</td> </tr> </table>	Total claim	\$134.79	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$134.79</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$134.79	Nonpriority amount	\$0.00
Total claim										
\$134.79										
Priority amount										
\$134.79										
Nonpriority amount										
\$0.00										
2.691.	Priority creditor's name and mailing address BOSTIC, TRISHA A 447 NEW DORWART ST LANCASTER PA 17603 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$340.32</td> </tr> </table>	Total claim	\$340.32	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$340.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$340.32	Nonpriority amount	\$0.00
Total claim										
\$340.32										
Priority amount										
\$340.32										
Nonpriority amount										
\$0.00										
2.692.	Priority creditor's name and mailing address BOSTON, ESSENCE 812A W 43RD ST. NORFOLK VA 23508 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$62.40</td> </tr> </table>	Total claim	\$62.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$62.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$62.40	Nonpriority amount	\$0.00
Total claim										
\$62.40										
Priority amount										
\$62.40										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.693.	Priority creditor's name and mailing address BOSWELL, DE'ANDRE L 6363 WEST CAMP WISDOM RD 713 DALLAS TX 75236	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$163.10	Priority amount \$163.10
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.694.	Priority creditor's name and mailing address BOTELLO, ASHLEE N 1014 DORADO WAY CHULA VISTA CA 91910	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$305.40	Priority amount \$305.40
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.695.	Priority creditor's name and mailing address BOTELLO, BRINA M 650 NORTH IMPERIAL AVENUE #18 18 BRAWLEY CA 92227	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$184.44	Priority amount \$184.44
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.696.	Priority creditor's name and mailing address BOUDREAUX, DARRELYN 300 VENUS DR LAFAYETTE LA 70501 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$46.96</td> </tr> </table>	Total claim	\$46.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$46.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$46.96	Nonpriority amount	\$0.00
Total claim										
\$46.96										
Priority amount										
\$46.96										
Nonpriority amount										
\$0.00										
2.697.	Priority creditor's name and mailing address BOUFFORD, DANIELLE 6 SEQUOIA AVENUE LONDONDERRY NH 03053 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$518.38</td> </tr> </table>	Total claim	\$518.38	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$518.38</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$518.38	Nonpriority amount	\$0.00
Total claim										
\$518.38										
Priority amount										
\$518.38										
Nonpriority amount										
\$0.00										
2.698.	Priority creditor's name and mailing address BOUNDS, BRIANNA 13713 ARTESA BELL DRIVE RIVERVIEW FL 33579 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$42.98</td> </tr> </table>	Total claim	\$42.98	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$42.98</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$42.98	Nonpriority amount	\$0.00
Total claim										
\$42.98										
Priority amount										
\$42.98										
Nonpriority amount										
\$0.00										

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2.699.	Priority creditor's name and mailing address BOUPHAVONG, STEPHANIE S 1021 E. SARAZEN AVE FRESNO CA 93730	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$38.40	Priority amount \$38.40
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.700.	Priority creditor's name and mailing address BOUROUS, ALEXA 164 ANCHORAGE DRIVE WEST ISLIP NY 11795	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$699.46	Priority amount \$699.46
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.701.	Priority creditor's name and mailing address BOWDRE, KIRA R 2401 UTOPIA COURT AUGUSTA GA 30909	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$151.04	Priority amount \$151.04
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.702.	Priority creditor's name and mailing address BOWEN, ELANA Y 7532 S 138TH ST OMAHA NE 68138-5411 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$476.27</td></tr></table>	Total claim	\$476.27	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$476.27</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$476.27	Nonpriority amount	\$0.00
Total claim										
\$476.27										
Priority amount										
\$476.27										
Nonpriority amount										
\$0.00										
2.703.	Priority creditor's name and mailing address BOWEN, KATELYN 227 SUMMEY BARKER DR DALLAS NC 28034-7780 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$4,423.64</td></tr></table>	Total claim	\$4,423.64	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$4,423.64</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$4,423.64	Nonpriority amount	\$0.00
Total claim										
\$4,423.64										
Priority amount										
\$4,423.64										
Nonpriority amount										
\$0.00										
2.704.	Priority creditor's name and mailing address BOWEN, MIKAELA 5300 FOX COVE LANE A GREENSBORO NC 27407 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$68.48</td></tr></table>	Total claim	\$68.48	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$68.48</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$68.48	Nonpriority amount	\$0.00
Total claim										
\$68.48										
Priority amount										
\$68.48										
Nonpriority amount										
\$0.00										

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2.705.	Priority creditor's name and mailing address BOWER, JANICE S 15608 N. 71ST STREET APT. 146 SCOTTSDALE AZ 85254 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$533.64</td> </tr> </table>	Total claim	\$533.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$533.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$533.64	Nonpriority amount	\$0.00
Total claim										
\$533.64										
Priority amount										
\$533.64										
Nonpriority amount										
\$0.00										
2.706.	Priority creditor's name and mailing address BOWERS, CHRISTIAN 5009 WINFIELD DR RINCON GA 31326 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,212.15</td> </tr> </table>	Total claim	\$1,212.15	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,212.15</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,212.15	Nonpriority amount	\$0.00
Total claim										
\$1,212.15										
Priority amount										
\$1,212.15										
Nonpriority amount										
\$0.00										
2.707.	Priority creditor's name and mailing address BOWERS, YAMILET 8 CHURCH ST APT K CARMEL NY 10512 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$574.06</td> </tr> </table>	Total claim	\$574.06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$574.06</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$574.06	Nonpriority amount	\$0.00
Total claim										
\$574.06										
Priority amount										
\$574.06										
Nonpriority amount										
\$0.00										

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2.708.	Priority creditor's name and mailing address BOWES, BRITTNEY D 7069 RAPID RIVER DR W JACKSONVILLE FL 32219 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$187.50</td> </tr> </table>	Total claim	\$187.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$187.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$187.50	Nonpriority amount	\$0.00
Total claim										
\$187.50										
Priority amount										
\$187.50										
Nonpriority amount										
\$0.00										
2.709.	Priority creditor's name and mailing address BOWMAN, SARAH E 6051 ROMA DR. APT 301 SHREVEPORT LA 71105 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$59.81</td> </tr> </table>	Total claim	\$59.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$59.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$59.81	Nonpriority amount	\$0.00
Total claim										
\$59.81										
Priority amount										
\$59.81										
Nonpriority amount										
\$0.00										
2.710.	Priority creditor's name and mailing address BOWMAN, TIINAMARIE 154 STRIBLING CIRCLE SPARTANBURG SC 29301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$172.13</td> </tr> </table>	Total claim	\$172.13	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$172.13</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$172.13	Nonpriority amount	\$0.00
Total claim										
\$172.13										
Priority amount										
\$172.13										
Nonpriority amount										
\$0.00										

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2.711.	Priority creditor's name and mailing address BOWSER, LEINISHA 10402 19TH AVE CT S APT N302 TACOMA WA 98444	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$798.55	Priority amount \$798.55
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.712.	Priority creditor's name and mailing address BOYAZIS, DEMETRIA C 3660 ROBERTS RIDGE AKRON OH 44333	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$425.70	Priority amount \$425.70
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.713.	Priority creditor's name and mailing address BOYCE, DESERAE 135 1ST ST EATONTOWN NJ 07724	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$559.32	Priority amount \$559.32
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.714.	Priority creditor's name and mailing address BOYCE, JAMIE 2904 POWELL AVE PENNSAUKEN NJ 08110 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$328.79</td> </tr> </table>	Total claim	\$328.79	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$328.79</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$328.79	Nonpriority amount	\$0.00
Total claim										
\$328.79										
Priority amount										
\$328.79										
Nonpriority amount										
\$0.00										
2.715.	Priority creditor's name and mailing address BOYD, ALEXIA R 300 BELLAMY AVE 325-101 CONWAY SC 29526 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$100.33</td> </tr> </table>	Total claim	\$100.33	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$100.33</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$100.33	Nonpriority amount	\$0.00
Total claim										
\$100.33										
Priority amount										
\$100.33										
Nonpriority amount										
\$0.00										
2.716.	Priority creditor's name and mailing address BOYD, HOPE E 2013 W CAMPBELL RD APT. 238 GARLAND TX 75044 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,755.08</td> </tr> </table>	Total claim	\$1,755.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,755.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,755.08	Nonpriority amount	\$0.00
Total claim										
\$1,755.08										
Priority amount										
\$1,755.08										
Nonpriority amount										
\$0.00										

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2.717.	Priority creditor's name and mailing address BOYD, KIERRA 1200 ROBLEY DR. APT. 7302 LAFAYETTE LA 70503	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$180.67	Priority amount \$180.67
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.718.	Priority creditor's name and mailing address BOYD, SKYLAR R 1459 E 138TH ST GLENPOOL OK 74033	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$67.40	Priority amount \$67.40
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.719.	Priority creditor's name and mailing address BOYD, TEOSHA 1247 N GRAHAM AVENUE 152B FLORENCE AL 35630	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$31.39	Priority amount \$31.39
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.720.	Priority creditor's name and mailing address BOYKIN, LABREA G 891 SUGARCANE CLARKSVILLE TN 37040	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$109.96	Priority amount \$109.96
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.721.	Priority creditor's name and mailing address BOYKINS, DIAMOND L 7387 WOODROW WILSON DETROIT MI 48206	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$150.26	Priority amount \$150.26
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.722.	Priority creditor's name and mailing address BOYLAN, ELAYSZYA A 1112 EVERT DRIVE VIRGINIA BEACH VA 23464	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$85.15	Priority amount \$85.15
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.723.	Priority creditor's name and mailing address BOYLE, LAURA A 3730 INGLESIDE BLVD. APT 3306 LADSON SC 29456 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,381.50</td> <td>\$1,381.50</td> </tr> </table>	Total claim	Priority amount	\$1,381.50	\$1,381.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount									
\$1,381.50	\$1,381.50									
Nonpriority amount										
\$0.00										
2.724.	Priority creditor's name and mailing address BOZEMAN, REMONA 3840 JILES RD 22 KENNESAW GA 30144 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,345.93</td> <td>\$3,345.93</td> </tr> </table>	Total claim	Priority amount	\$3,345.93	\$3,345.93	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount									
\$3,345.93	\$3,345.93									
Nonpriority amount										
\$0.00										
2.725.	Priority creditor's name and mailing address BRADE, ZOE B 1831 SAN DOLLAR CIR PENSACOLA FL 32504 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$203.63</td> <td>\$203.63</td> </tr> </table>	Total claim	Priority amount	\$203.63	\$203.63	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount									
\$203.63	\$203.63									
Nonpriority amount										
\$0.00										

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2.726.	Priority creditor's name and mailing address BRADEN, NAUTIKA 2108 COWAN ST FAYETTEVILLE NC 28306	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$123.62	Priority amount \$123.62
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.727.	Priority creditor's name and mailing address BRADEN, SAVANAH R 1347 BOARDWALK AVE MOLALLA OR 97038	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$75.46	Priority amount \$75.46
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.728.	Priority creditor's name and mailing address BRADFIELD, TAYLOR 4003 WINTERSWEET DR DECATUR GA 30034	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$146.71	Priority amount \$146.71
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.729.	Priority creditor's name and mailing address BRADFORD, LENA R 1507 MINGLE AVE. KNOXVILLE TN 37921 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$546.62	Priority amount \$546.62 Nonpriority amount \$0.00
2.730.	Priority creditor's name and mailing address BRADLEY, BRITNEY S 4753 WALDEN CIRCLE APT J ORLANDO FL 32811 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$288.67	Priority amount \$288.67 Nonpriority amount \$0.00
2.731.	Priority creditor's name and mailing address BRADLEY, CELSIE A 1139 SILVER LAKE COURT PINGREE GROVE IL 60140 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$208.15	Priority amount \$208.15 Nonpriority amount \$0.00

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2.732.	Priority creditor's name and mailing address BRADLEY, JESSICA 550 GRAVES AVE #6 EL CAJON CA 92020	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$4,480.10	Priority amount \$4,480.10
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.733.	Priority creditor's name and mailing address BRADSHAW, LUCILA 1805 CALHOUN AVENUE PANAMA CITY FL 32405-2623	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$5,712.94	Priority amount \$5,712.94
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.734.	Priority creditor's name and mailing address BRADSHAW, TRINITEE M 1752 SOUTHAMPTON DR SE GRAND RAPIDS MI 49508	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$242.08	Priority amount \$242.08
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.735.	Priority creditor's name and mailing address BRAMBILA, HEFZIBA 659 MANOR DR C PACIFICA CA 94044 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$247.51</td></tr></table>	Total claim	\$247.51	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$247.51</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$247.51	Nonpriority amount	\$0.00
Total claim										
\$247.51										
Priority amount										
\$247.51										
Nonpriority amount										
\$0.00										
2.736.	Priority creditor's name and mailing address BRANCATO, VIDALIA R 20620 WEST GOLDEN ELM DR. ESTERO FL 33928 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$538.57</td></tr></table>	Total claim	\$538.57	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$538.57</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$538.57	Nonpriority amount	\$0.00
Total claim										
\$538.57										
Priority amount										
\$538.57										
Nonpriority amount										
\$0.00										
2.737.	Priority creditor's name and mailing address BRANCH, JASMINE M 6128 PENNSWOOD AVE. LAKEWOOD CA 90712 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$189.24</td></tr></table>	Total claim	\$189.24	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$189.24</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$189.24	Nonpriority amount	\$0.00
Total claim										
\$189.24										
Priority amount										
\$189.24										
Nonpriority amount										
\$0.00										

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2.738.	Priority creditor's name and mailing address BRANDON, EKIMA R 64 BIDWELL AVE 1ST FLOOR JERSEY CITY NJ 07305 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,957.85</td> </tr> </table>	Total claim	\$2,957.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,957.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,957.85	Nonpriority amount	\$0.00
Total claim										
\$2,957.85										
Priority amount										
\$2,957.85										
Nonpriority amount										
\$0.00										
2.739.	Priority creditor's name and mailing address BRANDT, KATELYNN R 15367 FLOWERFIELD RD THREERIVERS MI 49093 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$35.89</td> </tr> </table>	Total claim	\$35.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$35.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$35.89	Nonpriority amount	\$0.00
Total claim										
\$35.89										
Priority amount										
\$35.89										
Nonpriority amount										
\$0.00										
2.740.	Priority creditor's name and mailing address BRANDT, TAYLOR R 232 GRACE STREET GROVE CITY PA 16127 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,406.24</td> </tr> </table>	Total claim	\$1,406.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,406.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,406.24	Nonpriority amount	\$0.00
Total claim										
\$1,406.24										
Priority amount										
\$1,406.24										
Nonpriority amount										
\$0.00										

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2.741.	Priority creditor's name and mailing address BRANTLEY, KAYLA A 1080 ADAHI TRAIL MACON GA 31220 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$154.79</td></tr></table>	Total claim	\$154.79	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$154.79</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$154.79	Nonpriority amount	\$0.00
Total claim										
\$154.79										
Priority amount										
\$154.79										
Nonpriority amount										
\$0.00										
2.742.	Priority creditor's name and mailing address BRASHER, SARAH A 1400 MALL OF GEORGIA BLVD APT 311 BUFORD GA 30519 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$34.64</td></tr></table>	Total claim	\$34.64	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$34.64</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$34.64	Nonpriority amount	\$0.00
Total claim										
\$34.64										
Priority amount										
\$34.64										
Nonpriority amount										
\$0.00										
2.743.	Priority creditor's name and mailing address BRASSEAS-ALVIZAR, LIZETH 83201 LOS CABOS AVE COACHELLA CA 92236 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$574.86</td></tr></table>	Total claim	\$574.86	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$574.86</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$574.86	Nonpriority amount	\$0.00
Total claim										
\$574.86										
Priority amount										
\$574.86										
Nonpriority amount										
\$0.00										

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2.744.	Priority creditor's name and mailing address BRASTAD, SUMMER 3935 VALLEY VIEW DR. N. APT105 EAGAN MN 55122 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$77.70</td> </tr> </table>	Total claim	\$77.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$77.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$77.70	Nonpriority amount	\$0.00
Total claim										
\$77.70										
Priority amount										
\$77.70										
Nonpriority amount										
\$0.00										
2.745.	Priority creditor's name and mailing address BRAVO, ITZEL 16739 WESTGREEN SQ HOCKLEY TX 77447-9166 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$54.69</td> </tr> </table>	Total claim	\$54.69	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$54.69</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$54.69	Nonpriority amount	\$0.00
Total claim										
\$54.69										
Priority amount										
\$54.69										
Nonpriority amount										
\$0.00										
2.746.	Priority creditor's name and mailing address BRAVO, LUNA SHEILA C 628 W 42ND PL LOS ANGELES CA 90037 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$86.40</td> </tr> </table>	Total claim	\$86.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$86.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$86.40	Nonpriority amount	\$0.00
Total claim										
\$86.40										
Priority amount										
\$86.40										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.747.	Priority creditor's name and mailing address BRAVO, RUDY 16414 POCONO ST LA PUENTE CA 91744	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$10,298.75	Priority amount \$10,298.75
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.748.	Priority creditor's name and mailing address BRAVO, SAMANTHA E 5236 W PEORIA #204 GLENDALE AZ 85302	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$31.90	Priority amount \$31.90
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.749.	Priority creditor's name and mailing address BRAY, TRISHA 4222 E ANDREA DR CAVE CREEK AZ 85331	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$2,188.10	Priority amount \$2,188.10
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.750.	Priority creditor's name and mailing address BRAZIL, NICOLE C 1472 NORTH STREET #A SANTA ROSA CA 95404 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,119.74</td> <td>\$2,119.74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Total claim	Priority amount	\$2,119.74	\$2,119.74	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$2,119.74	\$2,119.74								
Nonpriority amount									
\$0.00									
2.751.	Priority creditor's name and mailing address BREDICE, CARLI R 4756 STADIUM DRIVE BRIDGMAN MI 49106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$98.06</td> <td>\$98.06</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Total claim	Priority amount	\$98.06	\$98.06	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$98.06	\$98.06								
Nonpriority amount									
\$0.00									
2.752.	Priority creditor's name and mailing address BREITFELDER, ANNA 11 PERRY ROAD BRANCHVILLE NJ 07826 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$36.07</td> <td>\$36.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Total claim	Priority amount	\$36.07	\$36.07	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$36.07	\$36.07								
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.753.	Priority creditor's name and mailing address BREMER, MORGAN H 3 ADAMS COURT HOPEWELL JUNCTION NY 12533	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$140.09	Priority amount \$140.09
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.754.	Priority creditor's name and mailing address BRENNAN, KRISTIN L 2825 BERKLEY RD. ERIE PA 16506	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$958.02	Priority amount \$958.02
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.755.	Priority creditor's name and mailing address BRENNAN, SARAH E 145 HARMONY RD APT 522 SLIPPERY ROCK PA 16057	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$41.25	Priority amount \$41.25
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.756.	Priority creditor's name and mailing address BRESS, HEATHER R 24910 JENNINGS ROAD MYAKKA CITY FL 34251	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$2,637.61	Priority amount \$2,637.61
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.757.	Priority creditor's name and mailing address BREWER, ADDISON M 1125 FRANKLIN SE GRAND RAPIDS MI 49507	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$129.50	Priority amount \$129.50
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.758.	Priority creditor's name and mailing address BREWER, EMILY M 372 E. 13TH AVE COLUMBUS OH 43201	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$169.54	Priority amount \$169.54
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.759.	Priority creditor's name and mailing address BREWER, MARIA E 3607 SALT FORK DR KILLEEN TX 76549-5631	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$2,084.70	Priority amount \$2,084.70
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.760.	Priority creditor's name and mailing address BREWER, SHONTA E 3749 N ABBY ST FRESNO CA 93726-5406	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$72.60	Priority amount \$72.60
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.761.	Priority creditor's name and mailing address BRICKFIELD, ERIN D 1349 NORTHGATE CIRCLE I-103 OVIEDO FL 32765	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$175.80	Priority amount \$175.80
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.762.	Priority creditor's name and mailing address BRIDGES, ALAYAH 398 MORNING CREEK CIR APOPKA FL 32712	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$496.13	Priority amount \$496.13
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.763.	Priority creditor's name and mailing address BRIDGES, ELANDRA 212 CEDAR VILLAGE DR YORK PA 17406	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$437.50	Priority amount \$437.50
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.764.	Priority creditor's name and mailing address BRIDGES, HEATHER L 721 NE 23RD ST MOORE OK 73160	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$4,785.38	Priority amount \$4,785.38
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.765.	Priority creditor's name and mailing address BRIGHT, DAKOTA C 639 NANTUCKET PL NORWALK IA 50211 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$741.96</td></tr></table>	Total claim	\$741.96	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$741.96</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$741.96	Nonpriority amount	\$0.00
Total claim										
\$741.96										
Priority amount										
\$741.96										
Nonpriority amount										
\$0.00										
2.766.	Priority creditor's name and mailing address BRINKLEY, HAROLD A 5427 MORRIS AVE SUITLAND MD 20746 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$656.05</td></tr></table>	Total claim	\$656.05	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$656.05</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$656.05	Nonpriority amount	\$0.00
Total claim										
\$656.05										
Priority amount										
\$656.05										
Nonpriority amount										
\$0.00										
2.767.	Priority creditor's name and mailing address BRINKMAN, KELSEY E 10424 CAENEN DRIVE OVERLAND PARK KS 66215 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$372.43</td></tr></table>	Total claim	\$372.43	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$372.43</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$372.43	Nonpriority amount	\$0.00
Total claim										
\$372.43										
Priority amount										
\$372.43										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.768.	Priority creditor's name and mailing address BRISCOE-CURTIS, SYDNEY 800 WEST MARIETTA ST.NW ATLANTA GA 30318	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$40.06	Priority amount \$40.06
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.769.	Priority creditor's name and mailing address BRISENO, STEPHANY 1208 5TH AVE. APT. E CHULA VISTA CA 91911	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$114.60	Priority amount \$114.60
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.770.	Priority creditor's name and mailing address BRITT, ANGELA 138 CENTER ST FREEHOLD NJ 07728	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$134.17	Priority amount \$134.17
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.771.	Priority creditor's name and mailing address BRITT, JAMES 1377 ARLINE AVE ABINGTON PA 19001	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$103.54	Priority amount \$103.54
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.772.	Priority creditor's name and mailing address BRITTON, JORDAN 1440 EMPRESS DR 2502 MCDONOUGH GA 30253	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$599.29	Priority amount \$599.29
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.773.	Priority creditor's name and mailing address BROADBELT, JANNELLE K 4 JOHN ST SPRING VALLEY NY 10977	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$276.62	Priority amount \$276.62
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.774.	Priority creditor's name and mailing address BROADEN, JAVONNI R 6916 MEGAN AVE. LAS VEGAS NV 89108 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$399.53</td> </tr> </table>	Total claim	\$399.53	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$399.53</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$399.53	Nonpriority amount	\$0.00
Total claim										
\$399.53										
Priority amount										
\$399.53										
Nonpriority amount										
\$0.00										
2.775.	Priority creditor's name and mailing address BROCK, WHITNEY 704 IAA DR. APT. B6 BLOOMINGTON IL 61701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,225.96</td> </tr> </table>	Total claim	\$3,225.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,225.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,225.96	Nonpriority amount	\$0.00
Total claim										
\$3,225.96										
Priority amount										
\$3,225.96										
Nonpriority amount										
\$0.00										
2.776.	Priority creditor's name and mailing address BRONAUGH, HOPE 225 DISCOVERY DR COLLEGE STATION TX 77845 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$239.28</td> </tr> </table>	Total claim	\$239.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$239.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$239.28	Nonpriority amount	\$0.00
Total claim										
\$239.28										
Priority amount										
\$239.28										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.777.	Priority creditor's name and mailing address BRONCO, RYAN K 6259 LAKE ALTURAS AVE SAN DIEGO CA 92119 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$63.84</td> </tr> </table>	Total claim	\$63.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$63.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$63.84	Nonpriority amount	\$0.00
Total claim										
\$63.84										
Priority amount										
\$63.84										
Nonpriority amount										
\$0.00										
2.778.	Priority creditor's name and mailing address BRONSTORPH, ANGELLE-LIS 8 WILLIAMS COURT MAHOPAC NY 10541 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$334.20</td> </tr> </table>	Total claim	\$334.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$334.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$334.20	Nonpriority amount	\$0.00
Total claim										
\$334.20										
Priority amount										
\$334.20										
Nonpriority amount										
\$0.00										
2.779.	Priority creditor's name and mailing address BROOKS, ADRIANNA B 1265 EAST 222ND STREET BRONX NY 10469 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$85.20</td> </tr> </table>	Total claim	\$85.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$85.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$85.20	Nonpriority amount	\$0.00
Total claim										
\$85.20										
Priority amount										
\$85.20										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.780.	Priority creditor's name and mailing address BROOKS, AMANDA K 1517 HAVENWOOD DR OCEANSIDE CA 92056 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,637.28</td> </tr> </table>	Total claim	\$1,637.28	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,637.28</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,637.28	Nonpriority amount	\$0.00
Total claim										
\$1,637.28										
Priority amount										
\$1,637.28										
Nonpriority amount										
\$0.00										
2.781.	Priority creditor's name and mailing address BROOKS, AUDRIANNA 1472 CITY VIEW ST. EUGENE OR 97402 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$119.14</td> </tr> </table>	Total claim	\$119.14	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$119.14</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$119.14	Nonpriority amount	\$0.00
Total claim										
\$119.14										
Priority amount										
\$119.14										
Nonpriority amount										
\$0.00										
2.782.	Priority creditor's name and mailing address BROOKS, BATESHA 279 GOLDSMITH AVE APT D1 NEWARK NJ 07112 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$71.01</td> </tr> </table>	Total claim	\$71.01	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$71.01</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$71.01	Nonpriority amount	\$0.00
Total claim										
\$71.01										
Priority amount										
\$71.01										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.783.	Priority creditor's name and mailing address BROOKS, BRIONNA L 1210 MORGANS LANDING DR. SANDY SPRINGS GA 30350	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$738.49	Priority amount \$738.49
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.784.	Priority creditor's name and mailing address BROOKS, DESTINY J 10217 DOVER DR YUKON OK 73099	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$166.03	Priority amount \$166.03
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.785.	Priority creditor's name and mailing address BROOKS, INEZ 118 TACOMA AVE. BUFFALO NY 14216	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$314.35	Priority amount \$314.35
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.786.	Priority creditor's name and mailing address BROOKS, MADISON 5318 STONES RIVER AVE BATON ROUGE LA 70817	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$83.81	Priority amount \$83.81
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.787.	Priority creditor's name and mailing address BROOKS, SYDNEY N 104 DALEWOOD MANOR LANE APT F APT F BIRMINGHAM AL 35214	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$163.54	Priority amount \$163.54
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.788.	Priority creditor's name and mailing address BROOKS, TAYLOR B 935 MCFARLAN AVE FORT WALTON BEACH FL 32547	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$220.98	Priority amount \$220.98
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.789.	Priority creditor's name and mailing address BROOKS, TYESHIA S 1435 OAKES ROAD 3 RACINE WI 53406 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$345.94</td> </tr> </table>	Total claim	\$345.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$345.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$345.94	Nonpriority amount	\$0.00
Total claim										
\$345.94										
Priority amount										
\$345.94										
Nonpriority amount										
\$0.00										
2.790.	Priority creditor's name and mailing address BROOM, JENNIFER L 1509 BLAINE AVE RACINE WI 53405 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$5,600.14</td> </tr> </table>	Total claim	\$5,600.14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$5,600.14</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$5,600.14	Nonpriority amount	\$0.00
Total claim										
\$5,600.14										
Priority amount										
\$5,600.14										
Nonpriority amount										
\$0.00										
2.791.	Priority creditor's name and mailing address BROOME, ASHLEY 1030 SILVER OAK PLACE CHULA VISTA CA 91914 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$4,707.39</td> </tr> </table>	Total claim	\$4,707.39	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$4,707.39</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$4,707.39	Nonpriority amount	\$0.00
Total claim										
\$4,707.39										
Priority amount										
\$4,707.39										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.792.	Priority creditor's name and mailing address BROSIOUS, SELENA L 18 ALBEE LANE PASCOAG RI 02859 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$121.44</td> </tr> </table>	Total claim	\$121.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$121.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$121.44	Nonpriority amount	\$0.00
Total claim										
\$121.44										
Priority amount										
\$121.44										
Nonpriority amount										
\$0.00										
2.793.	Priority creditor's name and mailing address BROWN, ALLISON 511 TORWOOD DRIVE COLUMBIA SC 29203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$114.84</td> </tr> </table>	Total claim	\$114.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$114.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$114.84	Nonpriority amount	\$0.00
Total claim										
\$114.84										
Priority amount										
\$114.84										
Nonpriority amount										
\$0.00										
2.794.	Priority creditor's name and mailing address BROWN, AMARI N 8468 WOODCREST APT 5 WESTLAND MI 48185 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$207.11</td> </tr> </table>	Total claim	\$207.11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$207.11</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$207.11	Nonpriority amount	\$0.00
Total claim										
\$207.11										
Priority amount										
\$207.11										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.795.	Priority creditor's name and mailing address BROWN, ANNIKA 241 RAMPART WAY APT 203 EAST LANSING MI 48823 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$536.71</td> </tr> </table>	Total claim	\$536.71	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$536.71</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$536.71	Nonpriority amount	\$0.00
Total claim										
\$536.71										
Priority amount										
\$536.71										
Nonpriority amount										
\$0.00										
2.796.	Priority creditor's name and mailing address BROWN, A'QUOIA 3044 HIDDEN FOREST CT. 5231 B MARIETTA GA 30066 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$90.70</td> </tr> </table>	Total claim	\$90.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$90.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$90.70	Nonpriority amount	\$0.00
Total claim										
\$90.70										
Priority amount										
\$90.70										
Nonpriority amount										
\$0.00										
2.797.	Priority creditor's name and mailing address BROWN, ASHLEY A 113 NORTH PARKRIDGE STREET WICHITA KS 67212 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$129.05</td> </tr> </table>	Total claim	\$129.05	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$129.05</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$129.05	Nonpriority amount	\$0.00
Total claim										
\$129.05										
Priority amount										
\$129.05										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.798.	Priority creditor's name and mailing address BROWN, ASHLEY N 4454 N 89TH MILWAUKEE WI 53225	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$216.15	Priority amount \$216.15
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.799.	Priority creditor's name and mailing address BROWN, ASIA N 18200 ROSELAND BLVD LATHRUP VILLAGE MI 48076	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$77.07	Priority amount \$77.07
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.800.	Priority creditor's name and mailing address BROWN, AUBREY G 2409 ALPINE DRIVE JACKSON MO 63755	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$465.74	Priority amount \$465.74
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.801.	Priority creditor's name and mailing address BROWN, AURORA I 1061 11TH STREET IMPERIAL BEACH CA 91932	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$2,881.78	Priority amount \$2,881.78
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.802.	Priority creditor's name and mailing address BROWN, AUTUMN A 669 THORNHILL DR COLUMBIA SC 29229	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$178.65	Priority amount \$178.65
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.803.	Priority creditor's name and mailing address BROWN, BLAIR D 1640 GRAND AVE 1301 KNOXVILLE TN 37916	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$181.54	Priority amount \$181.54
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.804.	Priority creditor's name and mailing address BROWN, BRIANNA M 10435 PALMERA DRIVE HELOTES TX 78023 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$58.64</td> </tr> </table>	Total claim	\$58.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$58.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$58.64	Nonpriority amount	\$0.00
Total claim										
\$58.64										
Priority amount										
\$58.64										
Nonpriority amount										
\$0.00										
2.805.	Priority creditor's name and mailing address BROWN, CASSANDRA 9 MELBA DR HUDSON NH 03051 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$496.50</td> </tr> </table>	Total claim	\$496.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$496.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$496.50	Nonpriority amount	\$0.00
Total claim										
\$496.50										
Priority amount										
\$496.50										
Nonpriority amount										
\$0.00										
2.806.	Priority creditor's name and mailing address BROWN, DANNIQUA R 141-21 249 STREET 2 ROSEDALE NY 11422 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$177.00</td> </tr> </table>	Total claim	\$177.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$177.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$177.00	Nonpriority amount	\$0.00
Total claim										
\$177.00										
Priority amount										
\$177.00										
Nonpriority amount										
\$0.00										

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2.807.	Priority creditor's name and mailing address BROWN, DESIREE 1416 JOHNSON SOUTH BEND IN 46628 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$12.35</td> </tr> </table>	Total claim	\$12.35	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$12.35</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$12.35	Nonpriority amount	\$0.00
Total claim										
\$12.35										
Priority amount										
\$12.35										
Nonpriority amount										
\$0.00										
2.808.	Priority creditor's name and mailing address BROWN, DIXIE 2000 OAK GROVE ROAD APT 1106 HATTIESBURG MS 39402 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$16.89</td> </tr> </table>	Total claim	\$16.89	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$16.89</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$16.89	Nonpriority amount	\$0.00
Total claim										
\$16.89										
Priority amount										
\$16.89										
Nonpriority amount										
\$0.00										
2.809.	Priority creditor's name and mailing address BROWN, GABRIELLE S 7130 HUMMINGBIRD PLACE PHILADELPHIA PA 19153 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$126.01</td> </tr> </table>	Total claim	\$126.01	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$126.01</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$126.01	Nonpriority amount	\$0.00
Total claim										
\$126.01										
Priority amount										
\$126.01										
Nonpriority amount										
\$0.00										

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2.810.	Priority creditor's name and mailing address BROWN, HANNAH K 1125 16TH AVENUE ALTOONA PA 16601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$121.29</td> </tr> </table>	Total claim	\$121.29	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$121.29</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$121.29	Nonpriority amount	\$0.00
Total claim										
\$121.29										
Priority amount										
\$121.29										
Nonpriority amount										
\$0.00										
2.811.	Priority creditor's name and mailing address BROWN, INDIA T 12315 LAWSON CREEK DR. JACKSONVILLE FL 32218 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$164.72</td> </tr> </table>	Total claim	\$164.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$164.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$164.72	Nonpriority amount	\$0.00
Total claim										
\$164.72										
Priority amount										
\$164.72										
Nonpriority amount										
\$0.00										
2.812.	Priority creditor's name and mailing address BROWN, JACQUELYN F 6939 NETHERLAND DRIVE LIBERTY TOWNSHIP OH 45044 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$580.00</td> </tr> </table>	Total claim	\$580.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$580.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$580.00	Nonpriority amount	\$0.00
Total claim										
\$580.00										
Priority amount										
\$580.00										
Nonpriority amount										
\$0.00										

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2.813.	Priority creditor's name and mailing address BROWN, JADA A 188 DWIGHT STREET APT.B JERSEY CITY NJ 07305 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$74.52</td></tr></table>	Total claim	\$74.52	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$74.52</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$74.52	Nonpriority amount	\$0.00
Total claim										
\$74.52										
Priority amount										
\$74.52										
Nonpriority amount										
\$0.00										
2.814.	Priority creditor's name and mailing address BROWN, JAQUAN 550 NORTHRIDGE PARKWAY 2411 SANDY SPRINGS GA 30350 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$0.00</td></tr></table>	Total claim	\$0.00	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$0.00</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$0.00	Nonpriority amount	\$0.00
Total claim										
\$0.00										
Priority amount										
\$0.00										
Nonpriority amount										
\$0.00										
2.815.	Priority creditor's name and mailing address BROWN, JOE 1809 S WILLIAMS LN HARLINGEN TX 78550 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$147.23</td></tr></table>	Total claim	\$147.23	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$147.23</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$147.23	Nonpriority amount	\$0.00
Total claim										
\$147.23										
Priority amount										
\$147.23										
Nonpriority amount										
\$0.00										

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2.816.	Priority creditor's name and mailing address BROWN, KATARA 3173 NW 39 ST LAUDERDALE LAKES FL 33309 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$514.29</td> </tr> </table>	Total claim	\$514.29	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$514.29</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$514.29	Nonpriority amount	\$0.00
Total claim										
\$514.29										
Priority amount										
\$514.29										
Nonpriority amount										
\$0.00										
2.817.	Priority creditor's name and mailing address BROWN, KEIRRA 4204 BEALE STREET MONROE LA 71203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$99.33</td> </tr> </table>	Total claim	\$99.33	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$99.33</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$99.33	Nonpriority amount	\$0.00
Total claim										
\$99.33										
Priority amount										
\$99.33										
Nonpriority amount										
\$0.00										
2.818.	Priority creditor's name and mailing address BROWN, KELLY A 658 TIMBER CREEK SOUTH HERNANDO MS 38632 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$198.30</td> </tr> </table>	Total claim	\$198.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$198.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$198.30	Nonpriority amount	\$0.00
Total claim										
\$198.30										
Priority amount										
\$198.30										
Nonpriority amount										
\$0.00										

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2.819.	Priority creditor's name and mailing address BROWN, LASHAUNTA 1438 HANDBALL LN D INDIANAPOLIS IN 46260 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$37.71</td></tr></table>	Total claim	\$37.71	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$37.71</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$37.71	Nonpriority amount	\$0.00
Total claim										
\$37.71										
Priority amount										
\$37.71										
Nonpriority amount										
\$0.00										
2.820.	Priority creditor's name and mailing address BROWN, MAKAYLA 244 FISHER AVE NEPTUNE NJ 07753 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$242.93</td></tr></table>	Total claim	\$242.93	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$242.93</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$242.93	Nonpriority amount	\$0.00
Total claim										
\$242.93										
Priority amount										
\$242.93										
Nonpriority amount										
\$0.00										
2.821.	Priority creditor's name and mailing address BROWN, MAKIYAH N 3405 WEST MAIN ST JACKSONVILLE AR 72076 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$149.21</td></tr></table>	Total claim	\$149.21	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$149.21</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$149.21	Nonpriority amount	\$0.00
Total claim										
\$149.21										
Priority amount										
\$149.21										
Nonpriority amount										
\$0.00										

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2.822.	Priority creditor's name and mailing address BROWN, MONIQUEA A 9920 FOREST LANE 305 DALLAS TX 75243	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$164.51	Priority amount \$164.51
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.823.	Priority creditor's name and mailing address BROWN, NAKIA N 4320 GLENDALE STREET PHILADELPHIA PA 19124	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$34.32	Priority amount \$34.32
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.824.	Priority creditor's name and mailing address BROWN, NIA A 222 C BUTTRICK AVE BRONX NY 10465	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$61.20	Priority amount \$61.20
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.825.	Priority creditor's name and mailing address BROWN, SAMARA 3225 MARSHLANE WAY RALEIGH NC 27610-4080 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,460.55</td> </tr> </table>	Total claim	\$2,460.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,460.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,460.55	Nonpriority amount	\$0.00
Total claim										
\$2,460.55										
Priority amount										
\$2,460.55										
Nonpriority amount										
\$0.00										
2.826.	Priority creditor's name and mailing address BROWN, SARAH 11814 SILVERWOOD BEND LANE CYPRESS TX 77433 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$103.52</td> </tr> </table>	Total claim	\$103.52	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$103.52</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$103.52	Nonpriority amount	\$0.00
Total claim										
\$103.52										
Priority amount										
\$103.52										
Nonpriority amount										
\$0.00										
2.827.	Priority creditor's name and mailing address BROWN, SARAH A 14808 ERSKINE ST OMAHA NE 68116 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$76.77</td> </tr> </table>	Total claim	\$76.77	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$76.77</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$76.77	Nonpriority amount	\$0.00
Total claim										
\$76.77										
Priority amount										
\$76.77										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.828.	Priority creditor's name and mailing address BROWN, SHEELA M 11425 DURAND AVE MT PLEASANT WI 53406	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$3,736.26	Priority amount \$3,736.26
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.829.	Priority creditor's name and mailing address BROWN, SHIRLANDREA 1624 HOUGHTON ROAD DALLAS TX 75217	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$159.04	Priority amount \$159.04
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.830.	Priority creditor's name and mailing address BROWN, SIMONE R 1220 EAST WEST HIGHWAY APT 1618 SILVER SPRING MD 20910	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$878.36	Priority amount \$878.36
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.831.	Priority creditor's name and mailing address BROWN, TAELO R 5075 TITAN CT. DENVER CO 80239 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$120.10</td></tr></table>	Total claim	\$120.10	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$120.10</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$120.10	Nonpriority amount	\$0.00
Total claim										
\$120.10										
Priority amount										
\$120.10										
Nonpriority amount										
\$0.00										
2.832.	Priority creditor's name and mailing address BROWN, TIARA 79 LANOUE TTE ST EXT MERIDEN CT 06451 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$503.16</td></tr></table>	Total claim	\$503.16	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$503.16</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$503.16	Nonpriority amount	\$0.00
Total claim										
\$503.16										
Priority amount										
\$503.16										
Nonpriority amount										
\$0.00										
2.833.	Priority creditor's name and mailing address BROWN, VANITRA 143 TRAILING VINE LANE HARVEST AL 35749 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$26.46</td></tr></table>	Total claim	\$26.46	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$26.46</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$26.46	Nonpriority amount	\$0.00
Total claim										
\$26.46										
Priority amount										
\$26.46										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.834.	Priority creditor's name and mailing address BROWN-BLACK, NADIA M 5112 SOUTH PINES DRIVE JACKSONVILLE FL 32207 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$74.36</td> </tr> </table>	Total claim	\$74.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$74.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$74.36	Nonpriority amount	\$0.00
Total claim										
\$74.36										
Priority amount										
\$74.36										
Nonpriority amount										
\$0.00										
2.835.	Priority creditor's name and mailing address BRUCE, KATHERINE A 5930 FAIRWAY CT WEST DES MOINES IA 50266 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$83.57</td> </tr> </table>	Total claim	\$83.57	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$83.57</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$83.57	Nonpriority amount	\$0.00
Total claim										
\$83.57										
Priority amount										
\$83.57										
Nonpriority amount										
\$0.00										
2.836.	Priority creditor's name and mailing address BRUCE, MEGAN 31800 CONCORD DR F MADISON HEIGHTS MI 48071 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$533.72</td> </tr> </table>	Total claim	\$533.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$533.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$533.72	Nonpriority amount	\$0.00
Total claim										
\$533.72										
Priority amount										
\$533.72										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.837.	Priority creditor's name and mailing address BRUNI, SAMANTHA 11 CAMELLIA DR. CAPE GIRARDEAU MO 63703	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$17.89	Priority amount \$17.89
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.838.	Priority creditor's name and mailing address BRUNO, GARCIA NAYDIL T 1232 CAVERN RIDGE CT. NORTH LAS VEGAS NV 89031	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$81.34	Priority amount \$81.34
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.839.	Priority creditor's name and mailing address BRUNO, TAYLOR-ROSE 1471 STRAIGHT PATH APT B2 WYANDANCH NY 11798-3917	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$145.44	Priority amount \$145.44
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.840.	Priority creditor's name and mailing address BRUTON, TASIA L L 216 R ST NE AUBURN WA 98002 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$265.20</td> </tr> </table>	Total claim	\$265.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$265.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$265.20	Nonpriority amount	\$0.00
Total claim										
\$265.20										
Priority amount										
\$265.20										
Nonpriority amount										
\$0.00										
2.841.	Priority creditor's name and mailing address BRUTUS, RACHELLE 150 LIBERTY PKWY APT G4 SPRING VALLEY NY 10977 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,315.37</td> </tr> </table>	Total claim	\$2,315.37	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,315.37</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,315.37	Nonpriority amount	\$0.00
Total claim										
\$2,315.37										
Priority amount										
\$2,315.37										
Nonpriority amount										
\$0.00										
2.842.	Priority creditor's name and mailing address BRYAN, DANIELLE A 7432 NW 34TH ST LAUDERHILL FL 33319 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$172.75</td> </tr> </table>	Total claim	\$172.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$172.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$172.75	Nonpriority amount	\$0.00
Total claim										
\$172.75										
Priority amount										
\$172.75										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.843.	Priority creditor's name and mailing address BRYAN, KARLEE J 632 JOEY AVENUE EL CAJON CA 92020 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$174.00</td> </tr> </table>	Total claim	\$174.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$174.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$174.00	Nonpriority amount	\$0.00
Total claim										
\$174.00										
Priority amount										
\$174.00										
Nonpriority amount										
\$0.00										
2.844.	Priority creditor's name and mailing address BRYANT, ANAYAH J 3205 NW 83 ST GAINESVILLE 1221 GAINESVILLE FL 32606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$140.95</td> </tr> </table>	Total claim	\$140.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$140.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$140.95	Nonpriority amount	\$0.00
Total claim										
\$140.95										
Priority amount										
\$140.95										
Nonpriority amount										
\$0.00										
2.845.	Priority creditor's name and mailing address BRYANT, ANDREA 4939 SILVERBELL DR KENTWOOD MI 49548 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$35.89</td> </tr> </table>	Total claim	\$35.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$35.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$35.89	Nonpriority amount	\$0.00
Total claim										
\$35.89										
Priority amount										
\$35.89										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.846.	Priority creditor's name and mailing address BRYANT, BRITTANY 12802 W WILLOW AVE EL MIRAGE AZ 85335-5357 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,334.56</td> </tr> </table>	Total claim	\$1,334.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,334.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,334.56	Nonpriority amount	\$0.00
Total claim										
\$1,334.56										
Priority amount										
\$1,334.56										
Nonpriority amount										
\$0.00										
2.847.	Priority creditor's name and mailing address BRYANT, EMILY 1699 OAKLAND ROAD NORTH PORT FL 34286 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$42.55</td> </tr> </table>	Total claim	\$42.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$42.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$42.55	Nonpriority amount	\$0.00
Total claim										
\$42.55										
Priority amount										
\$42.55										
Nonpriority amount										
\$0.00										
2.848.	Priority creditor's name and mailing address BRYANT, SHAMEKA 1787 WEST LEE ST. LOUISVILLE KY 40210 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$116.84</td> </tr> </table>	Total claim	\$116.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$116.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$116.84	Nonpriority amount	\$0.00
Total claim										
\$116.84										
Priority amount										
\$116.84										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.849.	Priority creditor's name and mailing address BRYANT, TEKEDRA J 3461 JOSLYN ST MEMPHIS TN 38128 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$66.37</td> </tr> </table>	Total claim	\$66.37	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$66.37</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$66.37	Nonpriority amount	\$0.00
Total claim										
\$66.37										
Priority amount										
\$66.37										
Nonpriority amount										
\$0.00										
2.850.	Priority creditor's name and mailing address BRYANT, TIARA 8927 AVERY MEADOWS DR CHARLOTTE NC 28216 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$63.58</td> </tr> </table>	Total claim	\$63.58	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$63.58</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$63.58	Nonpriority amount	\$0.00
Total claim										
\$63.58										
Priority amount										
\$63.58										
Nonpriority amount										
\$0.00										
2.851.	Priority creditor's name and mailing address BRYANT, TRACY M 1600 ASTER DRIVE APT #32 ANTIOCH CA 94509 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,973.07</td> </tr> </table>	Total claim	\$1,973.07	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,973.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,973.07	Nonpriority amount	\$0.00
Total claim										
\$1,973.07										
Priority amount										
\$1,973.07										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.852.	Priority creditor's name and mailing address BRZOZA, IZABELLA M 2150 SMETHWICK LN HOFFMAN ESTATES IL 60169 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$409.23</td> </tr> </table>	Total claim	\$409.23	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$409.23</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$409.23	Nonpriority amount	\$0.00
Total claim										
\$409.23										
Priority amount										
\$409.23										
Nonpriority amount										
\$0.00										
2.853.	Priority creditor's name and mailing address BUCHANAN, KATLYN L 2261 GEORGIAN CIRCLE FRANKLIN TN 37067 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$86.95</td> </tr> </table>	Total claim	\$86.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$86.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$86.95	Nonpriority amount	\$0.00
Total claim										
\$86.95										
Priority amount										
\$86.95										
Nonpriority amount										
\$0.00										
2.854.	Priority creditor's name and mailing address BUCHLER, LAILA A 110 BARBARA ST LOUISVILLE CO 80027 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$240.65</td> </tr> </table>	Total claim	\$240.65	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$240.65</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$240.65	Nonpriority amount	\$0.00
Total claim										
\$240.65										
Priority amount										
\$240.65										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.855.	Priority creditor's name and mailing address BUCK, JASMINE O 310 RETHKE AVE MADISON WI 53714 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$28.49</td> </tr> </table>	Total claim	\$28.49	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$28.49</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$28.49	Nonpriority amount	\$0.00
Total claim										
\$28.49										
Priority amount										
\$28.49										
Nonpriority amount										
\$0.00										
2.856.	Priority creditor's name and mailing address BUCK, TIARA G 204 POPLAR DRIVE GREER SC 29651 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$267.43</td> </tr> </table>	Total claim	\$267.43	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$267.43</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$267.43	Nonpriority amount	\$0.00
Total claim										
\$267.43										
Priority amount										
\$267.43										
Nonpriority amount										
\$0.00										
2.857.	Priority creditor's name and mailing address BUCKALEW, AMBER 343 6TH AVENUE SOUTH 922 SAUK RIDGE MADISON WI 53717 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$89.63</td> </tr> </table>	Total claim	\$89.63	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$89.63</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$89.63	Nonpriority amount	\$0.00
Total claim										
\$89.63										
Priority amount										
\$89.63										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.858.	Priority creditor's name and mailing address BUCKINGHAM, LEELEE W 299 NORTH SALTAIR AVENUE LOS ANGELES CA 90049 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$109.71</td> </tr> </table>	Total claim	\$109.71	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$109.71</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$109.71	Nonpriority amount	\$0.00
Total claim										
\$109.71										
Priority amount										
\$109.71										
Nonpriority amount										
\$0.00										
2.859.	Priority creditor's name and mailing address BUCKMASTER, ALEXIS N 6927 E 10TH AVE LAKE STATION IN 46405 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$98.38</td> </tr> </table>	Total claim	\$98.38	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$98.38</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$98.38	Nonpriority amount	\$0.00
Total claim										
\$98.38										
Priority amount										
\$98.38										
Nonpriority amount										
\$0.00										
2.860.	Priority creditor's name and mailing address BUCKNER, TIARIA 112 KENTUCKY OAKS MONTGOMERY AL 36117 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$170.89</td> </tr> </table>	Total claim	\$170.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$170.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$170.89	Nonpriority amount	\$0.00
Total claim										
\$170.89										
Priority amount										
\$170.89										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.861.	Priority creditor's name and mailing address BUDD, SHATISE T 117-09 202 STREET SAINT ALBANS NY 11412 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$295.92</td> </tr> </table>	Total claim	\$295.92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$295.92</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$295.92	Nonpriority amount	\$0.00
Total claim										
\$295.92										
Priority amount										
\$295.92										
Nonpriority amount										
\$0.00										
2.862.	Priority creditor's name and mailing address BUDRAJ, HANNA 2016 MCGRAW AVE BRONX NY 10462 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$145.80</td> </tr> </table>	Total claim	\$145.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$145.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$145.80	Nonpriority amount	\$0.00
Total claim										
\$145.80										
Priority amount										
\$145.80										
Nonpriority amount										
\$0.00										
2.863.	Priority creditor's name and mailing address BUEHLER, MIKALA A 311 SUNRISE LANE APT B CHATTANOOGA TN 37411 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$518.60</td> </tr> </table>	Total claim	\$518.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$518.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$518.60	Nonpriority amount	\$0.00
Total claim										
\$518.60										
Priority amount										
\$518.60										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.864.	Priority creditor's name and mailing address BUENAVENTURA, ANGELICA M 5955 NW 105TH COURT APT 322 DORAL FL 33178	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$1,246.27	Priority amount \$1,246.27
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.865.	Priority creditor's name and mailing address BUENDIA, NATHAN A 28 KAMAKOA LOOP WAILUKU HI 96793	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$0.00	Priority amount \$0.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.866.	Priority creditor's name and mailing address BUENROSTRO, ALANA E 5810 LOBELIA WAY LIVERMORE CA 94551	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$247.80	Priority amount \$247.80
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.867.	Priority creditor's name and mailing address BUENROSTRO-RIVEROS, VERONICA 3249 MADISON ST OMAHA NE 68107	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$315.26	Priority amount \$315.26
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.868.	Priority creditor's name and mailing address BUI-NGUYEN, JOANNA L 6521 HANNAH STABLES DRIVE JACKSONVILLE FL 32244	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$197.63	Priority amount \$197.63
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.869.	Priority creditor's name and mailing address BUJAK, LILYANA R 225 BEECHURST AVE APT A MORGANTOWN WV 26505	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$96.87	Priority amount \$96.87
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.870.	Priority creditor's name and mailing address BULLINGTON, MAYRA L B5 CALLE 6 B-5 CALLE 6 CAROLINA PR 00985-6107 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$174.27</td></tr></table>	Total claim	\$174.27	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$174.27</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$174.27	Nonpriority amount	\$0.00
Total claim										
\$174.27										
Priority amount										
\$174.27										
Nonpriority amount										
\$0.00										
2.871.	Priority creditor's name and mailing address BULLOCK, ALLANA 504 WILKES COLUMBIA MO 65201 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$27.09</td></tr></table>	Total claim	\$27.09	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$27.09</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$27.09	Nonpriority amount	\$0.00
Total claim										
\$27.09										
Priority amount										
\$27.09										
Nonpriority amount										
\$0.00										
2.872.	Priority creditor's name and mailing address BULLOCK, ANNA L 3415 S 66TH ST #316 FORT SMITH AR 72903 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$42.09</td></tr></table>	Total claim	\$42.09	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$42.09</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$42.09	Nonpriority amount	\$0.00
Total claim										
\$42.09										
Priority amount										
\$42.09										
Nonpriority amount										
\$0.00										

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2.873.	Priority creditor's name and mailing address BULLOCK, MARIAHANNA O 102 RED GATE DRIVE MONROEVILLE PA 15146 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$167.70</td> </tr> </table>	Total claim	\$167.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$167.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$167.70	Nonpriority amount	\$0.00
Total claim										
\$167.70										
Priority amount										
\$167.70										
Nonpriority amount										
\$0.00										
2.874.	Priority creditor's name and mailing address BUMGARNER, JESSICA M 8414 O'CONNOR CT UNIT 810 HENRICO VA 23228 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,621.24</td> </tr> </table>	Total claim	\$3,621.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,621.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,621.24	Nonpriority amount	\$0.00
Total claim										
\$3,621.24										
Priority amount										
\$3,621.24										
Nonpriority amount										
\$0.00										
2.875.	Priority creditor's name and mailing address BUMGARNER, MEGAN L 2519 S 18TH ST MOUNT VERNON WA 98274 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,850.82</td> </tr> </table>	Total claim	\$3,850.82	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,850.82</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,850.82	Nonpriority amount	\$0.00
Total claim										
\$3,850.82										
Priority amount										
\$3,850.82										
Nonpriority amount										
\$0.00										

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2.876.	Priority creditor's name and mailing address BUMPHIS, KEISHA 3200 PARKWOOD BLVD APT 613 PLANO TX 75093	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$383.14	Priority amount \$383.14
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.877.	Priority creditor's name and mailing address BUMPHIS, TAMIKA 571 HWY 370 W BALDWIN MS 38824-7532	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$1,687.03	Priority amount \$1,687.03
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.878.	Priority creditor's name and mailing address BUNKLEY, KELLY K 5832 BARRIER REEF DR FORT WORTH TX 76179	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$205.03	Priority amount \$205.03
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.879.	Priority creditor's name and mailing address BUNTING, BRITTANI L 5979 DEER CREEK DRIVE PITTSVILLE MD 21850 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$978.77</td> </tr> </table>	Total claim	\$978.77	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$978.77</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$978.77	Nonpriority amount	\$0.00
Total claim										
\$978.77										
Priority amount										
\$978.77										
Nonpriority amount										
\$0.00										
2.880.	Priority creditor's name and mailing address BURCHETT, FELICIA J 5923 EVERGREEN MANOR APT C C ALTOONA PA 16602 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$229.61</td> </tr> </table>	Total claim	\$229.61	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$229.61</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$229.61	Nonpriority amount	\$0.00
Total claim										
\$229.61										
Priority amount										
\$229.61										
Nonpriority amount										
\$0.00										
2.881.	Priority creditor's name and mailing address BURDA, JESSICA D 1112 S 20TH ST APT 224 SOUTH BEND IN 46615 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,249.22</td> </tr> </table>	Total claim	\$1,249.22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,249.22</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,249.22	Nonpriority amount	\$0.00
Total claim										
\$1,249.22										
Priority amount										
\$1,249.22										
Nonpriority amount										
\$0.00										

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2.882.	Priority creditor's name and mailing address BURDGE, MELANIE M 2136 DOROTHY RD TOMS RIVER NJ 08753 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$78.59</td></tr></table>	Total claim	\$78.59	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$78.59</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$78.59	Nonpriority amount	\$0.00
Total claim										
\$78.59										
Priority amount										
\$78.59										
Nonpriority amount										
\$0.00										
2.883.	Priority creditor's name and mailing address BURDICK, EMILY M 3652 WILLOW WISP DR. NORTH LAKELAND FL 33810 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$524.47</td></tr></table>	Total claim	\$524.47	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$524.47</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$524.47	Nonpriority amount	\$0.00
Total claim										
\$524.47										
Priority amount										
\$524.47										
Nonpriority amount										
\$0.00										
2.884.	Priority creditor's name and mailing address BURGAN, STARDACIA 6520 GARDEN SPRING CT ORLANDO FL 32818 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$138.66</td></tr></table>	Total claim	\$138.66	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$138.66</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$138.66	Nonpriority amount	\$0.00
Total claim										
\$138.66										
Priority amount										
\$138.66										
Nonpriority amount										
\$0.00										

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2.885.	Priority creditor's name and mailing address BURGESS, JURNI H 14848 DORIAN DR WOODBRIDGE VA 22193 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$29.03</td></tr></table>	Total claim	\$29.03	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$29.03</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$29.03	Nonpriority amount	\$0.00
Total claim										
\$29.03										
Priority amount										
\$29.03										
Nonpriority amount										
\$0.00										
2.886.	Priority creditor's name and mailing address BURGESS, MERCEDEZ T 2518 TIMBERS DR HENDERSON KY 42420 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$370.08</td></tr></table>	Total claim	\$370.08	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$370.08</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$370.08	Nonpriority amount	\$0.00
Total claim										
\$370.08										
Priority amount										
\$370.08										
Nonpriority amount										
\$0.00										
2.887.	Priority creditor's name and mailing address BURGESS, TITO M 1352 WEST 6TH ST RIVIERA BEACH FL 33404 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$586.52</td></tr></table>	Total claim	\$586.52	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$586.52</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$586.52	Nonpriority amount	\$0.00
Total claim										
\$586.52										
Priority amount										
\$586.52										
Nonpriority amount										
\$0.00										

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2.888.	Priority creditor's name and mailing address BURGOS, JESSIBELLE 298 HENSHAW ST. LEICESTER MA 01524 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$473.68</td> </tr> </table>	Total claim	\$473.68	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$473.68</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$473.68	Nonpriority amount	\$0.00
Total claim										
\$473.68										
Priority amount										
\$473.68										
Nonpriority amount										
\$0.00										
2.889.	Priority creditor's name and mailing address BURKE, BRIANNA 24 STATE STREET WELLESLEY MA 02482 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$81.60</td> </tr> </table>	Total claim	\$81.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$81.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$81.60	Nonpriority amount	\$0.00
Total claim										
\$81.60										
Priority amount										
\$81.60										
Nonpriority amount										
\$0.00										
2.890.	Priority creditor's name and mailing address BURKE, MARLAYNA L 1400 23RD ST 441 HARISON HA GREELEY CO 80631 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$147.74</td> </tr> </table>	Total claim	\$147.74	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$147.74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$147.74	Nonpriority amount	\$0.00
Total claim										
\$147.74										
Priority amount										
\$147.74										
Nonpriority amount										
\$0.00										

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2.891.	Priority creditor's name and mailing address BURKOFF, ANNA 29611 S SPRAGUE RD MOLALLA OR 97038 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$108.58</td></tr></table>	Total claim	\$108.58	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$108.58</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$108.58	Nonpriority amount	\$0.00
Total claim										
\$108.58										
Priority amount										
\$108.58										
Nonpriority amount										
\$0.00										
2.892.	Priority creditor's name and mailing address BURLESON, ALEXIS J 4155 COLEMAN HILL RD ROCKVALE TN 37153 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$95.55</td></tr></table>	Total claim	\$95.55	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$95.55</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$95.55	Nonpriority amount	\$0.00
Total claim										
\$95.55										
Priority amount										
\$95.55										
Nonpriority amount										
\$0.00										
2.893.	Priority creditor's name and mailing address BURNETT, KAYLA N 9335 COLONIAL MILL DR DELMAR MD 21875 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$41.31</td></tr></table>	Total claim	\$41.31	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$41.31</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$41.31	Nonpriority amount	\$0.00
Total claim										
\$41.31										
Priority amount										
\$41.31										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.894.	Priority creditor's name and mailing address BURNETT, STEPHANIE 1003 WEST 11TH STREET LAKELAND FL 33805	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$198.31	Priority amount \$198.31
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.895.	Priority creditor's name and mailing address BURNHAM, BRITTANY J 3415 63RD AVE EAST BRADENTON FL 34203	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$198.91	Priority amount \$198.91
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.896.	Priority creditor's name and mailing address BURNINE, TAYLOR J 345 CHRIS DR. #17 MAYFIELD KY 42066	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$545.10	Priority amount \$545.10
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.897.	Priority creditor's name and mailing address BURNS, DA'SHUN A 1233 BEATTY DR. CEDAR HILL TX 75104 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$1,194.75</td></tr></table>	Total claim	\$1,194.75	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$1,194.75</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,194.75	Nonpriority amount	\$0.00
Total claim										
\$1,194.75										
Priority amount										
\$1,194.75										
Nonpriority amount										
\$0.00										
2.898.	Priority creditor's name and mailing address BURNS, ELIZABETH M 1202 SCARBOROUGH LN GREENWOOD IN 46142 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$42.49</td></tr></table>	Total claim	\$42.49	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$42.49</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$42.49	Nonpriority amount	\$0.00
Total claim										
\$42.49										
Priority amount										
\$42.49										
Nonpriority amount										
\$0.00										
2.899.	Priority creditor's name and mailing address BURNS, REGINA 8224 GEORGIA CT N BROOKLYN PARK MN 55445 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$348.25</td></tr></table>	Total claim	\$348.25	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$348.25</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$348.25	Nonpriority amount	\$0.00
Total claim										
\$348.25										
Priority amount										
\$348.25										
Nonpriority amount										
\$0.00										

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2.900.	Priority creditor's name and mailing address BURNS, SHANNON L 10039 BRUNSWICK LN PORT RICHEY FL 34668-7750 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,601.57</td> </tr> </table>	Total claim	\$2,601.57	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,601.57</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,601.57	Nonpriority amount	\$0.00
Total claim										
\$2,601.57										
Priority amount										
\$2,601.57										
Nonpriority amount										
\$0.00										
2.901.	Priority creditor's name and mailing address BURNS, TALIYA A 2019 CASPIAN AVE. ATLANTIC CITY NJ 08401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$171.25</td> </tr> </table>	Total claim	\$171.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$171.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$171.25	Nonpriority amount	\$0.00
Total claim										
\$171.25										
Priority amount										
\$171.25										
Nonpriority amount										
\$0.00										
2.902.	Priority creditor's name and mailing address BURNS, TYIONNA 1022 W. LINDBERG ST SPRINGFIELD MO 65807 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$69.40</td> </tr> </table>	Total claim	\$69.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$69.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$69.40	Nonpriority amount	\$0.00
Total claim										
\$69.40										
Priority amount										
\$69.40										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.903.	Priority creditor's name and mailing address BUROW, TANYA 3609 PETERS AVE PMB 336 SIOUX CITY IA 51106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$272.44</td> </tr> </table>	Total claim	\$272.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$272.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$272.44	Nonpriority amount	\$0.00
Total claim										
\$272.44										
Priority amount										
\$272.44										
Nonpriority amount										
\$0.00										
2.904.	Priority creditor's name and mailing address BURR, KODI R 50 VEAU STREET APARTMENT B 20 KAHULUI HI 96732 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$94.64</td> </tr> </table>	Total claim	\$94.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$94.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$94.64	Nonpriority amount	\$0.00
Total claim										
\$94.64										
Priority amount										
\$94.64										
Nonpriority amount										
\$0.00										
2.905.	Priority creditor's name and mailing address BURRESS, ALISON 14232 DALLAS PKWY APT 904 DALLAS TX 75254-2931 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,774.23</td> </tr> </table>	Total claim	\$2,774.23	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,774.23</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,774.23	Nonpriority amount	\$0.00
Total claim										
\$2,774.23										
Priority amount										
\$2,774.23										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.906.	Priority creditor's name and mailing address BURRIS, BRANDY 2599 61ST STREET PORT ARTHUR TX 77640 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,877.40</td> <td>\$2,877.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Total claim	Priority amount	\$2,877.40	\$2,877.40	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$2,877.40	\$2,877.40								
Nonpriority amount									
\$0.00									
2.907.	Priority creditor's name and mailing address BURRIS, DONNA 1348 CHIGNAHUAPAN WAY ROSEVILLE CA 95747 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$415.61</td> <td>\$415.61</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Total claim	Priority amount	\$415.61	\$415.61	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$415.61	\$415.61								
Nonpriority amount									
\$0.00									
2.908.	Priority creditor's name and mailing address BURROUGHS, JARICA N 3211 DESERT CIRCLE 9 EAST POINT GA 30344 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$275.00</td> <td>\$275.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Total claim	Priority amount	\$275.00	\$275.00	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$275.00	\$275.00								
Nonpriority amount									
\$0.00									

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2.909.	Priority creditor's name and mailing address BURROWS, TAYLOR M 9001 BRYN MAWR CIRCLE 9001 BRYN MAWR FORT SMITH AR 72908	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$32.38	Priority amount \$32.38
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.910.	Priority creditor's name and mailing address BURRUS, SABRINA A 35 HICKORY STREET PORT JEFFERSON STA NY 11776	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$212.40	Priority amount \$212.40
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.911.	Priority creditor's name and mailing address BURTON, ALAHNA J 1945 CANOPY DR MELBOURNE FL 32935	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$182.49	Priority amount \$182.49
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.912.	Priority creditor's name and mailing address BURTON, BRIANNA 3147 W. OLNEY AVE LAWEEN AZ 85339 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$44.33</td> </tr> </table>	Total claim	\$44.33	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$44.33</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$44.33	Nonpriority amount	\$0.00
Total claim										
\$44.33										
Priority amount										
\$44.33										
Nonpriority amount										
\$0.00										
2.913.	Priority creditor's name and mailing address BURTON, TAYLOR 6822 LYNDHURST DR. HOUSTON TX 77087 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$308.98</td> </tr> </table>	Total claim	\$308.98	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$308.98</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$308.98	Nonpriority amount	\$0.00
Total claim										
\$308.98										
Priority amount										
\$308.98										
Nonpriority amount										
\$0.00										
2.914.	Priority creditor's name and mailing address BURTON, YASMINE N 4830 WATERFORD CLUB XING #1621 RALEIGH NC 27612 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$245.44</td> </tr> </table>	Total claim	\$245.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$245.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$245.44	Nonpriority amount	\$0.00
Total claim										
\$245.44										
Priority amount										
\$245.44										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.915.	Priority creditor's name and mailing address BURUS, DANIELLE R 503 EAST 16TH STREET MISHAWAKA IN 46544 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$395.70</td> </tr> </table>	Total claim	\$395.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$395.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$395.70	Nonpriority amount	\$0.00
Total claim										
\$395.70										
Priority amount										
\$395.70										
Nonpriority amount										
\$0.00										
2.916.	Priority creditor's name and mailing address BURWELL, BRITTNEY 9421 GARDEN CT. POTOMAC MD 20854 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$183.80</td> </tr> </table>	Total claim	\$183.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$183.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$183.80	Nonpriority amount	\$0.00
Total claim										
\$183.80										
Priority amount										
\$183.80										
Nonpriority amount										
\$0.00										
2.917.	Priority creditor's name and mailing address BURWELL, VENITA E 3046 NE HOLLADAY ST 206 PORTLAND OR 97232 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,046.68</td> </tr> </table>	Total claim	\$2,046.68	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,046.68</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,046.68	Nonpriority amount	\$0.00
Total claim										
\$2,046.68										
Priority amount										
\$2,046.68										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.918.	Priority creditor's name and mailing address BURZAWA, JESSICA C 3814 NORTH PACIFIC AVE CHICAGO IL 60634 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$552.61</td> </tr> </table>	Total claim	\$552.61	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$552.61</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$552.61	Nonpriority amount	\$0.00
Total claim										
\$552.61										
Priority amount										
\$552.61										
Nonpriority amount										
\$0.00										
2.919.	Priority creditor's name and mailing address BUSH, KELLI M 5447 MIDDLETOWN OXFORD ROAD MIDDLETOWN OH 45042 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$65.84</td> </tr> </table>	Total claim	\$65.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$65.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$65.84	Nonpriority amount	\$0.00
Total claim										
\$65.84										
Priority amount										
\$65.84										
Nonpriority amount										
\$0.00										
2.920.	Priority creditor's name and mailing address BUSH, RYAN 9202 MAPLEWAY RD RICHMOND VA 23229 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$191.32</td> </tr> </table>	Total claim	\$191.32	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$191.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$191.32	Nonpriority amount	\$0.00
Total claim										
\$191.32										
Priority amount										
\$191.32										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.921.	Priority creditor's name and mailing address BUSTAMANTE, DEBBIE R 7533 N FIRST STREET APT 104 FRESNO CA 93720 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,202.06</td> </tr> </table>	Total claim	\$2,202.06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,202.06</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,202.06	Nonpriority amount	\$0.00
Total claim										
\$2,202.06										
Priority amount										
\$2,202.06										
Nonpriority amount										
\$0.00										
2.922.	Priority creditor's name and mailing address BUSTAMANTE, JASMINNE 1246 N FRIES AVE WILMINGTON CA 90744 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$220.80</td> </tr> </table>	Total claim	\$220.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$220.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$220.80	Nonpriority amount	\$0.00
Total claim										
\$220.80										
Priority amount										
\$220.80										
Nonpriority amount										
\$0.00										
2.923.	Priority creditor's name and mailing address BUSTAMANTE, JUANA L 7814 BARBERTON DR HOUSTON TX 77036-6424 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,387.71</td> </tr> </table>	Total claim	\$1,387.71	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,387.71</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,387.71	Nonpriority amount	\$0.00
Total claim										
\$1,387.71										
Priority amount										
\$1,387.71										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.924.	Priority creditor's name and mailing address BUSTILLOS, JOCELYN 2000 CREEKMONT DRIVE MIDDLEBURG FL 32068 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$319.06</td> </tr> </table>	Total claim	\$319.06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$319.06</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$319.06	Nonpriority amount	\$0.00
Total claim										
\$319.06										
Priority amount										
\$319.06										
Nonpriority amount										
\$0.00										
2.925.	Priority creditor's name and mailing address BUSTILLO-SILVA, BRITTANEY S 4225 LARCHMONT ROAD 332 DURHAM NC 27707 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,680.74</td> </tr> </table>	Total claim	\$1,680.74	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,680.74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,680.74	Nonpriority amount	\$0.00
Total claim										
\$1,680.74										
Priority amount										
\$1,680.74										
Nonpriority amount										
\$0.00										
2.926.	Priority creditor's name and mailing address BUSTOS, CERVANTES GLORIA E 1475 ALDER DR NE KEIZER OR 97303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$94.28</td> </tr> </table>	Total claim	\$94.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$94.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$94.28	Nonpriority amount	\$0.00
Total claim										
\$94.28										
Priority amount										
\$94.28										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.927.	Priority creditor's name and mailing address BUSTOS, LESLIE 15731 STATE HIGHWAY 64 E TYLER TX 75707-5941 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$199.92</td> </tr> </table>	Total claim	\$199.92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$199.92</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$199.92	Nonpriority amount	\$0.00
Total claim										
\$199.92										
Priority amount										
\$199.92										
Nonpriority amount										
\$0.00										
2.928.	Priority creditor's name and mailing address BUTLER, AKILAH T 142 HATTERAS LN SIMPSONVILLE SC 29680 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$337.74</td> </tr> </table>	Total claim	\$337.74	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$337.74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$337.74	Nonpriority amount	\$0.00
Total claim										
\$337.74										
Priority amount										
\$337.74										
Nonpriority amount										
\$0.00										
2.929.	Priority creditor's name and mailing address BUTLER, ASIA M 9939 SHALE AVE CLEVELAND OH 44104 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$336.02</td> </tr> </table>	Total claim	\$336.02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$336.02</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$336.02	Nonpriority amount	\$0.00
Total claim										
\$336.02										
Priority amount										
\$336.02										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.930.	Priority creditor's name and mailing address BUTLER, DIAMOND L 898 DAWN DR. MEMPHIS TN 38127 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$102.36</td> </tr> </table>	Total claim	\$102.36	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$102.36</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$102.36	Nonpriority amount	\$0.00
Total claim										
\$102.36										
Priority amount										
\$102.36										
Nonpriority amount										
\$0.00										
2.931.	Priority creditor's name and mailing address BUTLER, KHADIJAH L 1033 NORTH 7TH STREET 4 TERRE HAUTE IN 47807 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$75.77</td> </tr> </table>	Total claim	\$75.77	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$75.77</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$75.77	Nonpriority amount	\$0.00
Total claim										
\$75.77										
Priority amount										
\$75.77										
Nonpriority amount										
\$0.00										
2.932.	Priority creditor's name and mailing address BUTLER, ROSHECIA 11398 SPELLMAN RD GEISMAR LA 70734 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$144.06</td> </tr> </table>	Total claim	\$144.06	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$144.06</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$144.06	Nonpriority amount	\$0.00
Total claim										
\$144.06										
Priority amount										
\$144.06										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.933.	Priority creditor's name and mailing address BUTLER, SHARONDA 44 EASON DRIVE PHENIX AL 36869	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$268.52	Priority amount \$268.52
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.934.	Priority creditor's name and mailing address BUTLER, TAMIKA N 191 HUTCHINGS FARM DR S O'FALLON MO 63368	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$141.13	Priority amount \$141.13
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.935.	Priority creditor's name and mailing address BYKOFKY, SARIAH N 151 FRONTENAC STREET HOWELL MI 48843	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$194.11	Priority amount \$194.11
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.936.	Priority creditor's name and mailing address BYNUM, ALLIE G 4808 S WESTHAVEN DR. JACKSON MS 39209 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$233.31</td> </tr> </table>	Total claim	\$233.31	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$233.31</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$233.31	Nonpriority amount	\$0.00
Total claim										
\$233.31										
Priority amount										
\$233.31										
Nonpriority amount										
\$0.00										
2.937.	Priority creditor's name and mailing address BYNUM, AMANDA R 136 CEDAR STREET FLORENCE MS 39073 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$147.54</td> </tr> </table>	Total claim	\$147.54	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$147.54</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$147.54	Nonpriority amount	\$0.00
Total claim										
\$147.54										
Priority amount										
\$147.54										
Nonpriority amount										
\$0.00										
2.938.	Priority creditor's name and mailing address BYRD, AISHA 2342 W TOUHY AVE APT 2A CHICAGO IL 60645-5004 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$482.80</td> </tr> </table>	Total claim	\$482.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$482.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$482.80	Nonpriority amount	\$0.00
Total claim										
\$482.80										
Priority amount										
\$482.80										
Nonpriority amount										
\$0.00										

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2.939.	Priority creditor's name and mailing address BYRD, ALLYSON S 118 WEMBLEY COURT FOLSOM CA 95630	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$131.40	Priority amount \$131.40
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.940.	Priority creditor's name and mailing address BYRD, DENA N 9208 ALLISTAIR COURT HENRICO VA 23228	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$60.71	Priority amount \$60.71
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.941.	Priority creditor's name and mailing address BYRD, KANDY S 1896 CLIFTON BRIDGE DR VIRGINIA BEACH VA 23456-7819	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$148.96	Priority amount \$148.96
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.942.	Priority creditor's name and mailing address BYRD, KELSEY L 80 MICHELSON ROCHESTER HILLS MI 48307	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$195.30	Priority amount \$195.30
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.943.	Priority creditor's name and mailing address BYRD, KRISTIN R 5532 FLORAL AVE JACKSONVILLE FL 32211	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$206.76	Priority amount \$206.76
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.944.	Priority creditor's name and mailing address BYRNE, CAITLYN M 83 NEARWATER AVENUE MASSAPEQUA NY 11758	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$121.20	Priority amount \$121.20
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.945.	Priority creditor's name and mailing address BYRNES, KAYLI 6419 LONGDALE DRIVE NORTH HIGHLANDS CA 95660 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$1,987.29</td></tr></table>	Total claim	\$1,987.29	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$1,987.29</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,987.29	Nonpriority amount	\$0.00
Total claim										
\$1,987.29										
Priority amount										
\$1,987.29										
Nonpriority amount										
\$0.00										
2.946.	Priority creditor's name and mailing address BYRON, JASVELINE 150-36 87TH ROAD BASEMENT JAMAICA NY 11432 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$1,912.22</td></tr></table>	Total claim	\$1,912.22	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$1,912.22</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,912.22	Nonpriority amount	\$0.00
Total claim										
\$1,912.22										
Priority amount										
\$1,912.22										
Nonpriority amount										
\$0.00										
2.947.	Priority creditor's name and mailing address CABALLERO, DENISE M. 10347 CARIOCA COURT SAN DIEGO CA 92124 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$9,177.06</td></tr></table>	Total claim	\$9,177.06	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$9,177.06</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$9,177.06	Nonpriority amount	\$0.00
Total claim										
\$9,177.06										
Priority amount										
\$9,177.06										
Nonpriority amount										
\$0.00										

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2.948.	Priority creditor's name and mailing address CABANAS, GISELLE 5132 SAN GABRIEL PL 4B PICO RIVERA CA 90660	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$1,257.63	Priority amount \$1,257.63
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.949.	Priority creditor's name and mailing address CABASSA, SHANICE 4930 N WESTERN AVE CHICAGO IL 60625	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$192.30	Priority amount \$192.30
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.950.	Priority creditor's name and mailing address CABRAL, MARIE 1685 EL NIDO AVE PERRIS CA 92571-3700	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$1,486.49	Priority amount \$1,486.49
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.951.	Priority creditor's name and mailing address CABRAL, VIRGELICA 39 LUPINE STREET PAWTUCKET RI 02860 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$116.28</td> </tr> </table>	Total claim	\$116.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$116.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$116.28	Nonpriority amount	\$0.00
Total claim										
\$116.28										
Priority amount										
\$116.28										
Nonpriority amount										
\$0.00										
2.952.	Priority creditor's name and mailing address CABRERA, KENIA 6651 S. WASHTENAW AVE. CHICAGO IL 60629 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$590.04</td> </tr> </table>	Total claim	\$590.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$590.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$590.04	Nonpriority amount	\$0.00
Total claim										
\$590.04										
Priority amount										
\$590.04										
Nonpriority amount										
\$0.00										
2.953.	Priority creditor's name and mailing address CABRERA, REYNA 504 N GERTRUDE AVE STOCKTON CA 95215 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$225.36</td> </tr> </table>	Total claim	\$225.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$225.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$225.36	Nonpriority amount	\$0.00
Total claim										
\$225.36										
Priority amount										
\$225.36										
Nonpriority amount										
\$0.00										

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2.954.	Priority creditor's name and mailing address CACERES, ALICIA M 2034 NORTHLAND AVE NORTH PORT FL 34288 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$721.51</td> <td style="text-align: right;">\$721.51</td> </tr> </table>	Total claim	Priority amount	\$721.51	\$721.51	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount									
\$721.51	\$721.51									
Nonpriority amount										
\$0.00										
2.955.	Priority creditor's name and mailing address CAHOUN, LAKENYAH 266 OSBORNE TERRACE NEWARK NJ 07112 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$395.60</td> <td style="text-align: right;">\$395.60</td> </tr> </table>	Total claim	Priority amount	\$395.60	\$395.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount									
\$395.60	\$395.60									
Nonpriority amount										
\$0.00										
2.956.	Priority creditor's name and mailing address CAIN, DANIELLE 2010 TILTON ROAD PORT ST LUCIE FL 34952 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$2,742.21</td> <td style="text-align: right;">\$2,742.21</td> </tr> </table>	Total claim	Priority amount	\$2,742.21	\$2,742.21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount									
\$2,742.21	\$2,742.21									
Nonpriority amount										
\$0.00										

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2.957.	Priority creditor's name and mailing address CAIN, DOUQUONA 3508 EDGEWOOD AVE. RICHMOND VA 23222 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$129.14</td></tr></table>	Total claim	\$129.14	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$129.14</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$129.14	Nonpriority amount	\$0.00
Total claim										
\$129.14										
Priority amount										
\$129.14										
Nonpriority amount										
\$0.00										
2.958.	Priority creditor's name and mailing address CAIN, VICTORIA 5476 BURNT KNOB ROAD MURFREESBORO TN 37129 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$73.72</td></tr></table>	Total claim	\$73.72	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$73.72</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$73.72	Nonpriority amount	\$0.00
Total claim										
\$73.72										
Priority amount										
\$73.72										
Nonpriority amount										
\$0.00										
2.959.	Priority creditor's name and mailing address CAJTHAML, ZITA 10631 NW 14TH ST APT 226 PLANTATION FL 33322 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$630.72</td></tr></table>	Total claim	\$630.72	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$630.72</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$630.72	Nonpriority amount	\$0.00
Total claim										
\$630.72										
Priority amount										
\$630.72										
Nonpriority amount										
\$0.00										

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2.960.	Priority creditor's name and mailing address CALAMASA, MARIE BETH 215 OLIVE AVE WAHIAWA HI 96786 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$62.32</td></tr></table>	Total claim	\$62.32	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$62.32</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$62.32	Nonpriority amount	\$0.00
Total claim										
\$62.32										
Priority amount										
\$62.32										
Nonpriority amount										
\$0.00										
2.961.	Priority creditor's name and mailing address CALDARELLI-MIMAS, DOREEN 248 MALVERNE DR SYRACUSE NY 13208 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$5,587.61</td></tr></table>	Total claim	\$5,587.61	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$5,587.61</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$5,587.61	Nonpriority amount	\$0.00
Total claim										
\$5,587.61										
Priority amount										
\$5,587.61										
Nonpriority amount										
\$0.00										
2.962.	Priority creditor's name and mailing address CALDERA, CLAUDIA M 21123 ALBURTIS AVE LAKEWOOD CA 90715 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$218.88</td></tr></table>	Total claim	\$218.88	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$218.88</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$218.88	Nonpriority amount	\$0.00
Total claim										
\$218.88										
Priority amount										
\$218.88										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.963.	Priority creditor's name and mailing address CALDERA, NOEMI 520 DOWLEN RD. APT. #64 BEAUMONT TX 77706	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$224.99	Priority amount \$224.99
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.964.	Priority creditor's name and mailing address CALDERA, SUZETTE V 118 EAST 19TH ST SOUTH SIOUX CITY NE 67776	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$86.58	Priority amount \$86.58
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.965.	Priority creditor's name and mailing address CALDERO, DESTINY I 479 FRONT STREET APT 4E HEMPSTEAD NY 11550	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$913.78	Priority amount \$913.78
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.966.	Priority creditor's name and mailing address CALDERON, BRIANNA A 1839 APPLE TREE WAY SAN BERNARDINO CA 92408	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
			\$78.00	\$78.00
				Nonpriority amount
				\$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.967.	Priority creditor's name and mailing address CALDERON, ISABEL 8332 S. NEW ENGLAND BURBANK IL 60459	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
			\$66.60	\$66.60
				Nonpriority amount
				\$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.968.	Priority creditor's name and mailing address CALDERON, KELLY 76 WALTON AVE UNIONDALE NY 11553	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
			\$332.52	\$332.52
				Nonpriority amount
				\$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.969.	Priority creditor's name and mailing address CALDERON, LUZAIDY 997 MAIN AVENUE CLIFTON NJ 07011 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$667.77</td> </tr> </table>	Total claim	\$667.77	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$667.77</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$667.77	Nonpriority amount	\$0.00
Total claim										
\$667.77										
Priority amount										
\$667.77										
Nonpriority amount										
\$0.00										
2.970.	Priority creditor's name and mailing address CALDERON, MELANIE V 19730 CR 38 GOSHEN IN 46526 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$156.77</td> </tr> </table>	Total claim	\$156.77	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$156.77</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$156.77	Nonpriority amount	\$0.00
Total claim										
\$156.77										
Priority amount										
\$156.77										
Nonpriority amount										
\$0.00										
2.971.	Priority creditor's name and mailing address CALDERON, MELINA K 5459 CYPRESS ROAD 103 OXNARD CA 93033 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$295.32</td> </tr> </table>	Total claim	\$295.32	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$295.32</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$295.32	Nonpriority amount	\$0.00
Total claim										
\$295.32										
Priority amount										
\$295.32										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.972.	Priority creditor's name and mailing address CALDERON, MYA 310 MONMOUTH AVE WEST DEPTFORD NJ 08086 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$122.22</td> </tr> </table>	Total claim	\$122.22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$122.22</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$122.22	Nonpriority amount	\$0.00
Total claim										
\$122.22										
Priority amount										
\$122.22										
Nonpriority amount										
\$0.00										
2.973.	Priority creditor's name and mailing address CALDERON-RODAS, SANDY J 1826 UNION AVE SE GRAND RAPIDS MI 49507 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$47.22</td> </tr> </table>	Total claim	\$47.22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$47.22</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$47.22	Nonpriority amount	\$0.00
Total claim										
\$47.22										
Priority amount										
\$47.22										
Nonpriority amount										
\$0.00										
2.974.	Priority creditor's name and mailing address CALDWELL, KIERA D 1400 N. LINCOLN ST. BLOOMINGTON IN 47408 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$109.95</td> </tr> </table>	Total claim	\$109.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$109.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$109.95	Nonpriority amount	\$0.00
Total claim										
\$109.95										
Priority amount										
\$109.95										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.975.	Priority creditor's name and mailing address CALHOUN, DERRICKA T 128 ASCOT WAY DAWSON GA 39842 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$439.50</td> </tr> </table>	Total claim	\$439.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$439.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$439.50	Nonpriority amount	\$0.00
Total claim										
\$439.50										
Priority amount										
\$439.50										
Nonpriority amount										
\$0.00										
2.976.	Priority creditor's name and mailing address CALHOUN, JALISHIA N 4320 SUNBEAM RD 1220 JACKSONVILLE FL 32257 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$94.67</td> </tr> </table>	Total claim	\$94.67	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$94.67</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$94.67	Nonpriority amount	\$0.00
Total claim										
\$94.67										
Priority amount										
\$94.67										
Nonpriority amount										
\$0.00										
2.977.	Priority creditor's name and mailing address CALHOUN, KATHRYN 245 SWISS DR CROWLEY TX 76036 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$557.27</td> </tr> </table>	Total claim	\$557.27	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$557.27</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$557.27	Nonpriority amount	\$0.00
Total claim										
\$557.27										
Priority amount										
\$557.27										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.978.	Priority creditor's name and mailing address CALLAHAN, AMANDA S 2 10 3RD ST WEST 4212 BRADENTON FL 34205 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$55.08</td> </tr> </table>	Total claim	\$55.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$55.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$55.08	Nonpriority amount	\$0.00
Total claim										
\$55.08										
Priority amount										
\$55.08										
Nonpriority amount										
\$0.00										
2.979.	Priority creditor's name and mailing address CALLAHAN, COURTNEY L 3001 HORIZON CT PLAINFIELD IL 60586-1709 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$278.00</td> </tr> </table>	Total claim	\$278.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$278.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$278.00	Nonpriority amount	\$0.00
Total claim										
\$278.00										
Priority amount										
\$278.00										
Nonpriority amount										
\$0.00										
2.980.	Priority creditor's name and mailing address CALLIGAN, STEPHANIE A 1740 SE LA GRANT PKWY UNIT 31 WAUKEE IA 50263 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$5,248.62</td> </tr> </table>	Total claim	\$5,248.62	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$5,248.62</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$5,248.62	Nonpriority amount	\$0.00
Total claim										
\$5,248.62										
Priority amount										
\$5,248.62										
Nonpriority amount										
\$0.00										

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2.981.	Priority creditor's name and mailing address CALLIS, DANIELLE N 51714 LESHAN DR CHESTERFIELD MI 48047 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,710.12</td> </tr> </table>	Total claim	\$2,710.12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,710.12</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,710.12	Nonpriority amount	\$0.00
Total claim										
\$2,710.12										
Priority amount										
\$2,710.12										
Nonpriority amount										
\$0.00										
2.982.	Priority creditor's name and mailing address CALO, MONICA KM0.9 CARR 848 COND. PARQUE S TRUJILLO ALTO PR 00976-3010 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$182.90</td> </tr> </table>	Total claim	\$182.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$182.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$182.90	Nonpriority amount	\$0.00
Total claim										
\$182.90										
Priority amount										
\$182.90										
Nonpriority amount										
\$0.00										
2.983.	Priority creditor's name and mailing address CALUAG, NICA H 8025 VILLAGE DRIVE BEAUMONT TX 77713 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$150.86</td> </tr> </table>	Total claim	\$150.86	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$150.86</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$150.86	Nonpriority amount	\$0.00
Total claim										
\$150.86										
Priority amount										
\$150.86										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.984.	Priority creditor's name and mailing address CALVO, MARIBEL 1403 HEMPSTEAD AVE PASADENA TX 77506-4119 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,645.19</td> </tr> </table>	Total claim	\$2,645.19	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,645.19</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,645.19	Nonpriority amount	\$0.00
Total claim										
\$2,645.19										
Priority amount										
\$2,645.19										
Nonpriority amount										
\$0.00										
2.985.	Priority creditor's name and mailing address CAMACHO, CLAUDIA E 9801 MEADOWGLEN LANE 153 HOUSTON TX 77042 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$130.05</td> </tr> </table>	Total claim	\$130.05	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$130.05</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$130.05	Nonpriority amount	\$0.00
Total claim										
\$130.05										
Priority amount										
\$130.05										
Nonpriority amount										
\$0.00										
2.986.	Priority creditor's name and mailing address CAMACHO, MALDONADO CECILIA 30 OAK PARK DR SW LAKEWOOD WA 98499 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$723.67</td> </tr> </table>	Total claim	\$723.67	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$723.67</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$723.67	Nonpriority amount	\$0.00
Total claim										
\$723.67										
Priority amount										
\$723.67										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.987.	Priority creditor's name and mailing address CAMACHO, NICOLETTE K 12008 97TH AVE APT 4A SOUTH RICHMOND HIL NY 11419 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$342.30</td></tr></table>	Total claim	\$342.30	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$342.30</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$342.30	Nonpriority amount	\$0.00
Total claim										
\$342.30										
Priority amount										
\$342.30										
Nonpriority amount										
\$0.00										
2.988.	Priority creditor's name and mailing address CAMACHO, VALERIA N 251 W. 3RD ST ERIE PA 16507 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$208.23</td></tr></table>	Total claim	\$208.23	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$208.23</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$208.23	Nonpriority amount	\$0.00
Total claim										
\$208.23										
Priority amount										
\$208.23										
Nonpriority amount										
\$0.00										
2.989.	Priority creditor's name and mailing address CAMACHO, VANESSA M 1106 COLUMBIA PLACE LINDEN NJ 07036 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$669.94</td></tr></table>	Total claim	\$669.94	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$669.94</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$669.94	Nonpriority amount	\$0.00
Total claim										
\$669.94										
Priority amount										
\$669.94										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.990.	Priority creditor's name and mailing address CAMARENA, SABRINA J 2307 PEACOCK ST. DONNA TX 78537 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$96.77</td></tr></table>	Total claim	\$96.77	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$96.77</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$96.77	Nonpriority amount	\$0.00
Total claim										
\$96.77										
Priority amount										
\$96.77										
Nonpriority amount										
\$0.00										
2.991.	Priority creditor's name and mailing address CAMARGO, OJEDA JOCELYN P 664 JEFFERSON AVENUE ELIZABETH NJ 07201 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$38.06</td></tr></table>	Total claim	\$38.06	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$38.06</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$38.06	Nonpriority amount	\$0.00
Total claim										
\$38.06										
Priority amount										
\$38.06										
Nonpriority amount										
\$0.00										
2.992.	Priority creditor's name and mailing address CAMARILLO, NATALIE G 3838 EAST 1ST FORT WORTH TX 76111 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$101.72</td></tr></table>	Total claim	\$101.72	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$101.72</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$101.72	Nonpriority amount	\$0.00
Total claim										
\$101.72										
Priority amount										
\$101.72										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.993.	Priority creditor's name and mailing address CAMARILLO-VENTURA, ERICA 2401 4TH ST E BRADENTON FL 34208-3619	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$1,099.53	Priority amount \$1,099.53
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.994.	Priority creditor's name and mailing address CAMBRIA, JENNA R 12 MILLGATE RD KINGSTON MA 02364	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$50.16	Priority amount \$50.16
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.995.	Priority creditor's name and mailing address CAMBRIDGE, DANIELLE M 1500 S. ALEX RD. WEST CARROLLTON OH 45449	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$53.18	Priority amount \$53.18
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.996.	Priority creditor's name and mailing address CAMERON, ALYSSA R 1211 S HORSEBACK CIRCLE WICHITA KS 67230 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$190.98</td> </tr> </table>	Total claim	\$190.98	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$190.98</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$190.98	Nonpriority amount	\$0.00
Total claim										
\$190.98										
Priority amount										
\$190.98										
Nonpriority amount										
\$0.00										
2.997.	Priority creditor's name and mailing address CAMERON, KELSIE M 86 HAVERHILL RD SALEM NH 03079-1206 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$99.55</td> </tr> </table>	Total claim	\$99.55	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$99.55</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$99.55	Nonpriority amount	\$0.00
Total claim										
\$99.55										
Priority amount										
\$99.55										
Nonpriority amount										
\$0.00										
2.998.	Priority creditor's name and mailing address CAMP, MELISSA A 1820 BARNES ROAD WALWORTH NY 14568 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$182.37</td> </tr> </table>	Total claim	\$182.37	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$182.37</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$182.37	Nonpriority amount	\$0.00
Total claim										
\$182.37										
Priority amount										
\$182.37										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.999.	Priority creditor's name and mailing address CAMPANELLI, MEGAN E 7 MANOR DRIVE ELMIRA NY 14903	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$2,375.66	Priority amount \$2,375.66
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.1000.	Priority creditor's name and mailing address CAMPBELL, ALYSSA R 812 SOUTH JOHNSON AVENUE EL CAJON CA 92020	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$143.76	Priority amount \$143.76
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.1001.	Priority creditor's name and mailing address CAMPBELL, BRITTANY 1645 MEADOW LARK LN TRACY CA 95376	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$60.00	Priority amount \$60.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.1002. Priority creditor's name and mailing address**CAMPBELL, JAVEN E
170 BELMONT AVENUE
BRIDGETON NJ 08302**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$1,468.80

Priority amount

\$1,468.80

Nonpriority amount

\$0.00

2.1003. Priority creditor's name and mailing addressCAMPBELL, LARKEN O
201 SOUTH STONEGATE DR
MUNCIE IN 47304**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$113.25

Priority amount

\$113.25

Nonpriority amount

\$0.00

2.1004. Priority creditor's name and mailing addressCAMPBELL, SPENCER J
1675 SOUTH QUINTERO WAY
AURORA CO 80017**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$70.71

Priority amount

\$70.71

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1005. Priority creditor's name and mailing address CAMPHOR, JAYLA 1133 EAGLESTRAIL 1133 HATTIESBURG MS 39406 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$60.39</td> </tr> </table>	Total claim	\$60.39	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$60.39</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$60.39	Nonpriority amount	\$0.00
Total claim									
\$60.39									
Priority amount									
\$60.39									
Nonpriority amount									
\$0.00									
2.1006. Priority creditor's name and mailing address CAMPO, DENISE 77 LOCKWOOD ROAD CORTLANDT MANOR NY 10567 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$92.40</td> </tr> </table>	Total claim	\$92.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$92.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$92.40	Nonpriority amount	\$0.00
Total claim									
\$92.40									
Priority amount									
\$92.40									
Nonpriority amount									
\$0.00									
2.1007. Priority creditor's name and mailing address CAMPO, RENEE 1068 FIRETHORNE PASS CUMMING GA 30040 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,954.57</td> </tr> </table>	Total claim	\$1,954.57	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,954.57</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,954.57	Nonpriority amount	\$0.00
Total claim									
\$1,954.57									
Priority amount									
\$1,954.57									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1008.	Priority creditor's name and mailing address CAMPOS, ABBEY L 5446 KESTREL CT PUEBLO CO 81005 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$274.06</td> </tr> </table>	Total claim	\$274.06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$274.06</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$274.06	Nonpriority amount	\$0.00
Total claim										
\$274.06										
Priority amount										
\$274.06										
Nonpriority amount										
\$0.00										
2.1009.	Priority creditor's name and mailing address CAMPOS, ALEXANDRA M 3215 SAYLERS CREEK SAN ANTONIO TX 78245 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,708.48</td> </tr> </table>	Total claim	\$1,708.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,708.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,708.48	Nonpriority amount	\$0.00
Total claim										
\$1,708.48										
Priority amount										
\$1,708.48										
Nonpriority amount										
\$0.00										
2.1010.	Priority creditor's name and mailing address CAMPOS, BRENDA M 13935 BAY GARDENS DR. SUGAR LAND TX 77498 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$264.80</td> </tr> </table>	Total claim	\$264.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$264.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$264.80	Nonpriority amount	\$0.00
Total claim										
\$264.80										
Priority amount										
\$264.80										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1011. Priority creditor's name and mailing address CAMPOS, DIANA E 5431 CAIRNLEIGH DR HOUSTON TX 77084 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$89.08	Priority amount \$89.08 Nonpriority amount \$0.00
2.1012. Priority creditor's name and mailing address CAMPOS, MARIE 800 N LBJ DR APT#1031 SAN MARCOS TX 78666 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$23.20	Priority amount \$23.20 Nonpriority amount \$0.00
2.1013. Priority creditor's name and mailing address CAMPOS, NATALIA A 389 ASHWOOD DRIVE SANTA ROSA CA 95407 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$137.04	Priority amount \$137.04 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1014. Priority creditor's name and mailing address CAMPEN, JANEL A 27384 CHARLOTTE ST LACOMBE LA 70445 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,035.10	Priority amount \$3,035.10 Nonpriority amount \$0.00
2.1015. Priority creditor's name and mailing address CANAAN, KIARA M 4186 SHILOH RIDGE TR KENNESAW GA 30144 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,444.69	Priority amount \$1,444.69 Nonpriority amount \$0.00
2.1016. Priority creditor's name and mailing address CANCINO, CLAUDIA 1605 SAM HOUSTON DR 602 HARLINGEN TX 78550 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$115.54	Priority amount \$115.54 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1017. Priority creditor's name and mailing address CANDEL, BRITTNEY C 4886 SUMMER GROVE DR FAIRFIELD CA 94534 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$376.08	Priority amount \$376.08 Nonpriority amount \$0.00
2.1018. Priority creditor's name and mailing address CANINO, TATYANA A 11 BELL COURT B-1 EAST HARTFORD CT 06108 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$249.67	Priority amount \$249.67 Nonpriority amount \$0.00
2.1019. Priority creditor's name and mailing address CANLAS, NADINE J 44 NORTH STAMFORD ROAD STAMFORD CT 06903 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$87.37	Priority amount \$87.37 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1020.	Priority creditor's name and mailing address CANNON, ALYSSA M 4330 ELM GROVE LN. HOUSE SPRINGS MO 63051 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$54.52</td> </tr> </table>	Total claim	\$54.52	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$54.52</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$54.52	Nonpriority amount	\$0.00
Total claim										
\$54.52										
Priority amount										
\$54.52										
Nonpriority amount										
\$0.00										
2.1021.	Priority creditor's name and mailing address CANNON, JOHNISE 5622 DUCKCREEK DR E GARLAND TX 75043 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$167.80</td> </tr> </table>	Total claim	\$167.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$167.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$167.80	Nonpriority amount	\$0.00
Total claim										
\$167.80										
Priority amount										
\$167.80										
Nonpriority amount										
\$0.00										
2.1022.	Priority creditor's name and mailing address CANO, CHRISTINA J 106 STONE GATE JACKSONVILLE NC 28546 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$75.60</td> </tr> </table>	Total claim	\$75.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$75.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$75.60	Nonpriority amount	\$0.00
Total claim										
\$75.60										
Priority amount										
\$75.60										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1023. Priority creditor's name and mailing address CANO, ZAYDA A 1653 RANCHO GRANDE EAST SAN BENITO TX 78586 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$411.02	Priority amount \$411.02 Nonpriority amount \$0.00
2.1024. Priority creditor's name and mailing address CANTE, ERICKA 257 E 27 TH ST PATERSON NJ 07514 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$251.51	Priority amount \$251.51 Nonpriority amount \$0.00
2.1025. Priority creditor's name and mailing address CANTILLER, DEBBIE R 1048 KAMEHAMEHA IV ROAD HONOLULU HI 96819 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$175.36	Priority amount \$175.36 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1026. Priority creditor's name and mailing address CANTOS, MARIA 21 HIGH STREET 1 NORWALK CT 06851 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$532.70</td> </tr> </table>	Total claim	\$532.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$532.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$532.70	Nonpriority amount	\$0.00
Total claim									
\$532.70									
Priority amount									
\$532.70									
Nonpriority amount									
\$0.00									
2.1027. Priority creditor's name and mailing address CANTU, GUADALUPE 9820 S KEELER AVE OAK LAWN IL 60453 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$198.88</td> </tr> </table>	Total claim	\$198.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$198.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$198.88	Nonpriority amount	\$0.00
Total claim									
\$198.88									
Priority amount									
\$198.88									
Nonpriority amount									
\$0.00									
2.1028. Priority creditor's name and mailing address CANTWELL, KAILEY M 5803 1ST AVE DR NW BRADENTON FL 34209 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$81.99</td> </tr> </table>	Total claim	\$81.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$81.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$81.99	Nonpriority amount	\$0.00
Total claim									
\$81.99									
Priority amount									
\$81.99									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1029.	Priority creditor's name and mailing address CANTY, KIARA 2031 VILLAGE VIEW CIRCLE 204 BELMONT NC 28012 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$66.92</td> </tr> </table>	Total claim	\$66.92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$66.92</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$66.92	Nonpriority amount	\$0.00
Total claim										
\$66.92										
Priority amount										
\$66.92										
Nonpriority amount										
\$0.00										
2.1030.	Priority creditor's name and mailing address CAO, LINDA T 13481 ZARTHAN AVE S SAVAGE MN 55378 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$128.77</td> </tr> </table>	Total claim	\$128.77	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$128.77</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$128.77	Nonpriority amount	\$0.00
Total claim										
\$128.77										
Priority amount										
\$128.77										
Nonpriority amount										
\$0.00										
2.1031.	Priority creditor's name and mailing address CAPEL, PATRICIA E 89 PIMLICO DR. 103 CHARLES TOWN WV 25414 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$852.45</td> </tr> </table>	Total claim	\$852.45	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$852.45</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$852.45	Nonpriority amount	\$0.00
Total claim										
\$852.45										
Priority amount										
\$852.45										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1032. Priority creditor's name and mailing address CAPETILLO, GABRIELLA 8115 RUSHING STREAM COURT TOMBALL TX 77375 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$618.53</td> <td style="text-align: center;">\$618.53</td> </tr> </table>	Total claim	Priority amount	\$618.53	\$618.53	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$618.53	\$618.53								
Nonpriority amount									
\$0.00									
2.1033. Priority creditor's name and mailing address CAPLINGER, HAILEY E 936 MARRTOWN ROAD PARKERSBURG WV 26101 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$62.13</td> <td style="text-align: center;">\$62.13</td> </tr> </table>	Total claim	Priority amount	\$62.13	\$62.13	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$62.13	\$62.13								
Nonpriority amount									
\$0.00									
2.1034. Priority creditor's name and mailing address CAPPELLO, JAMERRI 2507 NW 4TH CT BOYNTON BEACH FL 33426 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$77.58</td> <td style="text-align: center;">\$77.58</td> </tr> </table>	Total claim	Priority amount	\$77.58	\$77.58	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$77.58	\$77.58								
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1035. Priority creditor's name and mailing address CARAVANO, DARA 296 REGENTS CIRCLE MAYS LANDING NJ 08330 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$227.18	Priority amount \$227.18 Nonpriority amount \$0.00
2.1036. Priority creditor's name and mailing address CARAVEO, ALEXANDRA C 2800 CARVER RD. MODESTO CA 95350 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$514.80	Priority amount \$514.80 Nonpriority amount \$0.00
2.1037. Priority creditor's name and mailing address CARBALLO, JESSE 512 AVALON LAKE RD DANBURY CT 06810-7363 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$4,934.85	Priority amount \$4,934.85 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1038. Priority creditor's name and mailing address CARDELLIA, ANGELA R 102 ELAINE AVE BLACKWOOD NJ 08012 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$253.46</td> </tr> </table>	Total claim	\$253.46	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$253.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$253.46	Nonpriority amount	\$0.00
Total claim									
\$253.46									
Priority amount									
\$253.46									
Nonpriority amount									
\$0.00									
2.1039. Priority creditor's name and mailing address CARDENAS, ALEXIA G 553 S LARCH AVE RIALTO CA 92376 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$523.61</td> </tr> </table>	Total claim	\$523.61	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$523.61</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$523.61	Nonpriority amount	\$0.00
Total claim									
\$523.61									
Priority amount									
\$523.61									
Nonpriority amount									
\$0.00									
2.1040. Priority creditor's name and mailing address CARDENAS, AMERICA 3128 ARISTOTLE AVE NORTH LAS VEGAS NV 89031 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$124.99</td> </tr> </table>	Total claim	\$124.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$124.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$124.99	Nonpriority amount	\$0.00
Total claim									
\$124.99									
Priority amount									
\$124.99									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.1041. Priority creditor's name and mailing address**CARDENAS, DAVINA M
27 GAYWOOD DR
OSSEO MN 55369**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$471.70

Priority amount

\$471.70

Nonpriority amount

\$0.00

2.1042. Priority creditor's name and mailing addressCARDENAS, JAKAIRA L
17719 PLUMMER ST
NORTHRIDGE CA 91325-2038**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$3,567.31

Priority amount

\$3,567.31

Nonpriority amount

\$0.00

2.1043. Priority creditor's name and mailing addressCARDENAS, JEESICA A
6655 JACKSON ROAD UNIT 256
ANN ARBOR MI 48103**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$35.61

Priority amount

\$35.61

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1044. Priority creditor's name and mailing address CARDENAS, SUSANA 472 HOLDEN ST ARVIN CA 93203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$172.68	Priority amount \$172.68 Nonpriority amount \$0.00
2.1045. Priority creditor's name and mailing address CARDONA, ALEJANDRA P 12328 ABBERTON CT. ORLANDO FL 32837 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$170.69	Priority amount \$170.69 Nonpriority amount \$0.00
2.1046. Priority creditor's name and mailing address CARDONICK, SARAH 432 LAKEVIEW COURT FEASTERVILLE PA 19053 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$216.72	Priority amount \$216.72 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1047. Priority creditor's name and mailing address CARDOSO, DARSHALLE 9082 CLENDENEN WAY SACRAMENTO CA 95826 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$256.44	Priority amount \$256.44 Nonpriority amount \$0.00
2.1048. Priority creditor's name and mailing address CAREY, ASHLEY P 4360 EVANS ST WAYNE MI 48184 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,532.04	Priority amount \$1,532.04 Nonpriority amount \$0.00
2.1049. Priority creditor's name and mailing address CAREY, MADISON E 1198 SADDLE CREEK DRIVE FORT WALTON BEACH FL 32547 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$360.40	Priority amount \$360.40 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1050.	Priority creditor's name and mailing address CARLIN, ISABELLA A 76 WELTON DR PLYMOUTH MA 02360 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$491.28</td> </tr> </table>	Total claim	\$491.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$491.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$491.28	Nonpriority amount	\$0.00
Total claim										
\$491.28										
Priority amount										
\$491.28										
Nonpriority amount										
\$0.00										
2.1051.	Priority creditor's name and mailing address CARLSON, CASSANDRA M 5402 WILBER AVENUE PARMA OH 44129 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$498.52</td> </tr> </table>	Total claim	\$498.52	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$498.52</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$498.52	Nonpriority amount	\$0.00
Total claim										
\$498.52										
Priority amount										
\$498.52										
Nonpriority amount										
\$0.00										
2.1052.	Priority creditor's name and mailing address CARLSON, ELIZABETH E 1650 7TH STREET APARTMENT #209 SAINT CLOUD MN 56304 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$610.92</td> </tr> </table>	Total claim	\$610.92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$610.92</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$610.92	Nonpriority amount	\$0.00
Total claim										
\$610.92										
Priority amount										
\$610.92										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1053. Priority creditor's name and mailing address CARLSON, JASMINE S 3525 18TH AVENUE SOUTH MINNEAPOLIS MN 55407 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$300.36</td> </tr> </table>	Total claim	\$300.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$300.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$300.36	Nonpriority amount	\$0.00
Total claim									
\$300.36									
Priority amount									
\$300.36									
Nonpriority amount									
\$0.00									
2.1054. Priority creditor's name and mailing address CARLSON, JENNIFER A 217 N WASHINGTON ST #4 YPSILANTI MI 48197 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$35.61</td> </tr> </table>	Total claim	\$35.61	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$35.61</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$35.61	Nonpriority amount	\$0.00
Total claim									
\$35.61									
Priority amount									
\$35.61									
Nonpriority amount									
\$0.00									
2.1055. Priority creditor's name and mailing address CARLSON, JORDAN 207 NW 17TH ST APT 502 GAINESVILLE FL 32603 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$242.80</td> </tr> </table>	Total claim	\$242.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$242.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$242.80	Nonpriority amount	\$0.00
Total claim									
\$242.80									
Priority amount									
\$242.80									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1056.	Priority creditor's name and mailing address CARMENATTY, DORIS E 9211 HILLCROFT DR RIVERVIEW FL 33578 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$108.96</td> </tr> </table>	Total claim	\$108.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$108.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$108.96	Nonpriority amount	\$0.00
Total claim										
\$108.96										
Priority amount										
\$108.96										
Nonpriority amount										
\$0.00										
2.1057.	Priority creditor's name and mailing address CARMENATTY, IVIS J 2269 S CONWAY RD 901 APT 3203 ORLANDO FL 32812 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$602.51</td> </tr> </table>	Total claim	\$602.51	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$602.51</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$602.51	Nonpriority amount	\$0.00
Total claim										
\$602.51										
Priority amount										
\$602.51										
Nonpriority amount										
\$0.00										
2.1058.	Priority creditor's name and mailing address CARMODY, KENDALL 402 WILLIAMSBURG RD UTICA NY 13502 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$93.80</td> </tr> </table>	Total claim	\$93.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$93.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$93.80	Nonpriority amount	\$0.00
Total claim										
\$93.80										
Priority amount										
\$93.80										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1059.	Priority creditor's name and mailing address CARMON, ARIEL B 101 SKYLINE DR MARTINDALE TX 78655 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$502.48</td> </tr> </table>	Total claim	\$502.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$502.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$502.48	Nonpriority amount	\$0.00
Total claim										
\$502.48										
Priority amount										
\$502.48										
Nonpriority amount										
\$0.00										
2.1060.	Priority creditor's name and mailing address CARMON, LARISSA 6026 TULANE RD HORN LAKE MS 38637 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$199.92</td> </tr> </table>	Total claim	\$199.92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$199.92</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$199.92	Nonpriority amount	\$0.00
Total claim										
\$199.92										
Priority amount										
\$199.92										
Nonpriority amount										
\$0.00										
2.1061.	Priority creditor's name and mailing address CARMONA, JULIETA 827 MAPLE ST ROCKFORD IL 61101 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$104.20</td> </tr> </table>	Total claim	\$104.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$104.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$104.20	Nonpriority amount	\$0.00
Total claim										
\$104.20										
Priority amount										
\$104.20										
Nonpriority amount										
\$0.00										

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2.1062.	Priority creditor's name and mailing address CARMONA, LIMNI 1931 GREENFIELD RD ADAMSTOWN MD 21710 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$91.91</td> </tr> </table>	Total claim	\$91.91	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$91.91</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$91.91	Nonpriority amount	\$0.00
Total claim										
\$91.91										
Priority amount										
\$91.91										
Nonpriority amount										
\$0.00										
2.1063.	Priority creditor's name and mailing address CARON, EMILY G 137 HENRY ST UXBRIDGE MA 01569 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$168.84</td> </tr> </table>	Total claim	\$168.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$168.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$168.84	Nonpriority amount	\$0.00
Total claim										
\$168.84										
Priority amount										
\$168.84										
Nonpriority amount										
\$0.00										
2.1064.	Priority creditor's name and mailing address CARPENTER, AUSTIN T 607 PUTNAM ST PARKERSBURG WV 26101 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$35.70</td> </tr> </table>	Total claim	\$35.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$35.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$35.70	Nonpriority amount	\$0.00
Total claim										
\$35.70										
Priority amount										
\$35.70										
Nonpriority amount										
\$0.00										

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2.1065. Priority creditor's name and mailing address CARPENTER, KAYLEE P 8116 ROSE PETAL DRIVE FLORENCE KY 41042 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$158.10	Priority amount \$158.10 Nonpriority amount \$0.00
2.1066. Priority creditor's name and mailing address CARR, ASHLEY M 16 WINDING STAIR WAY O'FALLON MO 63368 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$316.74	Priority amount \$316.74 Nonpriority amount \$0.00
2.1067. Priority creditor's name and mailing address CARR, BRAYDESTINY K 609 BRANSFORD RD. AUGUSTA GA 30909 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$218.29	Priority amount \$218.29 Nonpriority amount \$0.00

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2.1068. Priority creditor's name and mailing address CARR, MAKAYLA A 4941 TULIP GROVE LN NASHVILLE TN 37076 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$42.50	Priority amount \$42.50 Nonpriority amount \$0.00
2.1069. Priority creditor's name and mailing address CARR, MARISA J 3709 SAN PABLO ROAD S 1707 JACKSONVILLE FL 32224 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$30.29	Priority amount \$30.29 Nonpriority amount \$0.00
2.1070. Priority creditor's name and mailing address CARRADINE, CORNESA M 363 W DISON MEMPHIS TN 38109 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$173.83	Priority amount \$173.83 Nonpriority amount \$0.00

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2.1071. Priority creditor's name and mailing address CARRASCO, ALEJANDRA 30 CEDAR AVE LAKE VILLA IL 60046 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$153.54	Priority amount \$153.54 Nonpriority amount \$0.00
2.1072. Priority creditor's name and mailing address CARRASQUILLO, ORTIZ JERRILLYS 822 MAIN STREET UNIT 1 MANCHESTER CT 06040 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$80.10	Priority amount \$80.10 Nonpriority amount \$0.00
2.1073. Priority creditor's name and mailing address CARRENO, MARIA C 12063 ROYAL PALM BLVD CORAL SPRINGS FL 33065 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$653.40	Priority amount \$653.40 Nonpriority amount \$0.00

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2.1074. Priority creditor's name and mailing address CARRERA, LAURA 2566 TENNESSEE ST. APT 8111 TALLAHASSEE FL 32304 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$32.74</td> </tr> </table>	Total claim	\$32.74	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$32.74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$32.74	Nonpriority amount	\$0.00
Total claim									
\$32.74									
Priority amount									
\$32.74									
Nonpriority amount									
\$0.00									
2.1075. Priority creditor's name and mailing address CARRICK, AMBER M 8171 ROCKCREEK PLACE APT 3 CORDOVA TN 38016 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$706.02</td> </tr> </table>	Total claim	\$706.02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$706.02</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$706.02	Nonpriority amount	\$0.00
Total claim									
\$706.02									
Priority amount									
\$706.02									
Nonpriority amount									
\$0.00									
2.1076. Priority creditor's name and mailing address CARRICO, MEGAN R 2022 KEENE CIRCLE SPRING HILL TN 37174 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,341.80</td> </tr> </table>	Total claim	\$2,341.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,341.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,341.80	Nonpriority amount	\$0.00
Total claim									
\$2,341.80									
Priority amount									
\$2,341.80									
Nonpriority amount									
\$0.00									

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2.1077. Priority creditor's name and mailing address CARRILLO, ANDREAN S 8694 JAMESTOWN DR WINTER HAVEN FL 33884-4837 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,494.67</td> </tr> </table>	Total claim	\$3,494.67	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,494.67</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,494.67	Nonpriority amount	\$0.00
Total claim									
\$3,494.67									
Priority amount									
\$3,494.67									
Nonpriority amount									
\$0.00									
2.1078. Priority creditor's name and mailing address CARRILLO, NICOLE M 722 NORTH FRANKLIN ST LANCASTER PA 17602 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$76.48</td> </tr> </table>	Total claim	\$76.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$76.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$76.48	Nonpriority amount	\$0.00
Total claim									
\$76.48									
Priority amount									
\$76.48									
Nonpriority amount									
\$0.00									
2.1079. Priority creditor's name and mailing address CARRILLO, ROSA A 6027 BEAR AVE APT A HUNTINGTON PARK CA 90255 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$214.92</td> </tr> </table>	Total claim	\$214.92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$214.92</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$214.92	Nonpriority amount	\$0.00
Total claim									
\$214.92									
Priority amount									
\$214.92									
Nonpriority amount									
\$0.00									

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2.1080. Priority creditor's name and mailing address CARRILLO, VERENICE Y 4817 CREEKRIDGE PL. GARLAND TX 75043 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$579.73	Priority amount \$579.73 Nonpriority amount \$0.00
2.1081. Priority creditor's name and mailing address CARRION, JESSICA M 133 PRATTS BRANCH RD FELTON DE 19943 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$38.24	Priority amount \$38.24 Nonpriority amount \$0.00
2.1082. Priority creditor's name and mailing address CARROLL, AMBER N 108 LAURIE LN. RUSSELLVILLE KY 42276 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$194.40	Priority amount \$194.40 Nonpriority amount \$0.00

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2.1083. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
CARROW, TONI 8239 GARBOR AVE WARREN MI 48093		\$606.84	\$606.84
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.1084. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
CARSON, INDYA 618 MALTESE DRIVE ATLANTA GA 30349		\$32.63	\$32.63
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.1085. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
CARTAGENA, EMELY 505 RUSSELL STREET NEW HAVEN CT 06513		\$356.96	\$356.96
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

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2.1086. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
CARTAGENA, MARIELYS 340 WEST CENTER ST ELMIRA NY 14901		\$192.81	\$192.81
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.1087. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
CARTER, CANDICE 6010 WINSTON TRACE MCDONOUGH GA 30252		\$1,320.60	\$1,320.60
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.1088. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
CARTER, CARLENA 1828 RUSHING WOOD DR. NW MADISON AL 35757		\$22.20	\$22.20
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

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2.1089. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
CARTER, KAHLA 3403 ADAMS ST. BELLWOOD IL 60104		\$187.48	\$187.48
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.1090. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
CARTER, KATHRYN S 250 BEARTOWN ROAD PAINTED POST NY 14870		\$1,216.81	\$1,216.81
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.1091. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
CARTER, KIRSTEN 608 INSPIRATION DRIVE LIBERTY HILL TX 78642		\$1,165.28	\$1,165.28
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

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2.1092. Priority creditor's name and mailing address CARTER, KOLA S 15303 WESTLAND GATE DRIVE CONROE TX 77384 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$139.60</td> </tr> </table>	Total claim	\$139.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$139.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$139.60	Nonpriority amount	\$0.00
Total claim									
\$139.60									
Priority amount									
\$139.60									
Nonpriority amount									
\$0.00									
2.1093. Priority creditor's name and mailing address CARTER, STEPHANIE J 99 CHERRY STREET MALDEN MA 02148 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$315.84</td> </tr> </table>	Total claim	\$315.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$315.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$315.84	Nonpriority amount	\$0.00
Total claim									
\$315.84									
Priority amount									
\$315.84									
Nonpriority amount									
\$0.00									
2.1094. Priority creditor's name and mailing address CARTER, TIKIA S 34 SPRINGVALE RD BISHOPVILLE SC 29010 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$70.56</td> </tr> </table>	Total claim	\$70.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$70.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$70.56	Nonpriority amount	\$0.00
Total claim									
\$70.56									
Priority amount									
\$70.56									
Nonpriority amount									
\$0.00									

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2.1095. Priority creditor's name and mailing address CARTER, TONIMARIE A 836 TANGLEWOOD RD WEST ISLIP NY 11795 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$212.04</td> </tr> </table>	Total claim	\$212.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$212.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$212.04	Nonpriority amount	\$0.00
Total claim									
\$212.04									
Priority amount									
\$212.04									
Nonpriority amount									
\$0.00									
2.1096. Priority creditor's name and mailing address CARVER, SAVANNAH R 239 CRESTWOOD DR NEW WHITELAND IN 46184 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,784.74</td> </tr> </table>	Total claim	\$3,784.74	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,784.74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,784.74	Nonpriority amount	\$0.00
Total claim									
\$3,784.74									
Priority amount									
\$3,784.74									
Nonpriority amount									
\$0.00									
2.1097. Priority creditor's name and mailing address CARY, KYEAI RRE C 144 NORMAN ROAD 1L NEWARK NJ 07106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$452.30</td> </tr> </table>	Total claim	\$452.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$452.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$452.30	Nonpriority amount	\$0.00
Total claim									
\$452.30									
Priority amount									
\$452.30									
Nonpriority amount									
\$0.00									

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2.1098. Priority creditor's name and mailing address CASADY, TARA L 7913 E 60TH ST 92-005 TULSA OK 74145 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$392.23</td> </tr> </table>	Total claim	\$392.23	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$392.23</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$392.23	Nonpriority amount	\$0.00
Total claim									
\$392.23									
Priority amount									
\$392.23									
Nonpriority amount									
\$0.00									
2.1099. Priority creditor's name and mailing address CASAGRANDE, GABRIELLE 618 PROSPECT AVENUE BROOKLYN NY 11215 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$145.38</td> </tr> </table>	Total claim	\$145.38	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$145.38</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$145.38	Nonpriority amount	\$0.00
Total claim									
\$145.38									
Priority amount									
\$145.38									
Nonpriority amount									
\$0.00									
2.1100. Priority creditor's name and mailing address CASANOVA, ANGELA M 2137HIDDEN VALLEY DRIVE CROW POINT IN 46307 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$55.10</td> </tr> </table>	Total claim	\$55.10	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$55.10</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$55.10	Nonpriority amount	\$0.00
Total claim									
\$55.10									
Priority amount									
\$55.10									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1101. Priority creditor's name and mailing address CASAREZ, LESLY 5943 SAIL LOFT CIR. SAN ANTONIO TX 78242 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$95.10	Priority amount \$95.10 Nonpriority amount \$0.00
2.1102. Priority creditor's name and mailing address CASARIN, EMILY 932 MITCHELL RD. HOUSTON TX 77037 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$55.00	Priority amount \$55.00 Nonpriority amount \$0.00
2.1103. Priority creditor's name and mailing address CASAS, KIARA 561 WILSON ST. WATERBURY CT 06708 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$77.52	Priority amount \$77.52 Nonpriority amount \$0.00

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2.1104. Priority creditor's name and mailing address CASAS-SALAS, STEPHANIE 3006 WEBER ST. FORT WORTH TX 76106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$843.06	Priority amount \$843.06 Nonpriority amount \$0.00
2.1105. Priority creditor's name and mailing address CASE, KAYLIN N 406 WOOD DUCK DR GRAND JUNCTION CO 81504 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$288.16	Priority amount \$288.16 Nonpriority amount \$0.00
2.1106. Priority creditor's name and mailing address CASEY, HALEY 291 POPLAR POINT LN RICKMAN TN 38580 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,168.04	Priority amount \$1,168.04 Nonpriority amount \$0.00

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2.1107. Priority creditor's name and mailing address CASEY, RENAE E 3221 ILLINOIS MIDDLETOWN OH 45042 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$46.45</td></tr></table>	Total claim	\$46.45	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$46.45</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$46.45	Nonpriority amount	\$0.00
Total claim									
\$46.45									
Priority amount									
\$46.45									
Nonpriority amount									
\$0.00									
2.1108. Priority creditor's name and mailing address CASIANO, MARTINEZ GABRIELA 499 W NIAGARA CIRCLE GRAND JUNCTION CO 81501 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$122.88</td></tr></table>	Total claim	\$122.88	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$122.88</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$122.88	Nonpriority amount	\$0.00
Total claim									
\$122.88									
Priority amount									
\$122.88									
Nonpriority amount									
\$0.00									
2.1109. Priority creditor's name and mailing address CASILLA, ASHLEY 222 BRADLEY AVENUE 8-5A WATERBURY CT 06708 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$136.17</td></tr></table>	Total claim	\$136.17	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$136.17</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$136.17	Nonpriority amount	\$0.00
Total claim									
\$136.17									
Priority amount									
\$136.17									
Nonpriority amount									
\$0.00									

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2.1110. Priority creditor's name and mailing address CASONI, ALYSSA 4885 EFFINGHAM PLACE DAYTON OH 45431 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$30.07	Priority amount \$30.07 Nonpriority amount \$0.00
2.1111. Priority creditor's name and mailing address CASS, LEXIE J 2114 LAKE VIEW RIDGE DRIVE NE SOLON IA 52333 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$199.66	Priority amount \$199.66 Nonpriority amount \$0.00
2.1112. Priority creditor's name and mailing address CASSIDY, CHELSEA S 300 STONY POINT RD. #198 SANTA ROSA CA 95401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$596.95	Priority amount \$596.95 Nonpriority amount \$0.00

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2.1113. Priority creditor's name and mailing address CASSIDY, MACKENZIE 12760 IRONSTONE WAY #103 PARKER CO 80134 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$39.41	Priority amount \$39.41 Nonpriority amount \$0.00
2.1114. Priority creditor's name and mailing address CASTANEDA, ALYSSA 9817 CRISTINA DR RIVERVIEW FL 33569 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$32.32	Priority amount \$32.32 Nonpriority amount \$0.00
2.1115. Priority creditor's name and mailing address CASTANEDA, ELIZER C 2608 RICHARDS AVE HAMMONTON NJ 08037 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$175.24	Priority amount \$175.24 Nonpriority amount \$0.00

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2.1116. Priority creditor's name and mailing address CASTANEDA, GIOMAR 13442 REINDEER ST MORENO VALLEY CA 92553 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$74.76	Priority amount \$74.76 Nonpriority amount \$0.00
2.1117. Priority creditor's name and mailing address CASTANEDA, KARLA J 1604 KENT PL 25 ROSEVILLE CA 95661 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$83.04	Priority amount \$83.04 Nonpriority amount \$0.00
2.1118. Priority creditor's name and mailing address CASTANEDA, MITZY Y 2809 E. CHIPMAN RD PHOENIX AZ 85040 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$486.18	Priority amount \$486.18 Nonpriority amount \$0.00

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2.1119. Priority creditor's name and mailing address CASTANEDA, MYRA E 3937 SPENCER ST APT 112 LAS VEGAS NV 89119 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,708.02</td> </tr> </table>	Total claim	\$2,708.02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,708.02</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,708.02	Nonpriority amount	\$0.00
Total claim									
\$2,708.02									
Priority amount									
\$2,708.02									
Nonpriority amount									
\$0.00									
2.1120. Priority creditor's name and mailing address CASTANEDA, XIMENA 3949 PALM AVE SAN DIEGO CA 92154-1737 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,665.32</td> </tr> </table>	Total claim	\$1,665.32	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,665.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,665.32	Nonpriority amount	\$0.00
Total claim									
\$1,665.32									
Priority amount									
\$1,665.32									
Nonpriority amount									
\$0.00									
2.1121. Priority creditor's name and mailing address CASTANON, LIZETTE 772 ANDERSON STREET SAN FRANCISCO CA 94110 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$311.28</td> </tr> </table>	Total claim	\$311.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$311.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$311.28	Nonpriority amount	\$0.00
Total claim									
\$311.28									
Priority amount									
\$311.28									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1122. Priority creditor's name and mailing address CASTEEL, COURTNEY P 14340 S LAGRANGE RD 2 ORLAND PARK IL 60462 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$263.12	Priority amount \$263.12 Nonpriority amount \$0.00
2.1123. Priority creditor's name and mailing address CASTEEL, LIBERTY J 1010 WORTHINGTON SPRING DR MELBOURNE FL 32940 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$187.22	Priority amount \$187.22 Nonpriority amount \$0.00
2.1124. Priority creditor's name and mailing address CASTELAN, NUBIA J 5535 W EDDY CHICAGO IL 60641 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$110.11	Priority amount \$110.11 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1125. Priority creditor's name and mailing address CASTELLANOS, GISELLE 6507 VASQUEZ ST PHARR TX 78577 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$209.63</td> </tr> </table>	Total claim	\$209.63	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$209.63</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$209.63	Nonpriority amount	\$0.00
Total claim									
\$209.63									
Priority amount									
\$209.63									
Nonpriority amount									
\$0.00									
2.1126. Priority creditor's name and mailing address CASTELLON, RUTH E 7311 LAVA ROCK CIR APT 101 MANASSAS VA 20111 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$938.70</td> </tr> </table>	Total claim	\$938.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$938.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$938.70	Nonpriority amount	\$0.00
Total claim									
\$938.70									
Priority amount									
\$938.70									
Nonpriority amount									
\$0.00									
2.1127. Priority creditor's name and mailing address CASTILLO, ALEJANDRA L 7590 S CARLISLE AVE TUCSON AZ 85746 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$461.10</td> </tr> </table>	Total claim	\$461.10	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$461.10</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$461.10	Nonpriority amount	\$0.00
Total claim									
\$461.10									
Priority amount									
\$461.10									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1128. Priority creditor's name and mailing address CASTILLO, ERICA 123 EAST 92ND STREET B20 BROOKLYN NY 11212 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,860.29	Priority amount \$1,860.29 Nonpriority amount \$0.00
2.1129. Priority creditor's name and mailing address CASTILLO, ERIKA 555 AVENUE C MERCEDES TX 78570 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$89.26	Priority amount \$89.26 Nonpriority amount \$0.00
2.1130. Priority creditor's name and mailing address CASTILLO, LIZBETH 36 HOXEY ST 2 PATERSON NJ 07501 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,365.49	Priority amount \$1,365.49 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.1131. Priority creditor's name and mailing address**CASTILLO, NATALIE
13263 SW 258 TERRACE
HOMESTEAD FL 33032**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$431.98

Priority amount

\$431.98

Nonpriority amount

\$0.00

2.1132. Priority creditor's name and mailing addressCASTILLO, SARAI R
29021 BOUQUET CANYON ROAD
#230
SANTA CLARITA CA 91390**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$318.12

Priority amount

\$318.12

Nonpriority amount

\$0.00

2.1133. Priority creditor's name and mailing addressCASTILLO, YESENIA L
1316 N. CONRAD AVE
SARASOTA FL 34237**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$254.82

Priority amount

\$254.82

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1134. Priority creditor's name and mailing address CASTLE, MARIAH J 1725 SOUTHWIND DRIVE CHARLOTTE NC 28216 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$245.48</td> </tr> </table>	Total claim	\$245.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$245.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$245.48	Nonpriority amount	\$0.00
Total claim									
\$245.48									
Priority amount									
\$245.48									
Nonpriority amount									
\$0.00									
2.1135. Priority creditor's name and mailing address CASTORENA, MAGALI L 3509 ELLER AVE FORT SMITH AR 72904-2519 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$152.82</td> </tr> </table>	Total claim	\$152.82	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$152.82</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$152.82	Nonpriority amount	\$0.00
Total claim									
\$152.82									
Priority amount									
\$152.82									
Nonpriority amount									
\$0.00									
2.1136. Priority creditor's name and mailing address CASTORENA, MARLINA H 992 GRANT AVE. COLTON CA 92324 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$616.04</td> </tr> </table>	Total claim	\$616.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$616.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$616.04	Nonpriority amount	\$0.00
Total claim									
\$616.04									
Priority amount									
\$616.04									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1137. Priority creditor's name and mailing address CASTREJON, JULISSA 98-450 KOAUKA LOOP APT 1907 1907 AIEA HI 96701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$60.18	Priority amount \$60.18 Nonpriority amount \$0.00
2.1138. Priority creditor's name and mailing address CASTRILLON, LAURY A 5161 SASSARI AVENUE SAINT CLOUD FL 34771 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$104.55	Priority amount \$104.55 Nonpriority amount \$0.00
2.1139. Priority creditor's name and mailing address CASTRO, ALINA Y 5215 BELMONT AVE #2201 DALLAS TX 75206 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,610.30	Priority amount \$3,610.30 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1140. Priority creditor's name and mailing address CASTRO, DAPHNEY 4065 CORNELIA WAY NORTH HIGHLANDS CA 95660 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$83.04</td> </tr> </table>	Total claim	\$83.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$83.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$83.04	Nonpriority amount	\$0.00
Total claim									
\$83.04									
Priority amount									
\$83.04									
Nonpriority amount									
\$0.00									
2.1141. Priority creditor's name and mailing address CASTRO, GERALDINE S 130 E 25 STREET APT 5 PATERSON NJ 07514 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$658.36</td> </tr> </table>	Total claim	\$658.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$658.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$658.36	Nonpriority amount	\$0.00
Total claim									
\$658.36									
Priority amount									
\$658.36									
Nonpriority amount									
\$0.00									
2.1142. Priority creditor's name and mailing address CASTRO, YAZMIN 3758 W 64 TH ST CHICAGO IL 60629 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$121.00</td> </tr> </table>	Total claim	\$121.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$121.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$121.00	Nonpriority amount	\$0.00
Total claim									
\$121.00									
Priority amount									
\$121.00									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1143. Priority creditor's name and mailing address CASWELL, JESSICA 936 80TH STREET NIAGARA FALLS NY 14304 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$858.37	Priority amount \$858.37 Nonpriority amount \$0.00
2.1144. Priority creditor's name and mailing address CATLETT, LISA 1967 CAMINO LANE HILLIARD OH 43026 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,733.78	Priority amount \$1,733.78 Nonpriority amount \$0.00
2.1145. Priority creditor's name and mailing address CATO, LAUREN 115 HARTWICK ST SPRINGFIELD MA 01108-3549 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,028.61	Priority amount \$2,028.61 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1146. Priority creditor's name and mailing address CATRETT, GABRIELLA 6166 LEESBURG PIKE APT. C304 FALLS CHURCH VA 22044 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$78.98	Priority amount \$78.98 Nonpriority amount \$0.00
2.1147. Priority creditor's name and mailing address CAUDILL, CASSIDY K 401 E STATE ST. PENDLETON IN 46064 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$115.86	Priority amount \$115.86 Nonpriority amount \$0.00
2.1148. Priority creditor's name and mailing address CAUDILL, HEATHER M 45 CENTRAL AVE SPRING CITY PA 19475 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,760.56	Priority amount \$2,760.56 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1149. Priority creditor's name and mailing address CAWALING, BEA TRIZIA P 5408 ANGUS DRIVE VIRGINIA BEACH VA 23464 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$153.98	Priority amount \$153.98 Nonpriority amount \$0.00
2.1150. Priority creditor's name and mailing address CAZARES, GABRIELLE R 3600 CRB 2170 STANTON TX 79782 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$189.27	Priority amount \$189.27 Nonpriority amount \$0.00
2.1151. Priority creditor's name and mailing address CAZIMERO, DARCEY T 98-080 UAO PLACE C3 AIEA HI 96701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,443.48	Priority amount \$1,443.48 Nonpriority amount \$0.00

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2.1152. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
CEASOR, ANDREA S 193 FAIRFIELD AVE TONAWANDA NY 14223-2847		\$89.35	\$89.35
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.1153. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
CECIL, SOPHIA L 6820 BUICK DR INDIANAPOLIS IN 46214		\$141.57	\$141.57
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.1154. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
CEDANO, NATHALY 12320 DEL RIO CT NORWALK CA 90650		\$3,516.48	\$3,516.48
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

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2.1155. Priority creditor's name and mailing address CEDANO, NICHOLE M 431 CAPERS DR. LADSON SC 29456 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$181.91</td> </tr> </table>	Total claim	\$181.91	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$181.91</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$181.91	Nonpriority amount	\$0.00
Total claim									
\$181.91									
Priority amount									
\$181.91									
Nonpriority amount									
\$0.00									
2.1156. Priority creditor's name and mailing address CEDILLO, ALEXIS 9806 VILLA DR MERCEDES TX 78570 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$100.78</td> </tr> </table>	Total claim	\$100.78	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$100.78</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$100.78	Nonpriority amount	\$0.00
Total claim									
\$100.78									
Priority amount									
\$100.78									
Nonpriority amount									
\$0.00									
2.1157. Priority creditor's name and mailing address CENICACELAYA, EMMA V 402 DAVID COURT BEL AIR MD 21015 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$131.58</td> </tr> </table>	Total claim	\$131.58	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$131.58</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$131.58	Nonpriority amount	\$0.00
Total claim									
\$131.58									
Priority amount									
\$131.58									
Nonpriority amount									
\$0.00									

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2.1158. Priority creditor's name and mailing address CENORD, QUEENY 18 FLETCHER ROAD APT E MONSEY NY 10952 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$341.39	Priority amount \$341.39 Nonpriority amount \$0.00
2.1159. Priority creditor's name and mailing address CENTENO, JESMARIE 744 CLIMATE DR. BRANDON FL 335511 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,232.90	Priority amount \$3,232.90 Nonpriority amount \$0.00
2.1160. Priority creditor's name and mailing address CERNEJ-GARCIA, KIMBERLY T 2347 SHADOWOOD DR. ANN ARBOR MI 48108 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$89.26	Priority amount \$89.26 Nonpriority amount \$0.00

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2.1161. Priority creditor's name and mailing address CERRILLO, TAPIA JANAHI 8725 19TH STREET RD. GREELEY CO 80634 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$287.54</td> </tr> </table>	Total claim	\$287.54	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$287.54</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$287.54	Nonpriority amount	\$0.00
Total claim									
\$287.54									
Priority amount									
\$287.54									
Nonpriority amount									
\$0.00									
2.1162. Priority creditor's name and mailing address CERRITOS, GLORIA S 24686 MERIT CT MORENO VALLEY CA 92553-5107 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,097.35</td> </tr> </table>	Total claim	\$2,097.35	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,097.35</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,097.35	Nonpriority amount	\$0.00
Total claim									
\$2,097.35									
Priority amount									
\$2,097.35									
Nonpriority amount									
\$0.00									
2.1163. Priority creditor's name and mailing address CERVANTES, ELIZABETH 1629 SANDGLASS AVE LAS VEGAS NV 89032 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$125.32</td> </tr> </table>	Total claim	\$125.32	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$125.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$125.32	Nonpriority amount	\$0.00
Total claim									
\$125.32									
Priority amount									
\$125.32									
Nonpriority amount									
\$0.00									

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2.1164. Priority creditor's name and mailing address CERVANTES, JENNIFER 418 BISHOP ST HOUSTON TX 77009 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$120.23	Priority amount \$120.23 Nonpriority amount \$0.00
2.1165. Priority creditor's name and mailing address CERVANTES, LABRADA KARINA 597 9TH STREET APT 9 RICHMOND CA 94801 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$341.70	Priority amount \$341.70 Nonpriority amount \$0.00
2.1166. Priority creditor's name and mailing address CERVANTES, LOPEZ LILIANA S 123 DETCHON CT LAFAYETTE IN 47909 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$129.21	Priority amount \$129.21 Nonpriority amount \$0.00

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2.1167. Priority creditor's name and mailing address CERVANTES, SUSANA 349 BRONSON WAY NE RENTON WA 98056 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$645.97	Priority amount \$645.97 Nonpriority amount \$0.00
2.1168. Priority creditor's name and mailing address CERVANTES, VALDIVIA DIANA 600 FOURTH AVE SAN BRUNO CA 94066 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$356.40	Priority amount \$356.40 Nonpriority amount \$0.00
2.1169. Priority creditor's name and mailing address CERVANTES, YESENIA 10215 HEDRICK AVE RIVERSIDE CA 92503 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$547.30	Priority amount \$547.30 Nonpriority amount \$0.00

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2.1170. Priority creditor's name and mailing address CESPEDES, CRUZ EMELY R 501 SOUTH 8TH ST LINDENHURST NY 11757 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$431.64	Priority amount \$431.64 Nonpriority amount \$0.00
2.1171. Priority creditor's name and mailing address CHACON, CRYSTAL S 1100 BRONCO LANE SPRINGDALE AR 72762 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,433.61	Priority amount \$1,433.61 Nonpriority amount \$0.00
2.1172. Priority creditor's name and mailing address CHACON, ELIDA D 962 REMINGTON DRIVE A SPRINGDALE AR 72764 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$160.49	Priority amount \$160.49 Nonpriority amount \$0.00

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2.1173. Priority creditor's name and mailing address CHACON, PATRICIA 9345 RAMON BLVD H ROSEMEAD CA 91770 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$147.12	Priority amount \$147.12 Nonpriority amount \$0.00
2.1174. Priority creditor's name and mailing address CHAET, BRITTANY R 1243 SOUTH OLIVE STREET 624 LOS ANGELES AR 90015 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$732.87	Priority amount \$732.87 Nonpriority amount \$0.00
2.1175. Priority creditor's name and mailing address CHAFFINS, REBECCA 715 WEST MARKET ST APT 301 AKRON OH 44303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$34.63	Priority amount \$34.63 Nonpriority amount \$0.00

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2.1176. Priority creditor's name and mailing address CHAHA-GUERRERO, RUTH A 252 E MENOMONEE ST. 519 MILWAUKEE WI 53202 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$37.26</td> </tr> </table>	Total claim	\$37.26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$37.26</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$37.26	Nonpriority amount	\$0.00
Total claim									
\$37.26									
Priority amount									
\$37.26									
Nonpriority amount									
\$0.00									
2.1177. Priority creditor's name and mailing address CHAMALBIDE, MARIAH 3525 WEST CHERRY AVE VISALIA CA 93277 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$229.80</td> </tr> </table>	Total claim	\$229.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$229.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$229.80	Nonpriority amount	\$0.00
Total claim									
\$229.80									
Priority amount									
\$229.80									
Nonpriority amount									
\$0.00									
2.1178. Priority creditor's name and mailing address CHAMBERS, LIRHON L PO BOX 54 OLIVER GA 30449 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$117.75</td> </tr> </table>	Total claim	\$117.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$117.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$117.75	Nonpriority amount	\$0.00
Total claim									
\$117.75									
Priority amount									
\$117.75									
Nonpriority amount									
\$0.00									

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2.1179. Priority creditor's name and mailing address CHAMBERS, RAVEN Z 742 SEA WILLOW DRIVE MARION TX 78124 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$32.20	Priority amount \$32.20 Nonpriority amount \$0.00
2.1180. Priority creditor's name and mailing address CHAN, CERA 1324 N 36TH ST APT. 3 SEATTLE WA 98103 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,238.51	Priority amount \$1,238.51 Nonpriority amount \$0.00
2.1181. Priority creditor's name and mailing address CHANDLER, AUNDREYA 3759 WHEELER AVE LOUISVILLE KY 40215 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$117.90	Priority amount \$117.90 Nonpriority amount \$0.00

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2.1182. Priority creditor's name and mailing address CHANDLER, ROSITA 1325 COMFREY LEAF DR BEAUMONT CA 92223 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,851.08</td> </tr> </table>	Total claim	\$2,851.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,851.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,851.08	Nonpriority amount	\$0.00
Total claim									
\$2,851.08									
Priority amount									
\$2,851.08									
Nonpriority amount									
\$0.00									
2.1183. Priority creditor's name and mailing address CHANEY, APRIL L 1210 ELMIRA ST. MOBLE AL 36604 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$227.78</td> </tr> </table>	Total claim	\$227.78	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$227.78</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$227.78	Nonpriority amount	\$0.00
Total claim									
\$227.78									
Priority amount									
\$227.78									
Nonpriority amount									
\$0.00									
2.1184. Priority creditor's name and mailing address CHANEY, MARILYNN A 3329 GRAYDON DR CATTLETSBURG KY 41129 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$73.37</td> </tr> </table>	Total claim	\$73.37	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$73.37</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$73.37	Nonpriority amount	\$0.00
Total claim									
\$73.37									
Priority amount									
\$73.37									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1185. Priority creditor's name and mailing address CHANG, CAILYN J 15062 RICE CIRCLE HUNTINGTON BEACH CA 92647 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$144.48</td> </tr> </table>	Total claim	\$144.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$144.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$144.48	Nonpriority amount	\$0.00
Total claim									
\$144.48									
Priority amount									
\$144.48									
Nonpriority amount									
\$0.00									
2.1186. Priority creditor's name and mailing address CHANG, LESLEY 1365 HAZELWOOD ST ST PAUL MN 55106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$108.24</td> </tr> </table>	Total claim	\$108.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$108.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$108.24	Nonpriority amount	\$0.00
Total claim									
\$108.24									
Priority amount									
\$108.24									
Nonpriority amount									
\$0.00									
2.1187. Priority creditor's name and mailing address CHAPA, GINA G 5092 HONEYSUCKLE AVENUE PORTAGE IN 46368 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$78.16</td> </tr> </table>	Total claim	\$78.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$78.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$78.16	Nonpriority amount	\$0.00
Total claim									
\$78.16									
Priority amount									
\$78.16									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1188. Priority creditor's name and mailing address CHAPARRO, GISELLE C 3607 W. LUPINE AVE PHOENIX AZ 85029 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$34.98	Priority amount \$34.98 Nonpriority amount \$0.00
2.1189. Priority creditor's name and mailing address CHAPIN, ALEXA L 1120 NEELY AVE MUNCIE IN 47303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$456.90	Priority amount \$456.90 Nonpriority amount \$0.00
2.1190. Priority creditor's name and mailing address CHAPMAN, ASHLEE A 1972 GOLDFINCH WAY MANTECA CA 95337 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$579.98	Priority amount \$579.98 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1191. Priority creditor's name and mailing address CHAPMAN, DAMONYE' 3019 BRANTLEY RD BUENA VISTA GA 31803 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$248.97	Priority amount \$248.97 Nonpriority amount \$0.00
2.1192. Priority creditor's name and mailing address CHAPMAN, DANIELLE 3205 NW 83 ST 423 GAINESVILLE FL 32606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$143.73	Priority amount \$143.73 Nonpriority amount \$0.00
2.1193. Priority creditor's name and mailing address CHAPPELL, EMONNI M 28 MILLICENT AVE BUFFALO NY 14215 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$182.04	Priority amount \$182.04 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1194. Priority creditor's name and mailing address CHARLES, TYQUANNA 2674 HOLLYBROOK DRIVE MOBILE AL 36605 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$104.84	Priority amount \$104.84 Nonpriority amount \$0.00
2.1195. Priority creditor's name and mailing address CHARMANT, NIOMI M 1505 LINDSEY DRIVE COPPERAS COVE TX 76522 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$106.06	Priority amount \$106.06 Nonpriority amount \$0.00
2.1196. Priority creditor's name and mailing address CHARQUENO, LISA M 9712 N.E. 2ND PL OKLAHOMA CITY OK 73127 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$264.41	Priority amount \$264.41 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1197. Priority creditor's name and mailing address CHARRIEZ, KEISHLA CALLE 9 263 URB. JARDINES DE T TOA ALTA PR 00953 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$108.53	Priority amount \$108.53 Nonpriority amount \$0.00
2.1198. Priority creditor's name and mailing address CHARTIER, SAMANTHA M 30 WALES RD MONSON MA 01057 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$156.60	Priority amount \$156.60 Nonpriority amount \$0.00
2.1199. Priority creditor's name and mailing address CHASE, CHEYANNE N 19461 JENA DRIVE NOBLESVILLE IN 46062 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$311.14	Priority amount \$311.14 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1200. Priority creditor's name and mailing address CHASE, TORIE 1319 GLENWOOD COURT FREMONT NE 68025 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$579.15</td> </tr> </table>	Total claim	\$579.15	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$579.15</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$579.15	Nonpriority amount	\$0.00
Total claim									
\$579.15									
Priority amount									
\$579.15									
Nonpriority amount									
\$0.00									
2.1201. Priority creditor's name and mailing address CHATMAN, ABBY M 11 CONESTOGA CT OFALLON MO 63368 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$267.26</td> </tr> </table>	Total claim	\$267.26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$267.26</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$267.26	Nonpriority amount	\$0.00
Total claim									
\$267.26									
Priority amount									
\$267.26									
Nonpriority amount									
\$0.00									
2.1202. Priority creditor's name and mailing address CHATMAN, CIERRA A 532 A PORT GIBSON ST RAYMOND MS 39154 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,760.96</td> </tr> </table>	Total claim	\$1,760.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,760.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,760.96	Nonpriority amount	\$0.00
Total claim									
\$1,760.96									
Priority amount									
\$1,760.96									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1203. Priority creditor's name and mailing address CHATMAN, SHANTERIA T 1905 PALOMINO CT MACON GA 31220 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,174.24	Priority amount \$1,174.24 Nonpriority amount \$0.00
2.1204. Priority creditor's name and mailing address CHATMON, LAURA E 464 ROCKY CREEK RD HAMPTON GA 30228 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$115.64	Priority amount \$115.64 Nonpriority amount \$0.00
2.1205. Priority creditor's name and mailing address CHATTANOOGA CITY TREASURER PO BOX 191 CHATTANOOGA TN 37401-0191 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$340.16	Priority amount \$340.16 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1206. Priority creditor's name and mailing address CHAUDHRY, MARIUM H 5453 EAST 71ST ST 144 TULSA OK 74136 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$534.60</td> </tr> </table>	Total claim	\$534.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$534.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$534.60	Nonpriority amount	\$0.00
Total claim									
\$534.60									
Priority amount									
\$534.60									
Nonpriority amount									
\$0.00									
2.1207. Priority creditor's name and mailing address CHAVARRIA, VERONICA P 711 FM 1959 RD 505 HOUSTON TX 77034 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$77.18</td> </tr> </table>	Total claim	\$77.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$77.18</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$77.18	Nonpriority amount	\$0.00
Total claim									
\$77.18									
Priority amount									
\$77.18									
Nonpriority amount									
\$0.00									
2.1208. Priority creditor's name and mailing address CHAVEZ, ANA C 730 ALWIN DR. DIXON CA 95620 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$331.65</td> </tr> </table>	Total claim	\$331.65	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$331.65</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$331.65	Nonpriority amount	\$0.00
Total claim									
\$331.65									
Priority amount									
\$331.65									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.1209. Priority creditor's name and mailing address**CHAVEZ, ANDREA G
7761 LOS GATOS DRIVE
DALLAS TX 75232**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$162.45

Priority amount

\$162.45

Nonpriority amount

\$0.00

2.1210. Priority creditor's name and mailing addressCHAVEZ, BRENDA J
17413 HORST AVE
ARTESIA CA 90701**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$649.46

Priority amount

\$649.46

Nonpriority amount

\$0.00

2.1211. Priority creditor's name and mailing addressCHAVEZ, BRIANNA N
167 MORSE PL 1ST FLOOR
A
ENGLEWOOD NJ 07631**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$143.19

Priority amount

\$143.19

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1212. Priority creditor's name and mailing address CHAVEZ, DAISY D 4300 SNAPDRAGON LN BAKERSFIELD CA 93304 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$127.80</td> </tr> </table>	Total claim	\$127.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$127.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$127.80	Nonpriority amount	\$0.00
Total claim									
\$127.80									
Priority amount									
\$127.80									
Nonpriority amount									
\$0.00									
2.1213. Priority creditor's name and mailing address CHAVEZ, ELISA A 2708 ANDREA LANE DALLAS TX 75228 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$285.55</td> </tr> </table>	Total claim	\$285.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$285.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$285.55	Nonpriority amount	\$0.00
Total claim									
\$285.55									
Priority amount									
\$285.55									
Nonpriority amount									
\$0.00									
2.1214. Priority creditor's name and mailing address CHAVEZ, ISAMARY 1334 PROGRESO DR HOUSTON TX 77038 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$102.79</td> </tr> </table>	Total claim	\$102.79	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$102.79</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$102.79	Nonpriority amount	\$0.00
Total claim									
\$102.79									
Priority amount									
\$102.79									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1215. Priority creditor's name and mailing address CHAVEZ, JR JORGE 373 NORTH 13TH STREET APT. #23 BRAWLEY CA 92227 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$199.68	Priority amount \$199.68 Nonpriority amount \$0.00
2.1216. Priority creditor's name and mailing address CHAVEZ, LINA 10636 HANSELMAN RD MANVEL TX 77578-5537 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$142.07	Priority amount \$142.07 Nonpriority amount \$0.00
2.1217. Priority creditor's name and mailing address CHAVEZ, MELINA D 12200 SE MCLOUGHLIN BLVD APT 7 APT 7102 MILWAUKIE OR 97222 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$34.80	Priority amount \$34.80 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1218. Priority creditor's name and mailing address CHAVEZ, PERLA C 726 N HAYES AMARILLO TX 79107 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$40.43	Priority amount \$40.43 Nonpriority amount \$0.00
2.1219. Priority creditor's name and mailing address CHAVEZ, VELIA A 329 CALLE MARIPOSA OCEANSIDE CA 92057 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$627.52	Priority amount \$627.52 Nonpriority amount \$0.00
2.1220. Priority creditor's name and mailing address CHAVEZ, YERALI S 10810 TELEPHONE RD #302 HOUSTON TX 77075 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$232.40	Priority amount \$232.40 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1221. Priority creditor's name and mailing address CHEJIN, ANNA M 162 SEASIDE AVE STAMFORD CT 06902 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$121.58	Priority amount \$121.58 Nonpriority amount \$0.00
2.1222. Priority creditor's name and mailing address CHERBONNEAU, KAYLEE A 34 WILLOW ST APT 2 NASHUA NH 03060 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$86.80	Priority amount \$86.80 Nonpriority amount \$0.00
2.1223. Priority creditor's name and mailing address CHERNOSKE, NICOLE 17882 W VALENTINE ST SURPRISE AZ 85388-5015 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$491.87	Priority amount \$491.87 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1224. Priority creditor's name and mailing address CHEUNG, SHAINA J 89-11 GOLD ROAD OZONE PARK NY 11417 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$447.30	Priority amount \$447.30 Nonpriority amount \$0.00
2.1225. Priority creditor's name and mailing address CHEVEZ, VANESSA M 2440 ROCKY BROOK ST NORTH LAS VEGAS NV 89030 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$74.01	Priority amount \$74.01 Nonpriority amount \$0.00
2.1226. Priority creditor's name and mailing address CHIA, VALERIE L 1701 E COTATI AVE #502 ROHNER PARK CA 94928 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$212.76	Priority amount \$212.76 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1227. Priority creditor's name and mailing address CHICO, ELIZABETH 1031 S STEWART ST. E1217 MESA AZ 85202 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$135.19</td> </tr> </table>	Total claim	\$135.19	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$135.19</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$135.19	Nonpriority amount	\$0.00
Total claim									
\$135.19									
Priority amount									
\$135.19									
Nonpriority amount									
\$0.00									
2.1228. Priority creditor's name and mailing address CHIMAL, EMMA R 352 N LEXINGTON AVE LE CENTER MN 56057 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$499.43</td> </tr> </table>	Total claim	\$499.43	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$499.43</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$499.43	Nonpriority amount	\$0.00
Total claim									
\$499.43									
Priority amount									
\$499.43									
Nonpriority amount									
\$0.00									
2.1229. Priority creditor's name and mailing address CHIMENTI, SOPHIA 15 GARDEN LANE YAPHANK NY 11980 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$119.64</td> </tr> </table>	Total claim	\$119.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$119.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$119.64	Nonpriority amount	\$0.00
Total claim									
\$119.64									
Priority amount									
\$119.64									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1230.	Priority creditor's name and mailing address CHING, MARINA 84 CARPENTER ST ATTLEBORO MA 02703 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$111.60</td> </tr> </table>	Total claim	\$111.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$111.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$111.60	Nonpriority amount	\$0.00
Total claim										
\$111.60										
Priority amount										
\$111.60										
Nonpriority amount										
\$0.00										
2.1231.	Priority creditor's name and mailing address CHINO, MELISSA 25 ELIZABETH ROAD MERIDEN CT 06450 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$76.76</td> </tr> </table>	Total claim	\$76.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$76.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$76.76	Nonpriority amount	\$0.00
Total claim										
\$76.76										
Priority amount										
\$76.76										
Nonpriority amount										
\$0.00										
2.1232.	Priority creditor's name and mailing address CHISHOLM, ALEXIA 18 OLIVIA STREET WYANDANCH NY 11798 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$47.64</td> </tr> </table>	Total claim	\$47.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$47.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$47.64	Nonpriority amount	\$0.00
Total claim										
\$47.64										
Priority amount										
\$47.64										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1233. Priority creditor's name and mailing address CHISHOLM, BEVERLY Y 111 EAST MELL STREET APT 15 POOLER GA 31322 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$197.87	Priority amount \$197.87 Nonpriority amount \$0.00
2.1234. Priority creditor's name and mailing address CHISHOLM, TAMARI M 7600 SHOREFRONT PARKWAY 50 ARVERNE NY NY 11692 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$127.80	Priority amount \$127.80 Nonpriority amount \$0.00
2.1235. Priority creditor's name and mailing address CHITMAN, CHANTAL S 8100 PINES RD APT 26D SHREVEPORT LA 71129 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$172.48	Priority amount \$172.48 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1236. Priority creditor's name and mailing address CHITTAPHONG, PENNY 41 SUFFOLK DRIVE EAST HARTFORD CT 06118 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,389.02</td> <td>\$3,389.02</td> </tr> </table>	Total claim	Priority amount	\$3,389.02	\$3,389.02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$3,389.02	\$3,389.02								
Nonpriority amount									
\$0.00									
2.1237. Priority creditor's name and mailing address CHO, JESSICA 1037 HOWELL PL APT 303 AURORA IL 60505 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$4,008.23</td> <td>\$4,008.23</td> </tr> </table>	Total claim	Priority amount	\$4,008.23	\$4,008.23	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$4,008.23	\$4,008.23								
Nonpriority amount									
\$0.00									
2.1238. Priority creditor's name and mailing address CHOI, WONSEOK 201 PINEY POINT RD YORKTOWN VA 23692 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$112.23</td> <td>\$112.23</td> </tr> </table>	Total claim	Priority amount	\$112.23	\$112.23	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$112.23	\$112.23								
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1239. Priority creditor's name and mailing address CHONG, SHARON C 111 BIGLER DRIVE WILLIAMSBURG VA 23185 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$4,248.50</td> </tr> </table>	Total claim	\$4,248.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$4,248.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$4,248.50	Nonpriority amount	\$0.00
Total claim									
\$4,248.50									
Priority amount									
\$4,248.50									
Nonpriority amount									
\$0.00									
2.1240. Priority creditor's name and mailing address CHOPPY, ALEXANDRIA M 276 OLD LOUDON RD APT 12A LATHAM NY 12110 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$191.47</td> </tr> </table>	Total claim	\$191.47	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$191.47</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$191.47	Nonpriority amount	\$0.00
Total claim									
\$191.47									
Priority amount									
\$191.47									
Nonpriority amount									
\$0.00									
2.1241. Priority creditor's name and mailing address CHOUM, MALA 2108 SW 5TH ST BATTLEGROUND WA 98604 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$226.68</td> </tr> </table>	Total claim	\$226.68	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$226.68</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$226.68	Nonpriority amount	\$0.00
Total claim									
\$226.68									
Priority amount									
\$226.68									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.1242. Priority creditor's name and mailing address**CHOY, PORSHA
1721 E. 42ND ST.
TACOMA WA 98404**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$636.33

Priority amount

\$636.33

Nonpriority amount

\$0.00

2.1243. Priority creditor's name and mailing addressCHRIS, JASMIN J
4423 DEEBOYAR AVE
LAKEWOOD CA 90712**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$2,602.05

Priority amount

\$2,602.05

Nonpriority amount

\$0.00

2.1244. Priority creditor's name and mailing addressCHRISTEN, LILLIAN P
507 SMILEY AVENUE
SPRINGDALE OH 45246**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$758.45

Priority amount

\$758.45

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.1245. Priority creditor's name and mailing address**CHRISTENSEN, LOGAN G
2040 BRYN MAWR DR.
AURORA IL 60506**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$206.42

Priority amount

\$206.42

Nonpriority amount

\$0.00

2.1246. Priority creditor's name and mailing addressCHRISTIAN, ELEANORE R
2906 WASHBURN AVE N
MINNEAPOLIS MN 55411**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$87.75

Priority amount

\$87.75

Nonpriority amount

\$0.00

2.1247. Priority creditor's name and mailing addressCHRISTIAN, TEMEKIA W
6229 THOMASTON RD APT 1308
MACON GA 31220**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$3,129.53

Priority amount

\$3,129.53

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1248. Priority creditor's name and mailing address CHUM, SAMNOUN 110 FORD ST APT1 PROVIDENCE RI 02909 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$103.49</td> </tr> </table>	Total claim	\$103.49	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$103.49</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$103.49	Nonpriority amount	\$0.00
Total claim									
\$103.49									
Priority amount									
\$103.49									
Nonpriority amount									
\$0.00									
2.1249. Priority creditor's name and mailing address CHUN, TIERI V 2125 ALA MAHAMOE ST. HONOLULU HI 96819 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$160.45</td> </tr> </table>	Total claim	\$160.45	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$160.45</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$160.45	Nonpriority amount	\$0.00
Total claim									
\$160.45									
Priority amount									
\$160.45									
Nonpriority amount									
\$0.00									
2.1250. Priority creditor's name and mailing address CHUQUITAYPE, JANICE 1 NEW YORK AVENUE WHITE PLAINS NY 10606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$236.76</td> </tr> </table>	Total claim	\$236.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$236.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$236.76	Nonpriority amount	\$0.00
Total claim									
\$236.76									
Priority amount									
\$236.76									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1251. Priority creditor's name and mailing address CHURCH, GABRIELLA L 85 OEHRMAN BLVD CHEEKTOWAGA NY 14225-2117 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$408.18</td> </tr> </table>	Total claim	\$408.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$408.18</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$408.18	Nonpriority amount	\$0.00
Total claim									
\$408.18									
Priority amount									
\$408.18									
Nonpriority amount									
\$0.00									
2.1252. Priority creditor's name and mailing address CIGNA, ALEXIS N 25 WARWICK DR MANALAPAN NJ 07726-3638 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,594.56</td> </tr> </table>	Total claim	\$2,594.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,594.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,594.56	Nonpriority amount	\$0.00
Total claim									
\$2,594.56									
Priority amount									
\$2,594.56									
Nonpriority amount									
\$0.00									
2.1253. Priority creditor's name and mailing address CILIBERTI, DESTINY M 440 BROOKLYN AVENUE APT 4F BROOKLYN NY 11225 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$129.30</td> </tr> </table>	Total claim	\$129.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$129.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$129.30	Nonpriority amount	\$0.00
Total claim									
\$129.30									
Priority amount									
\$129.30									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1254. Priority creditor's name and mailing address CIMMINO, NAOMI 8582 BELLER COURT DARIEN IL 60561 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$122.51</td> </tr> </table>	Total claim	\$122.51	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$122.51</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$122.51	Nonpriority amount	\$0.00
Total claim									
\$122.51									
Priority amount									
\$122.51									
Nonpriority amount									
\$0.00									
2.1255. Priority creditor's name and mailing address CISNEROS, ADILENE 567 S K ST SAN BERNARDINO CA 92410 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$562.32</td> </tr> </table>	Total claim	\$562.32	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$562.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$562.32	Nonpriority amount	\$0.00
Total claim									
\$562.32									
Priority amount									
\$562.32									
Nonpriority amount									
\$0.00									
2.1256. Priority creditor's name and mailing address CISNEROS, JENNIFER 1407 N. 37TH AVE. PHOENIX AZ 85009 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$41.25</td> </tr> </table>	Total claim	\$41.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$41.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$41.25	Nonpriority amount	\$0.00
Total claim									
\$41.25									
Priority amount									
\$41.25									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1257. Priority creditor's name and mailing address CISNEROS, TANAIRI M 6952 S. FAIRFIELD CHICAGO IL 60629 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$279.84	Priority amount \$279.84 Nonpriority amount \$0.00
2.1258. Priority creditor's name and mailing address CITY & COUNTY OF BROOMFIELD KIM PFEIFER P.O. BOX 407 BROOMFIELD CO 80038-0407 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$4,919.44	Priority amount \$4,919.44 Nonpriority amount \$0.00
2.1259. Priority creditor's name and mailing address CITY OF BATON ROUGE DEPT OF FINANCE-REVENUE DIV P.O. BOX 2590 BATON ROUGE LA 70821-2590 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$1,800.00	Priority amount \$1,800.00 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1260. Priority creditor's name and mailing address CITY OF BELLINGHAM 210 LOTTIE STREET BELLINGHAM WA 98225 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$472.40	Priority amount \$472.40 Nonpriority amount \$0.00
2.1261. Priority creditor's name and mailing address CITY OF BURBANK LICENSE AND CODE SERVICES P.O. BOX 6459 BURBANK CA 91510-6459 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$191.45	Priority amount \$191.45 Nonpriority amount \$0.00
2.1262. Priority creditor's name and mailing address CITY OF DEARBORN DEPT 3102 PO BOX 30516 LANSING MI 48909-8016 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$920.17	Priority amount \$920.17 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1263. Priority creditor's name and mailing address CITY OF GARLAND CAROL CLARK, RTA P.O. BOX 462010 GARLAND TX 75046-2010 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$791.34	Priority amount \$791.34 Nonpriority amount \$0.00
2.1264. Priority creditor's name and mailing address CITY OF KENTWOOD PO BOX 8848 KENTWOOD MI 49518-8848 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$573.15	Priority amount \$573.15 Nonpriority amount \$0.00
2.1265. Priority creditor's name and mailing address CITY OF KNOXVILLE PROPERTY TAX OFFICE P.O. BOX 15001 KNOXVILLE TN 37901-5001 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$689.25	Priority amount \$689.25 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1266. Priority creditor's name and mailing address CITY OF MCALLEN TAX OFFICE REBECCA M. GRINES, RTA/RTC PO BOX 220-311 NORTH 15TH MCALLEN TX 78505-0220 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$1,000.97	Priority amount \$1,000.97 Nonpriority amount \$0.00
2.1267. Priority creditor's name and mailing address CITY OF MURFREESBORO P.O. BOX 1139 MURFREESBORO TN 37133-1139 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$107.00	Priority amount \$107.00 Nonpriority amount \$0.00
2.1268. Priority creditor's name and mailing address CITY OF NOVI DRAWER 67 P.O. BOX 33321 DETROIT MI 48232-5321 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$771.73	Priority amount \$771.73 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1269. Priority creditor's name and mailing address CITY OF OCALA BUSINESS TAX 201 SE 3RD STREET 2ND FLOOR OCALA FL 34471 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$75.00	Priority amount \$75.00 Nonpriority amount \$0.00
2.1270. Priority creditor's name and mailing address CITY OF PHILADELPHIA - DEPARTMENT OF REVENUE PO BOX 1393 PHILADELPHIA PA 19105-1393 Date or dates debt was incurred 01/29/17-02/03/18 Last 4 digits of account number: 6584 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$9,290.00	Priority amount \$9,290.00 Nonpriority amount \$0.00
2.1271. Priority creditor's name and mailing address CITY OF PHILADELPHIA - DEPARTMENT OF REVENUE PO BOX 1393 PHILADELPHIA PA 19105-1393 Date or dates debt was incurred 02/04/18-02/02/19 Last 4 digits of account number: 6584 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$5,680.00	Priority amount \$5,680.00 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.1272. Priority creditor's name and mailing address**CITY OF POOLER
100 SOUTHWEST HIGHWAY 80
POOLER GA 31322**Date or dates debt was incurred**

VARIOUS

Last 4 digits of account number:**Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (8)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

TAXES

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Total claim

\$320.00

Priority amount

\$320.00

Nonpriority amount

\$0.00

2.1273. Priority creditor's name and mailing addressCITY OF PORTAGE
TREASURY OFFICE
7900 S WESTNEDGE AVE
PORTAGE MI 49002-5117**Date or dates debt was incurred**

VARIOUS

Last 4 digits of account number:**Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (8)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

TAXES

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Total claim

\$283.08

Priority amount

\$283.08

Nonpriority amount

\$0.00

2.1274. Priority creditor's name and mailing addressCITY OF SANTA ROSA
C/O MUNISERVICES LLC
P.O. BOX 1556
SANTA ROSA CA 95402**Date or dates debt was incurred**

VARIOUS

Last 4 digits of account number:**Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (8)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

TAXES

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Total claim

\$357.61

Priority amount

\$357.61

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1275. Priority creditor's name and mailing address CITY OF SAVANNAH REVENUE DEPT 132 E. BROUGHTON STREET P.O. BOX 1228 SAVANNAH GA 31402-1228 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$1,011.00	Priority amount \$1,011.00 Nonpriority amount \$0.00
2.1276. Priority creditor's name and mailing address CITY OF SHREVEPORT REVENUE DIV CITY OF SHREVEPORT REVENUE DIV P.O.BOX 30040 SHREVEPORT LA 71130-0040 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$1,450.00	Priority amount \$1,450.00 Nonpriority amount \$0.00
2.1277. Priority creditor's name and mailing address CITY OF TAUNTON PO BOX 4160 WOBURN MA 01888 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$173.49	Priority amount \$173.49 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1278. Priority creditor's name and mailing address CITY OF TAYLOR PO BOX 335 TAYLOR MI 48180-0335 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$433.13	Priority amount \$433.13 Nonpriority amount \$0.00
2.1279. Priority creditor's name and mailing address CITY OF WESTLAND P.O. BOX 554887 DETROIT MI 48255-4881 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$550.93	Priority amount \$550.93 Nonpriority amount \$0.00
2.1280. Priority creditor's name and mailing address CITY OF WESTOVER 500 DUPONT RD WESTOVER WV 26501 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$989.42	Priority amount \$989.42 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1281. Priority creditor's name and mailing address CITY TREASURER TAX & CITY OF TACOMA TAX & LICENSE P.O. BOX 11640 TACOMA WA 98411-6640 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$545.22</td></tr></table>	Total claim	\$545.22	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$545.22</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$545.22	Nonpriority amount	\$0.00
Total claim									
\$545.22									
Priority amount									
\$545.22									
Nonpriority amount									
\$0.00									
2.1282. Priority creditor's name and mailing address CLAPHAM, MALEYA Y 20019 NOB OAK AVE TAMPA FL 33647 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$87.56</td></tr></table>	Total claim	\$87.56	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$87.56</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$87.56	Nonpriority amount	\$0.00
Total claim									
\$87.56									
Priority amount									
\$87.56									
Nonpriority amount									
\$0.00									
2.1283. Priority creditor's name and mailing address CLARK, ALEIA J 4955 CENTURY ST NW 614 HUNTSVILLE AL 35816 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$9.79</td></tr></table>	Total claim	\$9.79	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$9.79</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$9.79	Nonpriority amount	\$0.00
Total claim									
\$9.79									
Priority amount									
\$9.79									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1284. Priority creditor's name and mailing address CLARK, CHYLIE 204 NW END BLVD CAPE GIRARDEAU MO 63701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$201.33	Priority amount \$201.33 Nonpriority amount \$0.00
2.1285. Priority creditor's name and mailing address CLARK, DANIELLE J 9922 PAXTON RUN ROAD CHARLOTTE NC 28277 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$264.82	Priority amount \$264.82 Nonpriority amount \$0.00
2.1286. Priority creditor's name and mailing address CLARK, ELISABETH 3691 REGENT LANE WANTAGH NY 11793 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$362.16	Priority amount \$362.16 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1287. Priority creditor's name and mailing address CLARK, KAYLA M 5640 HENDERSON OAKS DR. CHARLOTTE NC 28269 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$30.14	Priority amount \$30.14 Nonpriority amount \$0.00
2.1288. Priority creditor's name and mailing address CLARK, KAYLAH P 5375 SEYMOUR RD SWARTZ CREEK MI 48473 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$116.83	Priority amount \$116.83 Nonpriority amount \$0.00
2.1289. Priority creditor's name and mailing address CLARK, KEITH E 1325 IRIS AVE IMPERIAL BEACH CA 91932 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$68.40	Priority amount \$68.40 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1290. Priority creditor's name and mailing address CLARK, LATASHA P.O.BOX 2734 SILVER SPRING MD 20915 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$2,781.31</td> </tr> </table>	Total claim	\$2,781.31	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$2,781.31</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,781.31	Nonpriority amount	\$0.00
Total claim									
\$2,781.31									
Priority amount									
\$2,781.31									
Nonpriority amount									
\$0.00									
2.1291. Priority creditor's name and mailing address CLARK, MESSIAH 9051 APT.H AVEBURY DRIVE CHARLOTTE NC 28213 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$97.75</td> </tr> </table>	Total claim	\$97.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$97.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$97.75	Nonpriority amount	\$0.00
Total claim									
\$97.75									
Priority amount									
\$97.75									
Nonpriority amount									
\$0.00									
2.1292. Priority creditor's name and mailing address CLARK, NIA A 8 BRANDLE LN SAVANNAH GA 31405 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$127.67</td> </tr> </table>	Total claim	\$127.67	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$127.67</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$127.67	Nonpriority amount	\$0.00
Total claim									
\$127.67									
Priority amount									
\$127.67									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1293.	Priority creditor's name and mailing address CLARK, REAGAN R 27224 WOODGLEN LANE MORENO VALLEY CA 92555 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$849.14</td> </tr> </table>	Total claim	\$849.14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$849.14</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$849.14	Nonpriority amount	\$0.00
Total claim										
\$849.14										
Priority amount										
\$849.14										
Nonpriority amount										
\$0.00										
2.1294.	Priority creditor's name and mailing address CLARK, SABRINA I 150 RIPLEY ST CAMARILLO CA 93010 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$220.80</td> </tr> </table>	Total claim	\$220.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$220.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$220.80	Nonpriority amount	\$0.00
Total claim										
\$220.80										
Priority amount										
\$220.80										
Nonpriority amount										
\$0.00										
2.1295.	Priority creditor's name and mailing address CLARK, SERENA 20 MULBERRY ST. APT D CLEAR SPRING MD 21722-1972 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,580.80</td> </tr> </table>	Total claim	\$1,580.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,580.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,580.80	Nonpriority amount	\$0.00
Total claim										
\$1,580.80										
Priority amount										
\$1,580.80										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1296. Priority creditor's name and mailing address CLARK, TASHAWNDA 21 MONTICELLO CV JACKSON TN 38305 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$455.82	Priority amount \$455.82 Nonpriority amount \$0.00
2.1297. Priority creditor's name and mailing address CLARKE, BROOKE A 4377 BROOKGLEN ST. MOORPARK CA 93021 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$19.21	Priority amount \$19.21 Nonpriority amount \$0.00
2.1298. Priority creditor's name and mailing address CLARKE, EMILY F 130 RAVINE DR APT 16B MATAWAN NJ 07747 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$4,574.70	Priority amount \$4,574.70 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1299. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
CLARKE, KENDALL R 13028 VEON DRIVE FISHERS IN 46038		\$323.50	\$323.50
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.1300. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
CLARKE, KIMBERLY J 905 E 226TH STREET APT. 2 BRONX NY 10466		\$142.65	\$142.65
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.1301. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
CLARKE, NATASHA M 23 HAZELTON STREET APT 2 BOSTON MA 02126		\$2,897.65	\$2,897.65
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1302. Priority creditor's name and mailing address CLARKSVILLE CITY PO BOX 928 CLARKSVILLE TN 37041-0928 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$375.00	Priority amount \$375.00 Nonpriority amount \$0.00
2.1303. Priority creditor's name and mailing address CLAUNCH, KRISTEN M 5995 DANDRIDGE LANE 160 SAN DIEGO CA 92115 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$73.44	Priority amount \$73.44 Nonpriority amount \$0.00
2.1304. Priority creditor's name and mailing address CLAVIER, CLAUDIA L 114 KENDRICK DR SLIDELL LA 70461 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$53.07	Priority amount \$53.07 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1305. Priority creditor's name and mailing address CLAYTON, AMY M 1183 COTTONWOOD DR TOMS RIVER NJ 08753 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$136.73</td> </tr> </table>	Total claim	\$136.73	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$136.73</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$136.73	Nonpriority amount	\$0.00
Total claim									
\$136.73									
Priority amount									
\$136.73									
Nonpriority amount									
\$0.00									
2.1306. Priority creditor's name and mailing address CLEAVES, SYMONE C 6927 BISHOPS KNOLL COVE BARTLETT TN 38135 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$122.38</td> </tr> </table>	Total claim	\$122.38	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$122.38</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$122.38	Nonpriority amount	\$0.00
Total claim									
\$122.38									
Priority amount									
\$122.38									
Nonpriority amount									
\$0.00									
2.1307. Priority creditor's name and mailing address CLECKNER, ELIZABETH A 20918 NANTICOKE RD BIVALVE MD 21814 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$227.76</td> </tr> </table>	Total claim	\$227.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$227.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$227.76	Nonpriority amount	\$0.00
Total claim									
\$227.76									
Priority amount									
\$227.76									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.1308. Priority creditor's name and mailing address**CLEGG, SIERRA
1414 S SMITH RD
URBANA IL 61802-4750**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$235.91

Priority amount

\$235.91

Nonpriority amount

\$0.00

2.1309. Priority creditor's name and mailing addressCLEMENT, JORDAN J
1036 W 39TH ST
310
NORFOLK VA 23508**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$386.00

Priority amount

\$386.00

Nonpriority amount

\$0.00

2.1310. Priority creditor's name and mailing addressCLEVELAND, JHAZZLIN J
249 ABERDEEN CT.
FLUSHING MI 48433**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$164.36

Priority amount

\$164.36

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.1311. Priority creditor's name and mailing address**CLINE, ALAURA D
250 POSSUM VALLEY RD
MAYNARDVILLE TN 37807**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$237.78

Priority amount

\$237.78

Nonpriority amount

\$0.00

2.1312. Priority creditor's name and mailing addressCLINGER, TEA K
126 CLIFF MITCHELL RD
PICAYUNE MS 39466**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$663.22

Priority amount

\$663.22

Nonpriority amount

\$0.00

2.1313. Priority creditor's name and mailing addressCLOUD, BRANDI M
738 ATLANTIS RD
PALM BAY FL 32909**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$3,222.34

Priority amount

\$3,222.34

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1314. Priority creditor's name and mailing address COATES, NYKIA 12765 VIA POSADA WAY VICTORVILLE CA 92392 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$536.98	Priority amount \$536.98 Nonpriority amount \$0.00
2.1315. Priority creditor's name and mailing address COBARRUBIO, SABRINA E 6469 VIA DEL PRADO CHINO HILLS CA 91709 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$176.52	Priority amount \$176.52 Nonpriority amount \$0.00
2.1316. Priority creditor's name and mailing address COBBS, JADA L 944 D OAK CREEK CR DOUGLASVILLE GA 30134 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$130.21	Priority amount \$130.21 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1317. Priority creditor's name and mailing address COBURN, EMILY M 80 STOCK OPTION ST. UNIT 3 HENDERSON NV 89074 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$101.73	Priority amount \$101.73 Nonpriority amount \$0.00
2.1318. Priority creditor's name and mailing address COEFIELD, MONET 69 BIRCH DR. LEVITTOWN PA 19054 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$89.81	Priority amount \$89.81 Nonpriority amount \$0.00
2.1319. Priority creditor's name and mailing address COFER, COURTNEY R 3140 SHELLHART RD. NORTON OH 44203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$80.71	Priority amount \$80.71 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1320. Priority creditor's name and mailing address COFFEE, KAITLYN M 2380 SPRINGWOOD LANE LAUREL HA 109A FAIRBORN OH 45324 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$92.94	Priority amount \$92.94 Nonpriority amount \$0.00
2.1321. Priority creditor's name and mailing address COFFEY, MORGAN T 95 SAUNOOKE LANE SUITE B9 447 MARBLE NC 28905 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$122.45	Priority amount \$122.45 Nonpriority amount \$0.00
2.1322. Priority creditor's name and mailing address COFFIEL, MAYKALA D 10271 BROWNE ST OMAHA NE 68134-2519 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,259.63	Priority amount \$1,259.63 Nonpriority amount \$0.00

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2.1323. Priority creditor's name and mailing address COHEN, ALYSSA R 4317 JUDSON AVE. 5 ROYAL OAK MI 48073 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$592.44</td> </tr> </table>	Total claim	\$592.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$592.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$592.44	Nonpriority amount	\$0.00
Total claim									
\$592.44									
Priority amount									
\$592.44									
Nonpriority amount									
\$0.00									
2.1324. Priority creditor's name and mailing address COHEN, KELLY A 539 OVINGTON AVE APT A6 BROOKLYN NY 11209 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$143.10</td> </tr> </table>	Total claim	\$143.10	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$143.10</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$143.10	Nonpriority amount	\$0.00
Total claim									
\$143.10									
Priority amount									
\$143.10									
Nonpriority amount									
\$0.00									
2.1325. Priority creditor's name and mailing address COKELEY, KASEY 2790 STRATFORD LN SW #3134 TUMWATER WA 98512 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,777.60</td> </tr> </table>	Total claim	\$2,777.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,777.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,777.60	Nonpriority amount	\$0.00
Total claim									
\$2,777.60									
Priority amount									
\$2,777.60									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1326. Priority creditor's name and mailing address COLANTUONO, ANNA J 2815 PALM AVE A SAN DIEGO CA 92154 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$277.32	Priority amount \$277.32 Nonpriority amount \$0.00
2.1327. Priority creditor's name and mailing address COLATO, BLANCA L 18 CALLA STREET 1 PROVIDENCE RI 02905 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$21.53	Priority amount \$21.53 Nonpriority amount \$0.00
2.1328. Priority creditor's name and mailing address COLBERT, DONNA 16315 RAPIDCREEK DR. HOUSTON TX 77053 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$187.50	Priority amount \$187.50 Nonpriority amount \$0.00

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2.1329. Priority creditor's name and mailing address COLBERT, FRANITA M 2430 W PRAIRIE ST UNIT 3 DENTON TX 76201 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$125.40	Priority amount \$125.40 Nonpriority amount \$0.00
2.1330. Priority creditor's name and mailing address COLE, ALEYSHA L 2452 KNIGHTWAY DRIVE GRETN LA 70056 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$144.93	Priority amount \$144.93 Nonpriority amount \$0.00
2.1331. Priority creditor's name and mailing address COLE, CHAVONA B 103 TORI CT CARENCRO LA 70520-6427 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,910.90	Priority amount \$2,910.90 Nonpriority amount \$0.00

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2.1332. Priority creditor's name and mailing address COLE, DOMINICK L 9445 E 39TH PL TULSA OK 74145 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$381.70</td> </tr> </table>	Total claim	\$381.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$381.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$381.70	Nonpriority amount	\$0.00
Total claim									
\$381.70									
Priority amount									
\$381.70									
Nonpriority amount									
\$0.00									
2.1333. Priority creditor's name and mailing address COLE, MEGAN 5897 S KINGS HWY LOT 103 MYRTLE BEACH SC 29575 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,180.95</td> </tr> </table>	Total claim	\$1,180.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,180.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,180.95	Nonpriority amount	\$0.00
Total claim									
\$1,180.95									
Priority amount									
\$1,180.95									
Nonpriority amount									
\$0.00									
2.1334. Priority creditor's name and mailing address COLE, OLIVIA 44301 W BUCKHORN TRAIL MARICOPA AZ 85138 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$18.23</td> </tr> </table>	Total claim	\$18.23	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$18.23</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$18.23	Nonpriority amount	\$0.00
Total claim									
\$18.23									
Priority amount									
\$18.23									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1335. Priority creditor's name and mailing address COLE, SARAH E 3601 NW HILL RD MCMINNVILLE OR 97128 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$2,703.05</td> </tr> </table>	Total claim	\$2,703.05	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$2,703.05</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$2,703.05	Nonpriority amount	\$0.00
Total claim									
\$2,703.05									
Priority amount									
\$2,703.05									
Nonpriority amount									
\$0.00									
2.1336. Priority creditor's name and mailing address COLE, TAYLER J 4005 CLOVER RIDGE COURT TOLEDO OH 43623 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$10.09</td> </tr> </table>	Total claim	\$10.09	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$10.09</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$10.09	Nonpriority amount	\$0.00
Total claim									
\$10.09									
Priority amount									
\$10.09									
Nonpriority amount									
\$0.00									
2.1337. Priority creditor's name and mailing address COLEMAN, ALEXIS E 36211 JACKSON ST 36211 JACKSON NEW BALTIMORE MI 48047 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$78.36</td> </tr> </table>	Total claim	\$78.36	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$78.36</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$78.36	Nonpriority amount	\$0.00
Total claim									
\$78.36									
Priority amount									
\$78.36									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1338. Priority creditor's name and mailing address COLEMAN, AMANDA P 255 COUNTY ROUTE 68 SARATOGA SPRINGS NY 12866 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$159.95	Priority amount \$159.95 Nonpriority amount \$0.00
2.1339. Priority creditor's name and mailing address COLEMAN, ANGELIQUE J 1712 BROOKFIELD ST RICHMOND VA 23222 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$126.40	Priority amount \$126.40 Nonpriority amount \$0.00
2.1340. Priority creditor's name and mailing address COLEMAN, CASEY A 1303 WOODCREST DR. HAMPTON VA 23669 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$166.70	Priority amount \$166.70 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1341. Priority creditor's name and mailing address COLEMAN, CHELSIE J 1054 EAST BROADWATER ROAD BYRAM MS 39272 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$63.36	Priority amount \$63.36 Nonpriority amount \$0.00
2.1342. Priority creditor's name and mailing address COLEMAN, GAYLEN D 6321 N. KLAMM RD APT 345 KANSAS CITY MO 64151 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,159.52	Priority amount \$3,159.52 Nonpriority amount \$0.00
2.1343. Priority creditor's name and mailing address COLEMAN, HANA M 104 CEDARCREST AVE PLEASANTVILLE NJ 08232 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,297.12	Priority amount \$1,297.12 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1344. Priority creditor's name and mailing address COLEMAN, KALIE M 321 S HIGHLANDER WAY APT 14 HOWELL MI 48843 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$199.99</td> </tr> </table>	Total claim	\$199.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$199.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$199.99	Nonpriority amount	\$0.00
Total claim									
\$199.99									
Priority amount									
\$199.99									
Nonpriority amount									
\$0.00									
2.1345. Priority creditor's name and mailing address COLEMAN, KELLI M 6210 DESERT ROSE NEW BRAUNFELS TX 78132 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$615.78</td> </tr> </table>	Total claim	\$615.78	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$615.78</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$615.78	Nonpriority amount	\$0.00
Total claim									
\$615.78									
Priority amount									
\$615.78									
Nonpriority amount									
\$0.00									
2.1346. Priority creditor's name and mailing address COLEMAN, KENNEDI B 3500 S 74TH ST 4I FORT SMITH AR 72903 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$32.65</td> </tr> </table>	Total claim	\$32.65	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$32.65</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$32.65	Nonpriority amount	\$0.00
Total claim									
\$32.65									
Priority amount									
\$32.65									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1347. Priority creditor's name and mailing address COLEMAN, KIRA L 510 SOUTH SMYLYE STREET BROOKHAVEN MS 39601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$270.33	Priority amount \$270.33 Nonpriority amount \$0.00
2.1348. Priority creditor's name and mailing address COLEMAN, MARIEANNETTE 24103 AYSCOUGH LN KATY TX 77493-3452 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$4,008.32	Priority amount \$4,008.32 Nonpriority amount \$0.00
2.1349. Priority creditor's name and mailing address COLEMAN, PAULA J 109 WINDMERE COVE PADUCAH KY 42001 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$256.21	Priority amount \$256.21 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1350. Priority creditor's name and mailing address COLES, CHLOE 46379 CABIN CT. TEMECULA CA 92592 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$186.96</td> </tr> </table>	Total claim	\$186.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$186.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$186.96	Nonpriority amount	\$0.00
Total claim									
\$186.96									
Priority amount									
\$186.96									
Nonpriority amount									
\$0.00									
2.1351. Priority creditor's name and mailing address COLLAZO, CRISTIAN O BO. TALANTE SECTOR GARCIA MAUNABO PR 00707 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$121.08</td> </tr> </table>	Total claim	\$121.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$121.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$121.08	Nonpriority amount	\$0.00
Total claim									
\$121.08									
Priority amount									
\$121.08									
Nonpriority amount									
\$0.00									
2.1352. Priority creditor's name and mailing address COLLAZO, LILA M 257 RAMO DRIVE ROCHESTER NY 14606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$224.67</td> </tr> </table>	Total claim	\$224.67	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$224.67</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$224.67	Nonpriority amount	\$0.00
Total claim									
\$224.67									
Priority amount									
\$224.67									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1353. Priority creditor's name and mailing address COLLEY, OLIVIA R 20316 COUNTRY SIDE DRIVE MACOMB MI 48044 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$45.53	Priority amount \$45.53 Nonpriority amount \$0.00
2.1354. Priority creditor's name and mailing address COLLIER, ALEXANDRA T 408 PINECREST CIRCLE LONG BEACH MS 39560 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$516.71	Priority amount \$516.71 Nonpriority amount \$0.00
2.1355. Priority creditor's name and mailing address COLLIER, LANITTA 2400 EAST NIFONG BLVD 1007 COLUMBIA MO 65201 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$46.11	Priority amount \$46.11 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1356. Priority creditor's name and mailing address COLLINGTON, TAIYANNA 12 C GRANADA ST ASHEVILLE NC 28806 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$28.89</td> </tr> </table>	Total claim	\$28.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$28.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$28.89	Nonpriority amount	\$0.00
Total claim									
\$28.89									
Priority amount									
\$28.89									
Nonpriority amount									
\$0.00									
2.1357. Priority creditor's name and mailing address COLLINS, ALEXIS C 59 CARSON IRVINE CA 92620 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$190.51</td> </tr> </table>	Total claim	\$190.51	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$190.51</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$190.51	Nonpriority amount	\$0.00
Total claim									
\$190.51									
Priority amount									
\$190.51									
Nonpriority amount									
\$0.00									
2.1358. Priority creditor's name and mailing address COLLINS, HALEY 711 SE FOREST GLEN RD. ESTACADA OR 97023 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$416.78</td> </tr> </table>	Total claim	\$416.78	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$416.78</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$416.78	Nonpriority amount	\$0.00
Total claim									
\$416.78									
Priority amount									
\$416.78									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1359. Priority creditor's name and mailing address COLLINS, KATHERINE K 1670 KAYLA LN #1D WAUKEGAN IL 60087 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$66.17</td> </tr> </table>	Total claim	\$66.17	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$66.17</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$66.17	Nonpriority amount	\$0.00
Total claim									
\$66.17									
Priority amount									
\$66.17									
Nonpriority amount									
\$0.00									
2.1360. Priority creditor's name and mailing address COLLINS, KIANTE K 408 ABNER RD APT C8 APT C8 SPARTANBURG SC 29301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$598.40</td> </tr> </table>	Total claim	\$598.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$598.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$598.40	Nonpriority amount	\$0.00
Total claim									
\$598.40									
Priority amount									
\$598.40									
Nonpriority amount									
\$0.00									
2.1361. Priority creditor's name and mailing address COLLINS, LATOIA S 840 W. ALMA AVE FLINT MI 48505 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$196.56</td> </tr> </table>	Total claim	\$196.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$196.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$196.56	Nonpriority amount	\$0.00
Total claim									
\$196.56									
Priority amount									
\$196.56									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1362. Priority creditor's name and mailing address COLLINS, RYAN L 305 SIMPSON ST 205 ASHEVILLE NC 28803-2709 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$286.96</td> </tr> </table>	Total claim	\$286.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$286.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$286.96	Nonpriority amount	\$0.00
Total claim									
\$286.96									
Priority amount									
\$286.96									
Nonpriority amount									
\$0.00									
2.1363. Priority creditor's name and mailing address COLLINS, TIFFANY D 2839 MAPLETON AVE NORFOLK VA 23504 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$154.13</td> </tr> </table>	Total claim	\$154.13	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$154.13</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$154.13	Nonpriority amount	\$0.00
Total claim									
\$154.13									
Priority amount									
\$154.13									
Nonpriority amount									
\$0.00									
2.1364. Priority creditor's name and mailing address COLLINS, SHAKIRA 411 110TH ST CT E D 101 TACOMA WA 98445 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$75.24</td> </tr> </table>	Total claim	\$75.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$75.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$75.24	Nonpriority amount	\$0.00
Total claim									
\$75.24									
Priority amount									
\$75.24									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1365. Priority creditor's name and mailing address COLLYMORE-BEY, SHAQUEYA M 1 FERRUZZA DRIVE CHESTNUT RIDGE NY 10977 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$300.74	Priority amount \$300.74 Nonpriority amount \$0.00
2.1366. Priority creditor's name and mailing address COLMAR, CHRISTY 11000 GULF BLVD. #1503 TREASURE ISLAND FL 33706 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$768.00	Priority amount \$768.00 Nonpriority amount \$0.00
2.1367. Priority creditor's name and mailing address COLON, ELIJAH 91 WELDON ST APT 2 BROOKLYN NY 11208-2824 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$149.55	Priority amount \$149.55 Nonpriority amount \$0.00

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2.1368. Priority creditor's name and mailing address COLON, GABRIELLE 603 EAST 23RD STREET GREELEY CO 80631 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$44.40</td> </tr> </table>	Total claim	\$44.40	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$44.40</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$44.40	Nonpriority amount	\$0.00
Total claim									
\$44.40									
Priority amount									
\$44.40									
Nonpriority amount									
\$0.00									
2.1369. Priority creditor's name and mailing address COLON, MARIA T 26 HEALEY ST SPRINGFIELD MA 01151 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$62.64</td> </tr> </table>	Total claim	\$62.64	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$62.64</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$62.64	Nonpriority amount	\$0.00
Total claim									
\$62.64									
Priority amount									
\$62.64									
Nonpriority amount									
\$0.00									
2.1370. Priority creditor's name and mailing address COLON, NAJABI L 39 KEENE STREET NEW BEDFORD MA 02740 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$99.96</td> </tr> </table>	Total claim	\$99.96	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$99.96</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$99.96	Nonpriority amount	\$0.00
Total claim									
\$99.96									
Priority amount									
\$99.96									
Nonpriority amount									
\$0.00									

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2.1371. Priority creditor's name and mailing address COLQUIT, RAEVYN O 571 WILSON ST WATERBURY CT 06708 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$136.65	Priority amount \$136.65 Nonpriority amount \$0.00
2.1372. Priority creditor's name and mailing address COLSTON, TEANA L 411 PARKWAY BLVD ELIZABETHTON TN 37643 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$146.85	Priority amount \$146.85 Nonpriority amount \$0.00
2.1373. Priority creditor's name and mailing address COMAL COUNTY TAX OFFICE P.O.BOX 659480 SAN ANTONIO TX 78265-9480 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$5,760.97	Priority amount \$5,760.97 Nonpriority amount \$0.00

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2.1374. Priority creditor's name and mailing address CONCEPCION, CALLIA D 1255 SUMNER AVE EL CAJON CA 92021 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$179.04	Priority amount \$179.04 Nonpriority amount \$0.00
2.1375. Priority creditor's name and mailing address CONCEPCION, SHANIA S 3562 WEST ST LEMON GROVE CA 91945 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$323.40	Priority amount \$323.40 Nonpriority amount \$0.00
2.1376. Priority creditor's name and mailing address CONDE, COLBY 1050 S. TERRACE RD TEMPE AZ 85281 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$94.05	Priority amount \$94.05 Nonpriority amount \$0.00

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2.1377. Priority creditor's name and mailing address CONE, SOPHIA L 105 STONECREEK COURT EAST PEORIA IL 61611 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$359.04	Priority amount \$359.04 Nonpriority amount \$0.00
2.1378. Priority creditor's name and mailing address CONERLY, ARIEL L POBOX 118 KOKOMO MS 39643 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$760.00	Priority amount \$760.00 Nonpriority amount \$0.00
2.1379. Priority creditor's name and mailing address CONLON, ABBEY R 18 MARGARET AVENUE ARCHBALD PA 18403 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,760.97	Priority amount \$2,760.97 Nonpriority amount \$0.00

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2.1380. Priority creditor's name and mailing address ONLY, TAURA C 1020 GARDEN WOODS DR. HOOVER AL 35244 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$133.55</td> </tr> </table>	Total claim	\$133.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$133.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$133.55	Nonpriority amount	\$0.00
Total claim									
\$133.55									
Priority amount									
\$133.55									
Nonpriority amount									
\$0.00									
2.1381. Priority creditor's name and mailing address CONNER, BRITTANY M 13225 AQUEDUCT DR. APT 2 NEWPORT NEWS VA 23602 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$33.08</td> </tr> </table>	Total claim	\$33.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$33.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$33.08	Nonpriority amount	\$0.00
Total claim									
\$33.08									
Priority amount									
\$33.08									
Nonpriority amount									
\$0.00									
2.1382. Priority creditor's name and mailing address CONNER, HALEY M 146 HORSESHOE DRIVE FREEPORT PA 16229 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$38.93</td> </tr> </table>	Total claim	\$38.93	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$38.93</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$38.93	Nonpriority amount	\$0.00
Total claim									
\$38.93									
Priority amount									
\$38.93									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1383. Priority creditor's name and mailing address CONNER, TERI A 7910 CITRUS GARDEN TAMPA FL 33625 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$42.72</td> </tr> </table>	Total claim	\$42.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$42.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$42.72	Nonpriority amount	\$0.00
Total claim									
\$42.72									
Priority amount									
\$42.72									
Nonpriority amount									
\$0.00									
2.1384. Priority creditor's name and mailing address CONNOR, OLIVIA J 3726 COLD CREEK DR VALRICO FL 33596 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$32.99</td> </tr> </table>	Total claim	\$32.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$32.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$32.99	Nonpriority amount	\$0.00
Total claim									
\$32.99									
Priority amount									
\$32.99									
Nonpriority amount									
\$0.00									
2.1385. Priority creditor's name and mailing address CONNOR, TRACI M 7428 CUMBERLAND CIRCLE FLORENCE KY 41042 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$99.10</td> </tr> </table>	Total claim	\$99.10	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$99.10</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$99.10	Nonpriority amount	\$0.00
Total claim									
\$99.10									
Priority amount									
\$99.10									
Nonpriority amount									
\$0.00									

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2.1386. Priority creditor's name and mailing address CONRAD-FULLER, MAIA L 3113 SOUTHWOOD DR HIGHLAND VILLAGE TX 75077 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$152.30	Priority amount \$152.30 Nonpriority amount \$0.00
2.1387. Priority creditor's name and mailing address CONTI, HALEY B 3016 HOME STREET WANTAGH NY 11793 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$392.88	Priority amount \$392.88 Nonpriority amount \$0.00
2.1388. Priority creditor's name and mailing address CONTRERAS, ABIGAIL 917 WILSON CT ZION IL 60099 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$150.31	Priority amount \$150.31 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1389. Priority creditor's name and mailing address CONTRERAS, ALEXANDRIA 1006 LEE AVENUE BRYAN TX 77803 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$126.88	Priority amount \$126.88 Nonpriority amount \$0.00
2.1390. Priority creditor's name and mailing address CONTRERAS, CHAVEZ ROSVELIA 883 COLLIER STREET INDIANAPOLIS IN 46241 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$32.41	Priority amount \$32.41 Nonpriority amount \$0.00
2.1391. Priority creditor's name and mailing address CONTRERAS, LEXUS M 923 W AIRY ST NORRISTOWN PA 19401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$28.89	Priority amount \$28.89 Nonpriority amount \$0.00

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2.1392. Priority creditor's name and mailing address CONTRERAS, VALERIA 7803 VILLA CLIFF DR # 3-107 DALLAS TX 75228-6316 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,490.80</td> </tr> </table>	Total claim	\$1,490.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,490.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,490.80	Nonpriority amount	\$0.00
Total claim									
\$1,490.80									
Priority amount									
\$1,490.80									
Nonpriority amount									
\$0.00									
2.1393. Priority creditor's name and mailing address CONTRERAS-ACOSTA, PAULINA 2571 DOLE STREET LEHUA 1007 HONOLULU HI 96822 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$151.20</td> </tr> </table>	Total claim	\$151.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$151.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$151.20	Nonpriority amount	\$0.00
Total claim									
\$151.20									
Priority amount									
\$151.20									
Nonpriority amount									
\$0.00									
2.1394. Priority creditor's name and mailing address CONWAY, CAITLIN J 1919 HISTORIC DECATUR ROAD SAN DIEGO CA 92106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$657.75</td> </tr> </table>	Total claim	\$657.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$657.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$657.75	Nonpriority amount	\$0.00
Total claim									
\$657.75									
Priority amount									
\$657.75									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1395. Priority creditor's name and mailing address CONWAY, SAMANTHA J 310 E MAIN CROSS ST EDINBURGH IN 46124 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,187.68	Priority amount \$1,187.68 Nonpriority amount \$0.00
2.1396. Priority creditor's name and mailing address COOK, CARLISSA S 9831 LAWING SCHOOL ROAD CHARLOTTE NC 28214 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$73.35	Priority amount \$73.35 Nonpriority amount \$0.00
2.1397. Priority creditor's name and mailing address COOK, LADONNA M 3795 JAG LANE OSAGE BEACH MO 65065 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$726.18	Priority amount \$726.18 Nonpriority amount \$0.00

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2.1398. Priority creditor's name and mailing address COOKE, HAHN F 5248 KELLOGG CREEK TRAIL APT 202 OOLTEWAH TN 37363 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$101.57	Priority amount \$101.57 Nonpriority amount \$0.00
2.1399. Priority creditor's name and mailing address COOKS, SHERTORA J 5621 AMHERST ST LUBBOCK TX 79416 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$211.54	Priority amount \$211.54 Nonpriority amount \$0.00
2.1400. Priority creditor's name and mailing address COONCE, BROOKLYN R 302 GOLFVIEW DRIVE PLEASANT HILL MO 64080 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$538.13	Priority amount \$538.13 Nonpriority amount \$0.00

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2.1401. Priority creditor's name and mailing address COOPER, ALISHA 2130 WHISPERING PINES BLVD UNIT 5 NAVARRE FL 32566 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$104.14	Priority amount \$104.14 Nonpriority amount \$0.00
2.1402. Priority creditor's name and mailing address COOPER, ANISSA M 226 COLETON DR COPPERAS COVE TX 76522 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,557.48	Priority amount \$2,557.48 Nonpriority amount \$0.00
2.1403. Priority creditor's name and mailing address COOPER, BRIANNA M 5238 MAYMONT DRIVE LOS ANGELES CA 90043 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$83.08	Priority amount \$83.08 Nonpriority amount \$0.00

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2.1404. Priority creditor's name and mailing address COOPER, DIARA 352 ELM AVE MAPLE SHADE NJ 08052 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$230.10	Priority amount \$230.10 Nonpriority amount \$0.00
2.1405. Priority creditor's name and mailing address COOPER, GINA M 216 CARL PERKINS DR. APT. 6D ASHLAND KY 41101 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$102.52	Priority amount \$102.52 Nonpriority amount \$0.00
2.1406. Priority creditor's name and mailing address COOPER, ISIS L 7101 WILSON BLVD APT 2306 JACKSONVILLE FL 32210 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,237.69	Priority amount \$1,237.69 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1407. Priority creditor's name and mailing address COOPER, STEPHANIE T 1387 OLD ALABAMA RD MABLETA GA 30126 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$700.94	Priority amount \$700.94 Nonpriority amount \$0.00
2.1408. Priority creditor's name and mailing address COPE, KESIA L 89 BELLEVUE ST. APT A WINOOSKI VT 05404 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$157.60	Priority amount \$157.60 Nonpriority amount \$0.00
2.1409. Priority creditor's name and mailing address COPELAND, JERIKA N 137 WESTVIEW BLVD SPARTANBURG SC 29306 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$4,004.06	Priority amount \$4,004.06 Nonpriority amount \$0.00

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2.1410. Priority creditor's name and mailing address COPELAND, RACHEL M 8061 NORA LN SHERWOOD AR 72120 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$228.59	Priority amount \$228.59 Nonpriority amount \$0.00
2.1411. Priority creditor's name and mailing address COPPOLA, ASHLEY 167 PINEBROOK RD MANALAPAN NJ 07726 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$7,498.40	Priority amount \$7,498.40 Nonpriority amount \$0.00
2.1412. Priority creditor's name and mailing address CORBETT, GABRIELE 2826 BALLENTINE BLVD NORFOLK VA 23509 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$124.34	Priority amount \$124.34 Nonpriority amount \$0.00

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2.1413. Priority creditor's name and mailing address CORBIN, DIAMOND-JE'SHAW J 10075 GATE PARKWAY UNIT 2012 JACKSONVILLE FL 32246 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$428.93</td></tr></table>	Total claim	\$428.93	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$428.93</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$428.93	Nonpriority amount	\$0.00
Total claim									
\$428.93									
Priority amount									
\$428.93									
Nonpriority amount									
\$0.00									
2.1414. Priority creditor's name and mailing address CORDERO, EDWINA 5252 BRIGHTSIDE VIEW DRIVE UNIT 1 BATON ROUGE LA 70820 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$374.64</td></tr></table>	Total claim	\$374.64	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$374.64</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$374.64	Nonpriority amount	\$0.00
Total claim									
\$374.64									
Priority amount									
\$374.64									
Nonpriority amount									
\$0.00									
2.1415. Priority creditor's name and mailing address CORDERO, LARITZA 3721 MAHOGANY ST SACRAMENTO CA 95838 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$135.24</td></tr></table>	Total claim	\$135.24	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$135.24</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$135.24	Nonpriority amount	\$0.00
Total claim									
\$135.24									
Priority amount									
\$135.24									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1416. Priority creditor's name and mailing address CORDERO, ROCHELLE URB. DOS PINOS 779 CALLE DIAN SAN JUAN PR 00923 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$5,057.63</td> </tr> </table>	Total claim	\$5,057.63	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$5,057.63</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$5,057.63	Nonpriority amount	\$0.00
Total claim									
\$5,057.63									
Priority amount									
\$5,057.63									
Nonpriority amount									
\$0.00									
2.1417. Priority creditor's name and mailing address CORDOBA, ZUMAYA MONSERRAT 4413 128TH ST E TACOMA WA 98446 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$494.91</td> </tr> </table>	Total claim	\$494.91	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$494.91</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$494.91	Nonpriority amount	\$0.00
Total claim									
\$494.91									
Priority amount									
\$494.91									
Nonpriority amount									
\$0.00									
2.1418. Priority creditor's name and mailing address CORDOVA, ANAHI 2851 W SUMMERDALE 2E CHICAGO IL 60625 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$288.48</td> </tr> </table>	Total claim	\$288.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$288.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$288.48	Nonpriority amount	\$0.00
Total claim									
\$288.48									
Priority amount									
\$288.48									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1419. Priority creditor's name and mailing address CORDOVA, ELLEN F 2902 W WOODLAWN AVE BOISE ID 83702 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,403.35</td> </tr> </table>	Total claim	\$3,403.35	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,403.35</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,403.35	Nonpriority amount	\$0.00
Total claim									
\$3,403.35									
Priority amount									
\$3,403.35									
Nonpriority amount									
\$0.00									
2.1420. Priority creditor's name and mailing address CORDOVA, INGRID Y 58 2ND PL CENTRAL ISLIP NY 11722 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$213.84</td> </tr> </table>	Total claim	\$213.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$213.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$213.84	Nonpriority amount	\$0.00
Total claim									
\$213.84									
Priority amount									
\$213.84									
Nonpriority amount									
\$0.00									
2.1421. Priority creditor's name and mailing address CORDOVA, LILIA R 949 CLOPPER ROAD APT. T4 GAITHERSBURG MD 20878 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$350.36</td> </tr> </table>	Total claim	\$350.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$350.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$350.36	Nonpriority amount	\$0.00
Total claim									
\$350.36									
Priority amount									
\$350.36									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1422. Priority creditor's name and mailing address CORDREY-SHORT, KAILEY S 205 VALLEY MEADOWS DR CHEHALIS WA 98532 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$566.42</td> </tr> </table>	Total claim	\$566.42	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$566.42</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$566.42	Nonpriority amount	\$0.00
Total claim									
\$566.42									
Priority amount									
\$566.42									
Nonpriority amount									
\$0.00									
2.1423. Priority creditor's name and mailing address CORIA, CONSTANZA 6457 BRICE DALE DR CANAL WINCHESTER OH 43110 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$44.32</td> </tr> </table>	Total claim	\$44.32	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$44.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$44.32	Nonpriority amount	\$0.00
Total claim									
\$44.32									
Priority amount									
\$44.32									
Nonpriority amount									
\$0.00									
2.1424. Priority creditor's name and mailing address CORIO, ARIANA 6107 MEADOWVIEW AVE APT 1L NORTH BERGEN NJ 07047 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$126.12</td> </tr> </table>	Total claim	\$126.12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$126.12</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$126.12	Nonpriority amount	\$0.00
Total claim									
\$126.12									
Priority amount									
\$126.12									
Nonpriority amount									
\$0.00									

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2.1425. Priority creditor's name and mailing address CORLEY, ROBIN K 7392 W TIERRA BUENA LN PEORIA AZ 85382 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,452.48</td> </tr> </table>	Total claim	\$1,452.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,452.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,452.48	Nonpriority amount	\$0.00
Total claim									
\$1,452.48									
Priority amount									
\$1,452.48									
Nonpriority amount									
\$0.00									
2.1426. Priority creditor's name and mailing address CORNETT, LAURA M 1123 MORRISETT AVENUE JEFFERSON CITY TN 37760 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$441.22</td> </tr> </table>	Total claim	\$441.22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$441.22</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$441.22	Nonpriority amount	\$0.00
Total claim									
\$441.22									
Priority amount									
\$441.22									
Nonpriority amount									
\$0.00									
2.1427. Priority creditor's name and mailing address CORON, SONYA L 211 GRAND AVE GRAND JUNCTION CO 81501 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,144.77</td> </tr> </table>	Total claim	\$2,144.77	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,144.77</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,144.77	Nonpriority amount	\$0.00
Total claim									
\$2,144.77									
Priority amount									
\$2,144.77									
Nonpriority amount									
\$0.00									

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2.1428. Priority creditor's name and mailing address CORONADO, FATIMA 4205 SE 17TH. AVE AMARILLO TX 79104 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$682.75</td> </tr> </table>	Total claim	\$682.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$682.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$682.75	Nonpriority amount	\$0.00
Total claim									
\$682.75									
Priority amount									
\$682.75									
Nonpriority amount									
\$0.00									
2.1429. Priority creditor's name and mailing address CORONADO, VIVIAN L 14 STARLING COURT HENRICO VA 23229 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$329.40</td> </tr> </table>	Total claim	\$329.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$329.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$329.40	Nonpriority amount	\$0.00
Total claim									
\$329.40									
Priority amount									
\$329.40									
Nonpriority amount									
\$0.00									
2.1430. Priority creditor's name and mailing address CORONADO, WINTER L 342 DALE STREET APT 12 PERRIS CA 92571 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$325.80</td> </tr> </table>	Total claim	\$325.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$325.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$325.80	Nonpriority amount	\$0.00
Total claim									
\$325.80									
Priority amount									
\$325.80									
Nonpriority amount									
\$0.00									

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2.1431. Priority creditor's name and mailing address CORONEL, TATIANA K 4111 52ND ST W BRADENTON FL 34209-6735 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$210.90</td> </tr> </table>	Total claim	\$210.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$210.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$210.90	Nonpriority amount	\$0.00
Total claim									
\$210.90									
Priority amount									
\$210.90									
Nonpriority amount									
\$0.00									
2.1432. Priority creditor's name and mailing address CORPENING, SHELBY 9000 ARCADIA ROAD PENSACOLA FL 32534 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$140.44</td> </tr> </table>	Total claim	\$140.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$140.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$140.44	Nonpriority amount	\$0.00
Total claim									
\$140.44									
Priority amount									
\$140.44									
Nonpriority amount									
\$0.00									
2.1433. Priority creditor's name and mailing address CORREA, ANDREA D 723 N. MACDONALD ST. MESA AZ 85201 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$72.37</td> </tr> </table>	Total claim	\$72.37	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$72.37</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$72.37	Nonpriority amount	\$0.00
Total claim									
\$72.37									
Priority amount									
\$72.37									
Nonpriority amount									
\$0.00									

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2.1434.	Priority creditor's name and mailing address CORREA, ASHLY N 39 PERRY AVENUE APT 2R 39 PERRY AVENUE WORCESTER MA 01610 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$180.72</td></tr></table>	Total claim	\$180.72	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$180.72</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$180.72	Nonpriority amount	\$0.00
Total claim										
\$180.72										
Priority amount										
\$180.72										
Nonpriority amount										
\$0.00										
2.1435.	Priority creditor's name and mailing address CORREA, KARINA A 13 HILLOCK AVE HAWTHORNE NJ 07506 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$0.00</td></tr></table>	Total claim	\$0.00	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$0.00</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$0.00	Nonpriority amount	\$0.00
Total claim										
\$0.00										
Priority amount										
\$0.00										
Nonpriority amount										
\$0.00										
2.1436.	Priority creditor's name and mailing address CORREA, KARINA A 13 HILLOCK AVE HAWTHORNE NJ 07506 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$171.43</td></tr></table>	Total claim	\$171.43	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$171.43</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$171.43	Nonpriority amount	\$0.00
Total claim										
\$171.43										
Priority amount										
\$171.43										
Nonpriority amount										
\$0.00										

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2.1437. Priority creditor's name and mailing address CORREA, NATASHA 2410 S KIRKWOOD RD APT 182 HOUSTON TX 77077 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$97.50</td> </tr> </table>	Total claim	\$97.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$97.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$97.50	Nonpriority amount	\$0.00
Total claim									
\$97.50									
Priority amount									
\$97.50									
Nonpriority amount									
\$0.00									
2.1438. Priority creditor's name and mailing address CORREA, SOLIS KITZIA P 204 W SAN YSIDRO BLVD 46 SAN YSIDRO CA 92173 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$211.20</td> </tr> </table>	Total claim	\$211.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$211.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$211.20	Nonpriority amount	\$0.00
Total claim									
\$211.20									
Priority amount									
\$211.20									
Nonpriority amount									
\$0.00									
2.1439. Priority creditor's name and mailing address CORREA-BALTAZAR, ALYSSA K 2017 SHERMAN DRIVE UNION CITY CA 94587 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$243.24</td> </tr> </table>	Total claim	\$243.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$243.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$243.24	Nonpriority amount	\$0.00
Total claim									
\$243.24									
Priority amount									
\$243.24									
Nonpriority amount									
\$0.00									

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2.1440. Priority creditor's name and mailing address CORSINO, LIZBETH M 2029 RAPER DAIRY RD 2029 ORLANDO FL 32822 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$210.04	Priority amount \$210.04 Nonpriority amount \$0.00
2.1441. Priority creditor's name and mailing address CORTEL, MICHELLE A 3246 MEADOW CREEK LANE ESCONDIDO CA 92027 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$269.88	Priority amount \$269.88 Nonpriority amount \$0.00
2.1442. Priority creditor's name and mailing address CORTES, CHARNELLIS E CALLE ARECIBO APT12 HATO REY PR 00917 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$59.02	Priority amount \$59.02 Nonpriority amount \$0.00

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2.1443. Priority creditor's name and mailing address CORTES, ELIZABETH 6305 W. GROSS AVE PHOENIX AZ 85043 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$122.76	Priority amount \$122.76 Nonpriority amount \$0.00
2.1444. Priority creditor's name and mailing address CORTES, LISSET 13973 SNOWBIRD LN VICTORVILLE CA 92394 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$57.00	Priority amount \$57.00 Nonpriority amount \$0.00
2.1445. Priority creditor's name and mailing address CORTES, MIRIAM 2837 MOUNT MARY CIRCLE GREEN BAY WI 54311 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$72.33	Priority amount \$72.33 Nonpriority amount \$0.00

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2.1446. Priority creditor's name and mailing address CORTES, PALOMA ISABEL A 405 PARK AVE CARY IL 60013 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$103.79	Priority amount \$103.79 Nonpriority amount \$0.00
2.1447. Priority creditor's name and mailing address CORTEZ, CHRISTINA P 1875 ERIN DR VIDOR TX 77662 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,147.20	Priority amount \$1,147.20 Nonpriority amount \$0.00
2.1448. Priority creditor's name and mailing address CORTEZ, GITTSEL 4137 HOUNDSBROOK WAY SAN JOSE CA 95111 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$297.30	Priority amount \$297.30 Nonpriority amount \$0.00

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2.1449. Priority creditor's name and mailing address CORTEZ, JASMINE D 11913 ROYAL ROAD UNIT G EL CAJON CA 92021 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$168.60</td> </tr> </table>	Total claim	\$168.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$168.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$168.60	Nonpriority amount	\$0.00
Total claim									
\$168.60									
Priority amount									
\$168.60									
Nonpriority amount									
\$0.00									
2.1450. Priority creditor's name and mailing address CORTEZ, KAROLINA 733 W. NINTH ST. TRACY CA 95376 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,357.88</td> </tr> </table>	Total claim	\$1,357.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,357.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,357.88	Nonpriority amount	\$0.00
Total claim									
\$1,357.88									
Priority amount									
\$1,357.88									
Nonpriority amount									
\$0.00									
2.1451. Priority creditor's name and mailing address CORTEZ, KATHERYN E 3516 CORNELL DRIVE ARLINGTON TX 76015 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$226.80</td> </tr> </table>	Total claim	\$226.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$226.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$226.80	Nonpriority amount	\$0.00
Total claim									
\$226.80									
Priority amount									
\$226.80									
Nonpriority amount									
\$0.00									

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2.1452. Priority creditor's name and mailing address CORTEZ, NICHOLAS A 4919 SHADOW STONE STREET BAKERSFIELD CA 93313 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$603.24	Priority amount \$603.24 Nonpriority amount \$0.00
2.1453. Priority creditor's name and mailing address CORTILET, ERIN M 610 PARK DRIVE MARENGO IL 60152 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$225.07	Priority amount \$225.07 Nonpriority amount \$0.00
2.1454. Priority creditor's name and mailing address CORZO, SIC MAYA J 26094 DRACAEA AVE MORENO VALLEY CA 92555 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$291.84	Priority amount \$291.84 Nonpriority amount \$0.00

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2.1455. Priority creditor's name and mailing address COSS, TAINA 3344 FISH AVE BRONX NY 10469 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$724.80	Priority amount \$724.80 Nonpriority amount \$0.00
2.1456. Priority creditor's name and mailing address COSTA, ASHLEY R 600 18TH AVE 642-406A CONWAY SC 29526 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,130.97	Priority amount \$2,130.97 Nonpriority amount \$0.00
2.1457. Priority creditor's name and mailing address COSTELLO, TAYLOR 17729 AKRON-CANFIELD RD BERLIN CENTER OH 44401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$470.77	Priority amount \$470.77 Nonpriority amount \$0.00

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2.1458. Priority creditor's name and mailing address COTA, LILY G 8424 N WINTER AVE KANSAS CITY MO 64153 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$75.42</td> </tr> </table>	Total claim	\$75.42	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$75.42</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$75.42	Nonpriority amount	\$0.00
Total claim									
\$75.42									
Priority amount									
\$75.42									
Nonpriority amount									
\$0.00									
2.1459. Priority creditor's name and mailing address COTTON, ALYSSA J 3116 FIELDALE RD GREENSBORO NC 27406 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$363.58</td> </tr> </table>	Total claim	\$363.58	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$363.58</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$363.58	Nonpriority amount	\$0.00
Total claim									
\$363.58									
Priority amount									
\$363.58									
Nonpriority amount									
\$0.00									
2.1460. Priority creditor's name and mailing address COTTRELL, KARA A 116 FALSTAFF ROAD ROCHESTER NY 14609 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$537.24</td> </tr> </table>	Total claim	\$537.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$537.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$537.24	Nonpriority amount	\$0.00
Total claim									
\$537.24									
Priority amount									
\$537.24									
Nonpriority amount									
\$0.00									

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2.1461. Priority creditor's name and mailing address COULDRON, AMANDA R 3444 BERGEN AVE TOMS RIVER NJ 08753 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$108.94</td> </tr> </table>	Total claim	\$108.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$108.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$108.94	Nonpriority amount	\$0.00
Total claim									
\$108.94									
Priority amount									
\$108.94									
Nonpriority amount									
\$0.00									
2.1462. Priority creditor's name and mailing address COUNTY, ANNISSA N 4910 S J ST OXNARD CA 93033 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$253.80</td> </tr> </table>	Total claim	\$253.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$253.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$253.80	Nonpriority amount	\$0.00
Total claim									
\$253.80									
Priority amount									
\$253.80									
Nonpriority amount									
\$0.00									
2.1463. Priority creditor's name and mailing address COURTNEY, CLARISSA B 316 N. CUMBERLAND ST. ARLINGTON OH 45814 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$113.37</td> </tr> </table>	Total claim	\$113.37	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$113.37</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$113.37	Nonpriority amount	\$0.00
Total claim									
\$113.37									
Priority amount									
\$113.37									
Nonpriority amount									
\$0.00									

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2.1464. Priority creditor's name and mailing address COURTNEY, LAUREN 17743 STARFISH CT APT H LUTZ FL 33558 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,855.56	Priority amount \$2,855.56 Nonpriority amount \$0.00
2.1465. Priority creditor's name and mailing address COVA, MELISSA J 1615 N PASS AVENUE BURBANK CA 91505 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$36.00	Priority amount \$36.00 Nonpriority amount \$0.00
2.1466. Priority creditor's name and mailing address COVINGTON, KENDRA N 2014 SMITTY ROAD DILLON SC 29536 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$448.89	Priority amount \$448.89 Nonpriority amount \$0.00

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2.1467. Priority creditor's name and mailing address COVINGTON, KYLIE M 1164 NIMROD CIRCLE CORONA CA 92880 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$259.20</td> </tr> </table>	Total claim	\$259.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$259.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$259.20	Nonpriority amount	\$0.00
Total claim									
\$259.20									
Priority amount									
\$259.20									
Nonpriority amount									
\$0.00									
2.1468. Priority creditor's name and mailing address COWARD, NICKESHA 4823 AVENUE J BROOKLYN NY 11234 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$72.00</td> </tr> </table>	Total claim	\$72.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$72.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$72.00	Nonpriority amount	\$0.00
Total claim									
\$72.00									
Priority amount									
\$72.00									
Nonpriority amount									
\$0.00									
2.1469. Priority creditor's name and mailing address COX, BRITTANY M 4945 NORTH WHITE RIVER DRIVE BLOOMINGTON IN 47404 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$259.45</td> </tr> </table>	Total claim	\$259.45	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$259.45</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$259.45	Nonpriority amount	\$0.00
Total claim									
\$259.45									
Priority amount									
\$259.45									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1470. Priority creditor's name and mailing address COX, JOURNEI E 18 FERN AVE. WILLOW GROVE PA 19090 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$76.40	Priority amount \$76.40 Nonpriority amount \$0.00
2.1471. Priority creditor's name and mailing address COXSON, MAYAH R 877 SOUTH CAPITOL AVE SAN JOSE CA 95127 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$261.45	Priority amount \$261.45 Nonpriority amount \$0.00
2.1472. Priority creditor's name and mailing address COYLE, BROOKE A 4445 ATWOOD DR ORLANDO FL 32828 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,926.27	Priority amount \$1,926.27 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.1473. Priority creditor's name and mailing address**COZART, JAZMINE N
1493 DORELLEN AVE.
FLINT MI 48532**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$80.48

Priority amount

\$80.48

Nonpriority amount

\$0.00

2.1474. Priority creditor's name and mailing addressCOZZO, JULIA A
40 FIELD ST
STATEN ISLAND NY 10314**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$67.50

Priority amount

\$67.50

Nonpriority amount

\$0.00

2.1475. Priority creditor's name and mailing addressCRAFT, ALEXANDRA R
4415 HAVERHILL LN
SACHSE TX 75048-4653**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$3,617.38

Priority amount

\$3,617.38

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1476. Priority creditor's name and mailing address CRAIGHEAD, CURTIS 29 FLORENCE AVE IRVINGTON NJ 07111 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$6,226.81</td> </tr> </table>	Total claim	\$6,226.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$6,226.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$6,226.81	Nonpriority amount	\$0.00
Total claim									
\$6,226.81									
Priority amount									
\$6,226.81									
Nonpriority amount									
\$0.00									
2.1477. Priority creditor's name and mailing address CRAMER, SAVANNAH T 3035 GRAND ISLAND BLVD 5 GRAND ISLAND NY 14072 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$153.96</td> </tr> </table>	Total claim	\$153.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$153.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$153.96	Nonpriority amount	\$0.00
Total claim									
\$153.96									
Priority amount									
\$153.96									
Nonpriority amount									
\$0.00									
2.1478. Priority creditor's name and mailing address CRANFILL, BRAELYN I 502 COLLIER AVE FLORENCE AL 35630 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$220.04</td> </tr> </table>	Total claim	\$220.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$220.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$220.04	Nonpriority amount	\$0.00
Total claim									
\$220.04									
Priority amount									
\$220.04									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1479. Priority creditor's name and mailing address CRAWFORD, ARIEL M 3547 RICHBORO DRIVE HOLIDAY FL 34691 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$292.72</td> </tr> </table>	Total claim	\$292.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$292.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$292.72	Nonpriority amount	\$0.00
Total claim									
\$292.72									
Priority amount									
\$292.72									
Nonpriority amount									
\$0.00									
2.1480. Priority creditor's name and mailing address CRAWFORD, ARTISHA R 11333 E WILSHIRE BLVD SPENCER OK 73084-6607 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,412.96</td> </tr> </table>	Total claim	\$1,412.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,412.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,412.96	Nonpriority amount	\$0.00
Total claim									
\$1,412.96									
Priority amount									
\$1,412.96									
Nonpriority amount									
\$0.00									
2.1481. Priority creditor's name and mailing address CRAWFORD, DEASIA 5713 CHANDLER ST CINCINNATI OH 45227 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$31.46</td> </tr> </table>	Total claim	\$31.46	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$31.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$31.46	Nonpriority amount	\$0.00
Total claim									
\$31.46									
Priority amount									
\$31.46									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1482. Priority creditor's name and mailing address CRAWFORD, JANEIL A 151 E LITTLE CREEK RD B5 CEDAR HILL TX 75104 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$33.08</td> </tr> </table>	Total claim	\$33.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$33.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$33.08	Nonpriority amount	\$0.00
Total claim									
\$33.08									
Priority amount									
\$33.08									
Nonpriority amount									
\$0.00									
2.1483. Priority creditor's name and mailing address CRAWFORD, JESSICA L 3120 SW 139TH OKLAHOMA CITY OK 73170 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$5,286.17</td> </tr> </table>	Total claim	\$5,286.17	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$5,286.17</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$5,286.17	Nonpriority amount	\$0.00
Total claim									
\$5,286.17									
Priority amount									
\$5,286.17									
Nonpriority amount									
\$0.00									
2.1484. Priority creditor's name and mailing address CRAWFORD, KEYONNA 3402 17 TH ST RACINE WI 53405 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$21.90</td> </tr> </table>	Total claim	\$21.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$21.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$21.90	Nonpriority amount	\$0.00
Total claim									
\$21.90									
Priority amount									
\$21.90									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1485. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
CRAWFORD, TANYA L 167 WILDER ROAD BOLTON MA 01740		\$839.25	\$839.25
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.1486. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
CREEK, CATHERINE 435 S. CURSON AVE. 5C LOS ANGELES CA 90036		\$1,477.60	\$1,477.60
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.1487. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
CRESPO, ELVIN A 5565 TRANQUILITY OAKS DR. APT.# 106 TAMPA FL 33624		\$69.88	\$69.88
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1488. Priority creditor's name and mailing address CRESPO, SAMANTHA 75 COLUMBIA ST NEWARK NJ 07102 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$638.81	Priority amount \$638.81 Nonpriority amount \$0.00
2.1489. Priority creditor's name and mailing address CRESSER, KIMBERLY J 89 GULL DIP ROAD RIDGE NY 11961 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$598.48	Priority amount \$598.48 Nonpriority amount \$0.00
2.1490. Priority creditor's name and mailing address CREWE, JAZMINE A 4 DYBECK STREET #3 WORCESTER MA 01607 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$93.00	Priority amount \$93.00 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1491. Priority creditor's name and mailing address CRISOSTOMO, RAMIREZ MARISOL 9669 FOREST LN APT 1503 DALLAS TX 75243-5891 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$89.46	Priority amount \$89.46 Nonpriority amount \$0.00
2.1492. Priority creditor's name and mailing address CRISSY, KIMBERLEIGH A 13821 CALICO LN. MANASSAS VA 20112 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,248.75	Priority amount \$1,248.75 Nonpriority amount \$0.00
2.1493. Priority creditor's name and mailing address CROCKER, LYRIC R 15063 WINTHROP DETROIT MI 48227 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$128.30	Priority amount \$128.30 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1494. Priority creditor's name and mailing address CROCKETT, CLAIRE J 4055 FLOWSTONE LANE ROUND ROCK TX 78681 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$559.68</td> </tr> </table>	Total claim	\$559.68	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$559.68</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$559.68	Nonpriority amount	\$0.00
Total claim									
\$559.68									
Priority amount									
\$559.68									
Nonpriority amount									
\$0.00									
2.1495. Priority creditor's name and mailing address CROCKETT, TAUGHTYAN 12075 GOLDOAK CT VICTORVILLE CA 92392 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,058.26</td> </tr> </table>	Total claim	\$2,058.26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,058.26</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,058.26	Nonpriority amount	\$0.00
Total claim									
\$2,058.26									
Priority amount									
\$2,058.26									
Nonpriority amount									
\$0.00									
2.1496. Priority creditor's name and mailing address CRON, MEILANI R 432 CHELSEA WAY FAIRFIELD CA 94533 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$154.32</td> </tr> </table>	Total claim	\$154.32	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$154.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$154.32	Nonpriority amount	\$0.00
Total claim									
\$154.32									
Priority amount									
\$154.32									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1497. Priority creditor's name and mailing address CROPP, KOURTNEY 1302 E 15TH ST DES MOINES IA 50316 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$471.80	Priority amount \$471.80 Nonpriority amount \$0.00
2.1498. Priority creditor's name and mailing address CROSBY, SHAKIYYA I 1903 BLACKBURN RD APT A GLEN ALLEN VA 23060 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$481.20	Priority amount \$481.20 Nonpriority amount \$0.00
2.1499. Priority creditor's name and mailing address CROSWELL, DOMINIC 305 RICHMOND FARM CIRCLE LEXINGTON SC 29072 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$74.46	Priority amount \$74.46 Nonpriority amount \$0.00

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2.1500.	Priority creditor's name and mailing address CROUCH, KIARRA D 4161 NW 34TH AVE FORT LAUDERDALE FL 33309 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$210.74</td> </tr> </table>	Total claim	\$210.74	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$210.74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$210.74	Nonpriority amount	\$0.00
Total claim										
\$210.74										
Priority amount										
\$210.74										
Nonpriority amount										
\$0.00										
2.1501.	Priority creditor's name and mailing address CROUCH, MARY G 1159 S 525 E RENSSELAER IN 47978 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$153.48</td> </tr> </table>	Total claim	\$153.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$153.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$153.48	Nonpriority amount	\$0.00
Total claim										
\$153.48										
Priority amount										
\$153.48										
Nonpriority amount										
\$0.00										
2.1502.	Priority creditor's name and mailing address CROWE, ANGELA L 388 BARDIN RD PALATKA FL 32177 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$222.48</td> </tr> </table>	Total claim	\$222.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$222.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$222.48	Nonpriority amount	\$0.00
Total claim										
\$222.48										
Priority amount										
\$222.48										
Nonpriority amount										
\$0.00										

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2.1503. Priority creditor's name and mailing address CROWE-GORDON, CHEYENNE J P.O BOX 154 SPRING LAKE NC 28390 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$158.20</td> </tr> </table>	Total claim	\$158.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$158.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$158.20	Nonpriority amount	\$0.00
Total claim									
\$158.20									
Priority amount									
\$158.20									
Nonpriority amount									
\$0.00									
2.1504. Priority creditor's name and mailing address CROWLEY, JAZMINE C 9800 MESA LINDA ST APT 221 HESPERIA CA 92345 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$124.20</td> </tr> </table>	Total claim	\$124.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$124.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$124.20	Nonpriority amount	\$0.00
Total claim									
\$124.20									
Priority amount									
\$124.20									
Nonpriority amount									
\$0.00									
2.1505. Priority creditor's name and mailing address CROWLEY, MADISON K 3641 MORRELL CIRCLE PHILADELPHIA PA 19114 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$370.00</td> </tr> </table>	Total claim	\$370.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$370.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$370.00	Nonpriority amount	\$0.00
Total claim									
\$370.00									
Priority amount									
\$370.00									
Nonpriority amount									
\$0.00									

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2.1506. Priority creditor's name and mailing address CROY, SHANNA M 5964 W SHORT DR. FRANKTON IN 46044 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$4,620.44</td> </tr> </table>	Total claim	\$4,620.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$4,620.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$4,620.44	Nonpriority amount	\$0.00
Total claim									
\$4,620.44									
Priority amount									
\$4,620.44									
Nonpriority amount									
\$0.00									
2.1507. Priority creditor's name and mailing address CRUM, ZOE K 5937 W. U.S. HWY 40 STILESVILLE IN 46180 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$92.16</td> </tr> </table>	Total claim	\$92.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$92.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$92.16	Nonpriority amount	\$0.00
Total claim									
\$92.16									
Priority amount									
\$92.16									
Nonpriority amount									
\$0.00									
2.1508. Priority creditor's name and mailing address CRUTCHLEO, ABIGAIL 94 MARTHA AVENUE CENTERVILLE OH 45458 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$451.00</td> </tr> </table>	Total claim	\$451.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$451.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$451.00	Nonpriority amount	\$0.00
Total claim									
\$451.00									
Priority amount									
\$451.00									
Nonpriority amount									
\$0.00									

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2.1509. Priority creditor's name and mailing address CRUZ, ANDREA N 408 BOARDWALK DRIVE #18 SAN BRUNO CA 94066 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$407.16</td> </tr> </table>	Total claim	\$407.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$407.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$407.16	Nonpriority amount	\$0.00
Total claim									
\$407.16									
Priority amount									
\$407.16									
Nonpriority amount									
\$0.00									
2.1510. Priority creditor's name and mailing address CRUZ, ANDREA P CALLE PEDRO ARZUAGA 110 COND. VILLAS D CAROLINA PR 00985 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$38.64</td> </tr> </table>	Total claim	\$38.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$38.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$38.64	Nonpriority amount	\$0.00
Total claim									
\$38.64									
Priority amount									
\$38.64									
Nonpriority amount									
\$0.00									
2.1511. Priority creditor's name and mailing address CRUZ, ELIZABETH 1859 QUAIL CT WOODSTOCK IL 60098 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$52.15</td> </tr> </table>	Total claim	\$52.15	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$52.15</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$52.15	Nonpriority amount	\$0.00
Total claim									
\$52.15									
Priority amount									
\$52.15									
Nonpriority amount									
\$0.00									

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2.1512. Priority creditor's name and mailing address CRUZ, ESVEIDY 4622 TRAFALGAR RD WILMINGTON NC 28405 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$287.39</td> </tr> </table>	Total claim	\$287.39	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$287.39</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$287.39	Nonpriority amount	\$0.00
Total claim									
\$287.39									
Priority amount									
\$287.39									
Nonpriority amount									
\$0.00									
2.1513. Priority creditor's name and mailing address CRUZ, FLORENZ 603 DICKSON ST. LOWELL AR 72745 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$161.42</td> </tr> </table>	Total claim	\$161.42	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$161.42</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$161.42	Nonpriority amount	\$0.00
Total claim									
\$161.42									
Priority amount									
\$161.42									
Nonpriority amount									
\$0.00									
2.1514. Priority creditor's name and mailing address CRUZ, GENESIS 8232 ABBEYFIELD DR. JACKSONVILLE FL 32277 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$305.06</td> </tr> </table>	Total claim	\$305.06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$305.06</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$305.06	Nonpriority amount	\$0.00
Total claim									
\$305.06									
Priority amount									
\$305.06									
Nonpriority amount									
\$0.00									

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2.1515. Priority creditor's name and mailing address CRUZ, GISELLE M 1635 E NANETTE AVE 4 WEST COVINA CA 91792 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$194.52	Priority amount \$194.52 Nonpriority amount \$0.00
2.1516. Priority creditor's name and mailing address CRUZ, JENNA 9124 88TH STREET WOODHAVEN NY 11421 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$526.80	Priority amount \$526.80 Nonpriority amount \$0.00
2.1517. Priority creditor's name and mailing address CRUZ, KARINA 2425 PRESIDENTIAL WAY 202 WEST PALM BEACH FL 33409 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$143.57	Priority amount \$143.57 Nonpriority amount \$0.00

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2.1518. Priority creditor's name and mailing address CRUZ, KARLA L 833 DOBSON STREET EVANSTON IL 60202 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$318.78</td> </tr> </table>	Total claim	\$318.78	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$318.78</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$318.78	Nonpriority amount	\$0.00
Total claim									
\$318.78									
Priority amount									
\$318.78									
Nonpriority amount									
\$0.00									
2.1519. Priority creditor's name and mailing address CRUZ, KAYLA A 110 BREEZY TREE CT APT A NEWPORT NEWS VA 23608 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,155.23</td> </tr> </table>	Total claim	\$1,155.23	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,155.23</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,155.23	Nonpriority amount	\$0.00
Total claim									
\$1,155.23									
Priority amount									
\$1,155.23									
Nonpriority amount									
\$0.00									
2.1520. Priority creditor's name and mailing address CRUZ, KENYA A 14342 CHESTNUT ST WESTMINSTER CA 92683 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$177.72</td> </tr> </table>	Total claim	\$177.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$177.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$177.72	Nonpriority amount	\$0.00
Total claim									
\$177.72									
Priority amount									
\$177.72									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1521. Priority creditor's name and mailing address CRUZ, MARIA C 4318 AUGUSTINE AVE SARASOTA FL 34231 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$636.76</td> </tr> </table>	Total claim	\$636.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$636.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$636.76	Nonpriority amount	\$0.00
Total claim									
\$636.76									
Priority amount									
\$636.76									
Nonpriority amount									
\$0.00									
2.1522. Priority creditor's name and mailing address CRUZ, MARISOL 424 WEST LARKDALE LANE MOUNT PROSPECT IL 60056 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$151.25</td> </tr> </table>	Total claim	\$151.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$151.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$151.25	Nonpriority amount	\$0.00
Total claim									
\$151.25									
Priority amount									
\$151.25									
Nonpriority amount									
\$0.00									
2.1523. Priority creditor's name and mailing address CRUZ, MELIA D 49 CONE COURT GREENFIELD IN 46140 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$69.28</td> </tr> </table>	Total claim	\$69.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$69.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$69.28	Nonpriority amount	\$0.00
Total claim									
\$69.28									
Priority amount									
\$69.28									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1524. Priority creditor's name and mailing address CRUZ, SAMANTHA 8600 STARBOARD DR #1012 LAS VEGAS NV 89117 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$123.84	Priority amount \$123.84 Nonpriority amount \$0.00
2.1525. Priority creditor's name and mailing address CRUZ, STEPHANIE G 8531 BLANCHE AVE GARDEN GROVE CA 92841 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$126.60	Priority amount \$126.60 Nonpriority amount \$0.00
2.1526. Priority creditor's name and mailing address CRUZ, TAYLOR V 6346 SOUTHGATE BLVD MARGATE FL 33068 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$542.57	Priority amount \$542.57 Nonpriority amount \$0.00

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2.1527. Priority creditor's name and mailing address CUARISMA, CLARISE 87340 KULAHANAI STREET WAIANAE HI 96792 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$24.17</td> </tr> </table>	Total claim	\$24.17	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$24.17</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$24.17	Nonpriority amount	\$0.00
Total claim									
\$24.17									
Priority amount									
\$24.17									
Nonpriority amount									
\$0.00									
2.1528. Priority creditor's name and mailing address CUENCA, JANELLE 14332 DURHAM DRIVE RENO NV 89506 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$198.99</td> </tr> </table>	Total claim	\$198.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$198.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$198.99	Nonpriority amount	\$0.00
Total claim									
\$198.99									
Priority amount									
\$198.99									
Nonpriority amount									
\$0.00									
2.1529. Priority creditor's name and mailing address CUETO, ELIZABETH 5432 MAHOGANY LN HONOLULU HI 96818 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$194.51</td> </tr> </table>	Total claim	\$194.51	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$194.51</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$194.51	Nonpriority amount	\$0.00
Total claim									
\$194.51									
Priority amount									
\$194.51									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1530. Priority creditor's name and mailing address CUETO, YASSIL 2854 KINGSBRIDGE TERRACE 2 NY NY 10463 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$435.45</td> </tr> </table>	Total claim	\$435.45	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$435.45</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$435.45	Nonpriority amount	\$0.00
Total claim									
\$435.45									
Priority amount									
\$435.45									
Nonpriority amount									
\$0.00									
2.1531. Priority creditor's name and mailing address CUEVA, MARIA E 8254 QUATERFIELD RD SEVERN MD 21144 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,129.26</td> </tr> </table>	Total claim	\$3,129.26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,129.26</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,129.26	Nonpriority amount	\$0.00
Total claim									
\$3,129.26									
Priority amount									
\$3,129.26									
Nonpriority amount									
\$0.00									
2.1532. Priority creditor's name and mailing address CUEVAS, BYANCA 5751 GREENHOUSE RD APT 1025 KATY TX 774429 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,425.25</td> </tr> </table>	Total claim	\$1,425.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,425.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,425.25	Nonpriority amount	\$0.00
Total claim									
\$1,425.25									
Priority amount									
\$1,425.25									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1533. Priority creditor's name and mailing address CUEVAS, EMILY 3778 SOUTH ARCHER CHICAGO IL 60632 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$49.44	Priority amount \$49.44 Nonpriority amount \$0.00
2.1534. Priority creditor's name and mailing address CUEVAS, THALIANA 3251 MATLOCK RD. APT. 20202 MANSFIELD TX 76063 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$140.28	Priority amount \$140.28 Nonpriority amount \$0.00
2.1535. Priority creditor's name and mailing address CUEVAS, XINA 235 W 47TH ST 4 LOS ANGELES CA 90037 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$291.50	Priority amount \$291.50 Nonpriority amount \$0.00

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2.1536. Priority creditor's name and mailing address CUJAK, DANIELLE 6604 CONESTOGA LANE DUBLIN CA 94568 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$4,679.92</td> </tr> </table>	Total claim	\$4,679.92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$4,679.92</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$4,679.92	Nonpriority amount	\$0.00
Total claim									
\$4,679.92									
Priority amount									
\$4,679.92									
Nonpriority amount									
\$0.00									
2.1537. Priority creditor's name and mailing address CULBERT, RACHEL L 15722 BRANDYWINE RD. MONTCLAIR VA 22025 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$178.97</td> </tr> </table>	Total claim	\$178.97	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$178.97</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$178.97	Nonpriority amount	\$0.00
Total claim									
\$178.97									
Priority amount									
\$178.97									
Nonpriority amount									
\$0.00									
2.1538. Priority creditor's name and mailing address CULLER, PAIGE V 1170 KENLY AVE APT.12 HAGERSTOWN MD 21740 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$747.26</td> </tr> </table>	Total claim	\$747.26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$747.26</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$747.26	Nonpriority amount	\$0.00
Total claim									
\$747.26									
Priority amount									
\$747.26									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1539. Priority creditor's name and mailing address CULLIPHER, HANNAH E 4516 NORSEMAN ST. BAKERSFIELD CA 93309 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$116.64	Priority amount \$116.64 Nonpriority amount \$0.00
2.1540. Priority creditor's name and mailing address CUMMING, MELAYNA M 190 RIVER WALK TRAIL NEW MARKET AL 35761 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$155.15	Priority amount \$155.15 Nonpriority amount \$0.00
2.1541. Priority creditor's name and mailing address CUMMINGS, JALEEL I 7500 WOODKNOLL DR. CHARLOTTE NC 28217 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$552.30	Priority amount \$552.30 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.1542. Priority creditor's name and mailing address**CUMMINGS, KANDICE A
1710 BIRKSHIRE RIDGE
MCDONOUGH GA 30252**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$153.25

Priority amount

\$153.25

Nonpriority amount

\$0.00

2.1543. Priority creditor's name and mailing addressCUMMINGS, MIRANDA R
14501 MONTFORT DRIVE
APT 1010
DALLAS TX 75254**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$77.14

Priority amount

\$77.14

Nonpriority amount

\$0.00

2.1544. Priority creditor's name and mailing addressCUNNINGHAM, NICOLE M
13924 OCOTILLO RD.
DESERT HOT SPRINGS CA 92240**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$607.66

Priority amount

\$607.66

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1545. Priority creditor's name and mailing address CUNNINGHAM, SARAI K 1339 FITZWATERTOWN RD ABINGTON PA 19001 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$232.98</td> </tr> </table>	Total claim	\$232.98	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$232.98</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$232.98	Nonpriority amount	\$0.00
Total claim									
\$232.98									
Priority amount									
\$232.98									
Nonpriority amount									
\$0.00									
2.1546. Priority creditor's name and mailing address CUPP, HALEY 448 FERNWAY DR HAMILTON OH 45011 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,168.99</td> </tr> </table>	Total claim	\$2,168.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,168.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,168.99	Nonpriority amount	\$0.00
Total claim									
\$2,168.99									
Priority amount									
\$2,168.99									
Nonpriority amount									
\$0.00									
2.1547. Priority creditor's name and mailing address CURETON, BLAYKE L 1157 BLACK DIAMOND DR DALLAS NC 28034 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$545.60</td> </tr> </table>	Total claim	\$545.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$545.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$545.60	Nonpriority amount	\$0.00
Total claim									
\$545.60									
Priority amount									
\$545.60									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1548. Priority creditor's name and mailing address CURRY, ALYSSA A 5742 THUNDER OAKS SAN ANTONIO TX 78261 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$265.04</td> </tr> </table>	Total claim	\$265.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$265.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$265.04	Nonpriority amount	\$0.00
Total claim									
\$265.04									
Priority amount									
\$265.04									
Nonpriority amount									
\$0.00									
2.1549. Priority creditor's name and mailing address CURRY, TAMEKA L 124 POPLAR LANE JACKSON TN 38305 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,909.52</td> </tr> </table>	Total claim	\$2,909.52	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,909.52</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,909.52	Nonpriority amount	\$0.00
Total claim									
\$2,909.52									
Priority amount									
\$2,909.52									
Nonpriority amount									
\$0.00									
2.1550. Priority creditor's name and mailing address CURRY, ZORI A 101 SW 69TH TERRACE 1001 ROGERS ST OKLAHOMA CITY OK 73139 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$569.29</td> </tr> </table>	Total claim	\$569.29	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$569.29</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$569.29	Nonpriority amount	\$0.00
Total claim									
\$569.29									
Priority amount									
\$569.29									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1551. Priority creditor's name and mailing address CURTIS, TARAE' 490 NORTH PATUXENT ODENTON MD 21113 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$202.81	Priority amount \$202.81 Nonpriority amount \$0.00
2.1552. Priority creditor's name and mailing address CURTIS-CUMMINGS, BRITTINEY T 466 SUMNER ST STOUGHTON MA 02072 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,250.27	Priority amount \$2,250.27 Nonpriority amount \$0.00
2.1553. Priority creditor's name and mailing address CURTISS, NICOLE 701 LEGACY DR 3314 PLANO TX 75023-7508 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,509.01	Priority amount \$1,509.01 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1554. Priority creditor's name and mailing address CUSTER, BRYANNA N 4105 N PIONEER CANYON DR RIDGEFIELD WA 98642 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$51.36	Priority amount \$51.36 Nonpriority amount \$0.00
2.1555. Priority creditor's name and mailing address CUTLIFFE, GABRIELLE APT 713 2800 SW WILLIS GAINESVILLE FL 32608 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$378.04	Priority amount \$378.04 Nonpriority amount \$0.00
2.1556. Priority creditor's name and mailing address CUTTING, JORDAN D 1 HOWARD LANE LAKEVILLE MA 02347 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$278.52	Priority amount \$278.52 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1557. Priority creditor's name and mailing address DABLA, MAITTA 217 CHESTNUT STREET MOUNT HOLLY NJ 08060 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$629.20</td> </tr> </table>	Total claim	\$629.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$629.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$629.20	Nonpriority amount	\$0.00
Total claim									
\$629.20									
Priority amount									
\$629.20									
Nonpriority amount									
\$0.00									
2.1558. Priority creditor's name and mailing address DACAYANAN, JAZRIEL 280 BELLA MATESE AVE LAS VEGAS NV 89183-4645 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,622.27</td> </tr> </table>	Total claim	\$1,622.27	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,622.27</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,622.27	Nonpriority amount	\$0.00
Total claim									
\$1,622.27									
Priority amount									
\$1,622.27									
Nonpriority amount									
\$0.00									
2.1559. Priority creditor's name and mailing address DADE, JETONNICA 906 SOUTH MAPLE ST. LOT 12 FOLEY AL 36535 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$276.08</td> </tr> </table>	Total claim	\$276.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$276.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$276.08	Nonpriority amount	\$0.00
Total claim									
\$276.08									
Priority amount									
\$276.08									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1560. Priority creditor's name and mailing address DAGGS, CONNISHA E PO BOX 452 BELLE ROSE LA 70341 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$332.40</td> </tr> </table>	Total claim	\$332.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$332.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$332.40	Nonpriority amount	\$0.00
Total claim									
\$332.40									
Priority amount									
\$332.40									
Nonpriority amount									
\$0.00									
2.1561. Priority creditor's name and mailing address DAHL, ASHLEE A 20 JOHN J BRADY DR APARTMENT A FRAMINGHAM MA 01702 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$676.11</td> </tr> </table>	Total claim	\$676.11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$676.11</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$676.11	Nonpriority amount	\$0.00
Total claim									
\$676.11									
Priority amount									
\$676.11									
Nonpriority amount									
\$0.00									
2.1562. Priority creditor's name and mailing address DAHLM, NICOLE M 1122 CLAYCREST CIRCLE SAINT CHARLES MO 63304 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,220.94</td> </tr> </table>	Total claim	\$1,220.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,220.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,220.94	Nonpriority amount	\$0.00
Total claim									
\$1,220.94									
Priority amount									
\$1,220.94									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1563. Priority creditor's name and mailing address DALCO, AISLING 206 LINCOLN STREET NORWELL MA 02061 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$167.88	Priority amount \$167.88 Nonpriority amount \$0.00
2.1564. Priority creditor's name and mailing address DALE, TAYLOR N 15 HOSPITAL ST. PROVIDENCE RI 02903 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$186.18	Priority amount \$186.18 Nonpriority amount \$0.00
2.1565. Priority creditor's name and mailing address DALIA, ALICIA A 633 W WATER ST. APT. 3 3 ELMIRA NY 14901 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$56.39	Priority amount \$56.39 Nonpriority amount \$0.00

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2.1566. Priority creditor's name and mailing address DALLAS, CASSANDRA 332 E BROAD ST BURLINGTON NJ 08016-2635 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,380.72</td> </tr> </table>	Total claim	\$1,380.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,380.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,380.72	Nonpriority amount	\$0.00
Total claim									
\$1,380.72									
Priority amount									
\$1,380.72									
Nonpriority amount									
\$0.00									
2.1567. Priority creditor's name and mailing address DALTON, BRADY A 1625 WINONA DRIVE MIDDLETOWN OH 45044 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,174.60</td> </tr> </table>	Total claim	\$1,174.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,174.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,174.60	Nonpriority amount	\$0.00
Total claim									
\$1,174.60									
Priority amount									
\$1,174.60									
Nonpriority amount									
\$0.00									
2.1568. Priority creditor's name and mailing address DAMRON, CHAVALA D 6863 GREEN CREEK RD FAYETTEVILLE NC 28314 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$125.43</td> </tr> </table>	Total claim	\$125.43	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$125.43</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$125.43	Nonpriority amount	\$0.00
Total claim									
\$125.43									
Priority amount									
\$125.43									
Nonpriority amount									
\$0.00									

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2.1569. Priority creditor's name and mailing address DANIEL, JUREZIA 16626 BONHAM AVE BATON ROUGE LA 70816 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$380.28</td> </tr> </table>	Total claim	\$380.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$380.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$380.28	Nonpriority amount	\$0.00
Total claim									
\$380.28									
Priority amount									
\$380.28									
Nonpriority amount									
\$0.00									
2.1570. Priority creditor's name and mailing address DANIEL, MORGAN-ELAINE T PO BOX 22883 BEACHWOOD OH 44122 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$97.38</td> </tr> </table>	Total claim	\$97.38	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$97.38</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$97.38	Nonpriority amount	\$0.00
Total claim									
\$97.38									
Priority amount									
\$97.38									
Nonpriority amount									
\$0.00									
2.1571. Priority creditor's name and mailing address DANIELS, BATERRIA C 430 ROYAL PALM COURT PAHOKEE FL 33476 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$456.02</td> </tr> </table>	Total claim	\$456.02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$456.02</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$456.02	Nonpriority amount	\$0.00
Total claim									
\$456.02									
Priority amount									
\$456.02									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1572. Priority creditor's name and mailing address DANIELS, KAREN C 100 DEPEW AVE APT 135 NYACK NY 10960 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$453.99	Priority amount \$453.99 Nonpriority amount \$0.00
2.1573. Priority creditor's name and mailing address DANIELS, LUCILA 1017 E PIMA AVE APACHE JUNCTION AZ 85119-7257 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$240.90	Priority amount \$240.90 Nonpriority amount \$0.00
2.1574. Priority creditor's name and mailing address DAOS, ALEXA-RAE D 4280 MCKENNA CT FAIRFIELD CA 94534-7433 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$464.24	Priority amount \$464.24 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.1575. Priority creditor's name and mailing address**DAPP, LINDSAY M
115 PINEBROOK DRIVE
PADUCAH KY 42001**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$111.64

Priority amount

\$111.64

Nonpriority amount

\$0.00

2.1576. Priority creditor's name and mailing addressDARLING, JACKIE L
187 BARTLETT RD
PLYMOUTH MA 02360**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$2,230.41

Priority amount

\$2,230.41

Nonpriority amount

\$0.00

2.1577. Priority creditor's name and mailing addressDARLING, MELISSA A
8410 PINE BLUFF RD.
FREDERICK MD 21704**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$310.88

Priority amount

\$310.88

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.1578. Priority creditor's name and mailing address**DARLING, RACOLE
4871 RIVES JUNCTION RD
JACKSON MI 49201**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$43.01

Priority amount

\$43.01

Nonpriority amount

\$0.00

2.1579. Priority creditor's name and mailing addressDARLING, RAYMOND E
6 EDGEWOOD RD
BINGHAMTON NY 13903**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$6,144.57

Priority amount

\$6,144.57

Nonpriority amount

\$0.00

2.1580. Priority creditor's name and mailing addressDARNA, KARI
63 SALEM ROAD
LYME CT 06371**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$1,922.37

Priority amount

\$1,922.37

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1581. Priority creditor's name and mailing address DARRIS, TATIANA D 2168 S ATLANTIC BLVD 542 MONTEREY PARK CA 91754 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$132.76</td> </tr> </table>	Total claim	\$132.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$132.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$132.76	Nonpriority amount	\$0.00
Total claim									
\$132.76									
Priority amount									
\$132.76									
Nonpriority amount									
\$0.00									
2.1582. Priority creditor's name and mailing address DART, LINDSEY B 4729 FELTON STREET APT. B SAN DIEGO CA 92116 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,226.64</td> </tr> </table>	Total claim	\$2,226.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,226.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,226.64	Nonpriority amount	\$0.00
Total claim									
\$2,226.64									
Priority amount									
\$2,226.64									
Nonpriority amount									
\$0.00									
2.1583. Priority creditor's name and mailing address DAS, DIVYA A 4790 VISTA RIDGE DR. DUBLIN OH 43017 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$71.14</td> </tr> </table>	Total claim	\$71.14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$71.14</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$71.14	Nonpriority amount	\$0.00
Total claim									
\$71.14									
Priority amount									
\$71.14									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1584. Priority creditor's name and mailing address DATLENKO, KELLI J 38719 BIGGS RD GRAFTON OH 44044 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$272.07</td> </tr> </table>	Total claim	\$272.07	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$272.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$272.07	Nonpriority amount	\$0.00
Total claim									
\$272.07									
Priority amount									
\$272.07									
Nonpriority amount									
\$0.00									
2.1585. Priority creditor's name and mailing address DAUGHHETEE, ASHTON T 3717 MOONSHINE FALLS AVE. NORTH LAS VEGAS NV 89085 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$73.26</td> </tr> </table>	Total claim	\$73.26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$73.26</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$73.26	Nonpriority amount	\$0.00
Total claim									
\$73.26									
Priority amount									
\$73.26									
Nonpriority amount									
\$0.00									
2.1586. Priority creditor's name and mailing address DAUGHTRY, TIANA 17500 ELEANOR LN UPPER MARLBORO MD 20774-8926 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$5,000.00</td> </tr> </table>	Total claim	\$5,000.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$5,000.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$5,000.00	Nonpriority amount	\$0.00
Total claim									
\$5,000.00									
Priority amount									
\$5,000.00									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1587. Priority creditor's name and mailing address DAVANZO, DANIELLE M 12 STONY BROOK ROAD BROOKFIELD CT 06801 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$117.36</td> </tr> </table>	Total claim	\$117.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$117.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$117.36	Nonpriority amount	\$0.00
Total claim									
\$117.36									
Priority amount									
\$117.36									
Nonpriority amount									
\$0.00									
2.1588. Priority creditor's name and mailing address DAVEIGA, MICHELLE 24 JAMES ST. TAUNTON MA 02780 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$388.32</td> </tr> </table>	Total claim	\$388.32	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$388.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$388.32	Nonpriority amount	\$0.00
Total claim									
\$388.32									
Priority amount									
\$388.32									
Nonpriority amount									
\$0.00									
2.1589. Priority creditor's name and mailing address DAVENPORT, DESTINY 743 PETERMAN PL GREER SC 29650 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$105.04</td> </tr> </table>	Total claim	\$105.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$105.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$105.04	Nonpriority amount	\$0.00
Total claim									
\$105.04									
Priority amount									
\$105.04									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1590. Priority creditor's name and mailing address DAVENPORT, OLIVIA K 6 DOGWOOD COURT CROMWELL CT 06416 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$72.93	Priority amount \$72.93 Nonpriority amount \$0.00
2.1591. Priority creditor's name and mailing address DAVID LAROSA TAX COLLECTOR PO BOX 1270 GULFPORT MS 39502 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$2,418.13	Priority amount \$2,418.13 Nonpriority amount \$0.00
2.1592. Priority creditor's name and mailing address DAVID PIWONKA CYPRESS-FAIRBANK ISD TAX ASR. 10494 JONES ROAD , STE 106 HOUSTON TX 77065 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$3,857.66	Priority amount \$3,857.66 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1593. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
DAVIDSON, NICOLE C 27 OAKRIDGE AVENUE NORTH ATTLEBORO MA 02760		\$97.20	\$97.20
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.1594. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
DAVIDSON-GAY, PAIGE T 6625 AMBASSADOR AVE 511 GRAND LEDGE MI 48837		\$539.01	\$539.01
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.1595. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
DAVIES, DAMYA D 102 WOODBROOK CT 102 LOUISVILLE KY 40229		\$85.86	\$85.86
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1596. Priority creditor's name and mailing address DAVIS, ALEXIA T 83 MORGAN LANE HAMDEN CT 06514 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$153.42	Priority amount \$153.42 Nonpriority amount \$0.00
2.1597. Priority creditor's name and mailing address DAVIS, ALIYAH T 713 E PRESTON ST BALTIMORE MD 21202-4230 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$315.50	Priority amount \$315.50 Nonpriority amount \$0.00
2.1598. Priority creditor's name and mailing address DAVIS, ANGEL K 3104 PUFFIN CIRCLE FAIRFIELD CA 94533 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$174.84	Priority amount \$174.84 Nonpriority amount \$0.00

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2.1599. Priority creditor's name and mailing address DAVIS, CANDACE 8275 WARLIN DRIVE NORTH JACKSONVILLE FL 32216 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$179.52	Priority amount \$179.52 Nonpriority amount \$0.00
2.1600. Priority creditor's name and mailing address DAVIS, CHEYANNE D 5356 OAK HILLS DR EATON RAPIDS MI 48827 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$60.77	Priority amount \$60.77 Nonpriority amount \$0.00
2.1601. Priority creditor's name and mailing address DAVIS, CHEYENNE A 7959 LONG DRIVE CHATTANOOGA TN 37421 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$64.02	Priority amount \$64.02 Nonpriority amount \$0.00

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2.1602.	Priority creditor's name and mailing address DAVIS, CRYSTAL S 4318 KNOX AVE N MINNEAPOLIS MN 55412 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$377.80</td> </tr> </table>	Total claim	\$377.80	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$377.80</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$377.80	Nonpriority amount	\$0.00
Total claim										
\$377.80										
Priority amount										
\$377.80										
Nonpriority amount										
\$0.00										
2.1603.	Priority creditor's name and mailing address DAVIS, CYNTHIA 5621 MINNIE COURT WOODBRIDGE VA 22193 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$34.55</td> </tr> </table>	Total claim	\$34.55	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$34.55</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$34.55	Nonpriority amount	\$0.00
Total claim										
\$34.55										
Priority amount										
\$34.55										
Nonpriority amount										
\$0.00										
2.1604.	Priority creditor's name and mailing address DAVIS, ELIZABETH B 11404 LINDENSHIRE LN RICHMOND VA 23238 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$8,531.75</td> </tr> </table>	Total claim	\$8,531.75	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$8,531.75</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$8,531.75	Nonpriority amount	\$0.00
Total claim										
\$8,531.75										
Priority amount										
\$8,531.75										
Nonpriority amount										
\$0.00										

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2.1605.	Priority creditor's name and mailing address DAVIS, KAYLAH 201 WILKINS AVE JONESBORO AR 72401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$156.79</td> </tr> </table>	Total claim	\$156.79	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$156.79</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$156.79	Nonpriority amount	\$0.00
Total claim										
\$156.79										
Priority amount										
\$156.79										
Nonpriority amount										
\$0.00										
2.1606.	Priority creditor's name and mailing address DAVIS, KEYANNA M 101 ROBIN DR CLARKSVILLE TN 37042-5623 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$31.27</td> </tr> </table>	Total claim	\$31.27	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$31.27</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$31.27	Nonpriority amount	\$0.00
Total claim										
\$31.27										
Priority amount										
\$31.27										
Nonpriority amount										
\$0.00										
2.1607.	Priority creditor's name and mailing address DAVIS, KIERRA N 403 PARK MEADOWS DR APT 202 WAITE PARK MN 56387 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$39.44</td> </tr> </table>	Total claim	\$39.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$39.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$39.44	Nonpriority amount	\$0.00
Total claim										
\$39.44										
Priority amount										
\$39.44										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1608. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
DAVIS, MEGHAN C 10 PALM COURT PARAMUS NJ 07652		\$375.86	\$375.86
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.1609. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
DAVIS, SHAY S 2151 WESTGATE PKWY E49 DOTHAN AL 36303		\$364.50	\$364.50
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.1610. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
DAVIS, SHELBY E 2614 CR 5700 LUBBOCK TX 79415		\$667.59	\$667.59
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

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2.1611. Priority creditor's name and mailing address DAVIS, SKYLAR B 305 HIALEAH DRIVE CHERRY HILL NJ 08002 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$76.56	Priority amount \$76.56 Nonpriority amount \$0.00
2.1612. Priority creditor's name and mailing address DAVIS, STACEY L 72 LEAH ST PROVIDENCE RI 02908 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$48.36	Priority amount \$48.36 Nonpriority amount \$0.00
2.1613. Priority creditor's name and mailing address DAVIS, STEPHANIE M 160 FAITH LANE TRACY CA 95377 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$131.88	Priority amount \$131.88 Nonpriority amount \$0.00

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2.1614. Priority creditor's name and mailing address DAVIS, TASHAWNA 10306 E 27TH ST TULSA OK 74129 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$66.66	Priority amount \$66.66 Nonpriority amount \$0.00
2.1615. Priority creditor's name and mailing address DAVIS, WYCHOVIA 1800 GROVE POINT RD APT 509 SAVANNAH GA 31419 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$653.84	Priority amount \$653.84 Nonpriority amount \$0.00
2.1616. Priority creditor's name and mailing address DAVIS, XENNA K 7407 WACO APT B LUBBOCK TX 79423 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,170.41	Priority amount \$1,170.41 Nonpriority amount \$0.00

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2.1617. Priority creditor's name and mailing address DAVIS, ZHANE' 2001 RICHARDS DRIVE PHENIX CITY AL 36867 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$115.52</td> </tr> </table>	Total claim	\$115.52	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$115.52</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$115.52	Nonpriority amount	\$0.00
Total claim									
\$115.52									
Priority amount									
\$115.52									
Nonpriority amount									
\$0.00									
2.1618. Priority creditor's name and mailing address DAVIS-WALLACE, SHAYDRIKA S 301 PARKWEST DR U05 LANSING MI 48917 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$421.35</td> </tr> </table>	Total claim	\$421.35	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$421.35</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$421.35	Nonpriority amount	\$0.00
Total claim									
\$421.35									
Priority amount									
\$421.35									
Nonpriority amount									
\$0.00									
2.1619. Priority creditor's name and mailing address DAWES, NICOLE 6138 SPRUCE STREET PHILADELPHIA PA 19138 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$68.50</td> </tr> </table>	Total claim	\$68.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$68.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$68.50	Nonpriority amount	\$0.00
Total claim									
\$68.50									
Priority amount									
\$68.50									
Nonpriority amount									
\$0.00									

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2.1620. Priority creditor's name and mailing address DAWKINS, KIARRA D 4855 BOURNE HOLLOW LN ARLINGTON TN 38002 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$271.68</td> </tr> </table>	Total claim	\$271.68	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$271.68</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$271.68	Nonpriority amount	\$0.00
Total claim									
\$271.68									
Priority amount									
\$271.68									
Nonpriority amount									
\$0.00									
2.1621. Priority creditor's name and mailing address DAWKINS, O'RIAN M 21307 HAMPTON PARK GARDEN RIDGE TX 78266 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$185.36</td> </tr> </table>	Total claim	\$185.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$185.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$185.36	Nonpriority amount	\$0.00
Total claim									
\$185.36									
Priority amount									
\$185.36									
Nonpriority amount									
\$0.00									
2.1622. Priority creditor's name and mailing address DAWKINS, TASHARRA 3610 MARYLAND AVE #1511 SHERWOOD AR 72120 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$83.25</td> </tr> </table>	Total claim	\$83.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$83.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$83.25	Nonpriority amount	\$0.00
Total claim									
\$83.25									
Priority amount									
\$83.25									
Nonpriority amount									
\$0.00									

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2.1623. Priority creditor's name and mailing address DAWSON, ROMEISHA K 23398 HEMLOCK AVE. 302 MORENO VALLEY CA 92557 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$108.48</td> </tr> </table>	Total claim	\$108.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$108.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$108.48	Nonpriority amount	\$0.00
Total claim									
\$108.48									
Priority amount									
\$108.48									
Nonpriority amount									
\$0.00									
2.1624. Priority creditor's name and mailing address DAY, AMBER C 37 NOTTINGHAM WAY PENSACOLA FL 32506 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,590.22</td> </tr> </table>	Total claim	\$1,590.22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,590.22</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,590.22	Nonpriority amount	\$0.00
Total claim									
\$1,590.22									
Priority amount									
\$1,590.22									
Nonpriority amount									
\$0.00									
2.1625. Priority creditor's name and mailing address DAY, KAITLAND A 309 FULTON DRIVE KINGS MOUNTAIN NC 28086 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$210.25</td> </tr> </table>	Total claim	\$210.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$210.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$210.25	Nonpriority amount	\$0.00
Total claim									
\$210.25									
Priority amount									
\$210.25									
Nonpriority amount									
\$0.00									

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2.1626.	Priority creditor's name and mailing address DAY, RYLEIGH C 306 SACAJAWEA CT. BOX ELDER SD 57719 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$315.22</td> </tr> </table>	Total claim	\$315.22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$315.22</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$315.22	Nonpriority amount	\$0.00
Total claim										
\$315.22										
Priority amount										
\$315.22										
Nonpriority amount										
\$0.00										
2.1627.	Priority creditor's name and mailing address DAYOAN, ANGELICA JOY 8225 KILLIAN LANE BEAUMONT TX 77706 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$148.33</td> </tr> </table>	Total claim	\$148.33	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$148.33</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$148.33	Nonpriority amount	\$0.00
Total claim										
\$148.33										
Priority amount										
\$148.33										
Nonpriority amount										
\$0.00										
2.1628.	Priority creditor's name and mailing address DAYOAN, JOAN MARICE P 8225 KILLIAN LANE BEAUMONT TX 77706 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$148.84</td> </tr> </table>	Total claim	\$148.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$148.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$148.84	Nonpriority amount	\$0.00
Total claim										
\$148.84										
Priority amount										
\$148.84										
Nonpriority amount										
\$0.00										

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2.1629.	Priority creditor's name and mailing address DAZA, EVELIN 200 HAMPDON CT BOLINGBROOK IL 60440 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$311.03</td> </tr> </table>	Total claim	\$311.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$311.03</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$311.03	Nonpriority amount	\$0.00
Total claim										
\$311.03										
Priority amount										
\$311.03										
Nonpriority amount										
\$0.00										
2.1630.	Priority creditor's name and mailing address D'COSTA, KYRA A 1377 CROWN POINT ROAD WEST DEPTFORD NJ 08093 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$143.10</td> </tr> </table>	Total claim	\$143.10	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$143.10</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$143.10	Nonpriority amount	\$0.00
Total claim										
\$143.10										
Priority amount										
\$143.10										
Nonpriority amount										
\$0.00										
2.1631.	Priority creditor's name and mailing address DE, JESUS CARLOS 1478 SUNSHADOW DR APT108 CASSALBERRY FL 32707 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,343.22</td> </tr> </table>	Total claim	\$2,343.22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,343.22</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,343.22	Nonpriority amount	\$0.00
Total claim										
\$2,343.22										
Priority amount										
\$2,343.22										
Nonpriority amount										
\$0.00										

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2.1632.	Priority creditor's name and mailing address DE, JESUS JESSENYA 100 KIMBALL ST PROVIDENCE RI 02908 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$193.84</td> </tr> </table>	Total claim	\$193.84	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$193.84</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	Priority amount	\$193.84	Nonpriority amount	\$0.00
Total claim										
\$193.84										
Priority amount										
\$193.84										
Nonpriority amount										
\$0.00										
2.1633.	Priority creditor's name and mailing address DE, JESUS NERSEDALIA 3224 CHAPMAN ST. #18 LOS ANGELES CA 90065 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$645.28</td> </tr> </table>	Total claim	\$645.28	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$645.28</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	Priority amount	\$645.28	Nonpriority amount	\$0.00
Total claim										
\$645.28										
Priority amount										
\$645.28										
Nonpriority amount										
\$0.00										
2.1634.	Priority creditor's name and mailing address DE, LA MOTHE DALIS J 1127 HAROLD DRIVE NASHVILLE TN 37217 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$63.55</td> </tr> </table>	Total claim	\$63.55	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$63.55</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	Priority amount	\$63.55	Nonpriority amount	\$0.00
Total claim										
\$63.55										
Priority amount										
\$63.55										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.1635. Priority creditor's name and mailing address**DE, LA ROSA KARINA G
2858 22ND STREET
SAN FRANCISCO CA 94110**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$627.75

Priority amount

\$627.75

Nonpriority amount

\$0.00

2.1636. Priority creditor's name and mailing addressDE, LOS RIOS SALMA A
5048 N. RIVER CROSSING LN.
TUCSON AZ 85704**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$128.37

Priority amount

\$128.37

Nonpriority amount

\$0.00

2.1637. Priority creditor's name and mailing addressDE, SANTIAGO ARIELLE R
1304 E. LAFAYETTE ST.
STOCKTON CA 95205**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$141.72

Priority amount

\$141.72

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1638. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
DEALBA, JACQUELINE 15794 AVENUE 327 IVANHOE CA 93235	☐ Contingent	\$227.40	\$227.40
	☐ Unliquidated		Nonpriority amount
	☐ Disputed		\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ No ☐ Yes		

2.1639. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
DEAN, QUA JANAH N 973 S HANNIBAL WAY APT D 973 D AURORA CO 80017	☐ Contingent	\$66.38	\$66.38
	☐ Unliquidated		Nonpriority amount
	☐ Disputed		\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ No ☐ Yes		

2.1640. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
DEAN, SHABRELLE M 809 SE 35TH TERRACE TOPEKA KS 66605	☐ Contingent	\$29.82	\$29.82
	☐ Unliquidated		Nonpriority amount
	☐ Disputed		\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1641. Priority creditor's name and mailing address DEAS, CHARISMA R 8 RICHMOND PARK DR PHENIX CITY AL 36869 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$231.78	Priority amount \$231.78 Nonpriority amount \$0.00
2.1642. Priority creditor's name and mailing address DECANTO, SHAYNALYN L 275 ANAPALAU ST. 275 ANAPALAU S HONOLULU HI 96825 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$108.07	Priority amount \$108.07 Nonpriority amount \$0.00
2.1643. Priority creditor's name and mailing address DECHAMPS, YAZMIN M 15 NORWOOD LANE WILLINGBORO NJ 08046 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$23.63	Priority amount \$23.63 Nonpriority amount \$0.00

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2.1644. Priority creditor's name and mailing address DEDIOS, JANILE 2950 MAKAHA WAY SAN DIEGO CA 92154 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$87.84</td> </tr> </table>	Total claim	\$87.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$87.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$87.84	Nonpriority amount	\$0.00
Total claim									
\$87.84									
Priority amount									
\$87.84									
Nonpriority amount									
\$0.00									
2.1645. Priority creditor's name and mailing address DEEMING, OLIVIA 3 PENDLETON COURT ANNANDALE NJ 08801 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$94.86</td> </tr> </table>	Total claim	\$94.86	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$94.86</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$94.86	Nonpriority amount	\$0.00
Total claim									
\$94.86									
Priority amount									
\$94.86									
Nonpriority amount									
\$0.00									
2.1646. Priority creditor's name and mailing address DEES, TARA L 136 HAMILTON AVENUE VANDERGRIFT PA 15690 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$496.87</td> </tr> </table>	Total claim	\$496.87	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$496.87</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$496.87	Nonpriority amount	\$0.00
Total claim									
\$496.87									
Priority amount									
\$496.87									
Nonpriority amount									
\$0.00									

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2.1647. Priority creditor's name and mailing address DEFFENDERFER, TIANA K 9828 ARAPAHO STREET SPRING VALLEY CA 91977 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$81.84	Priority amount \$81.84 Nonpriority amount \$0.00
2.1648. Priority creditor's name and mailing address DEFANCE, ASHLEY L 13800 CHESTNUT DR 222 EDEN PRAIRIE MN 55344 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,504.31	Priority amount \$1,504.31 Nonpriority amount \$0.00
2.1649. Priority creditor's name and mailing address DEGRAW, AMBER V 4264 CADD O AVE SW GRANDVILLE MI 49418 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$135.79	Priority amount \$135.79 Nonpriority amount \$0.00

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2.1650. Priority creditor's name and mailing address DEJESUS, KRISTINA A 6760 SW 64TH TERRACE Ocala FL 34476 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$85.60</td> </tr> </table>	Total claim	\$85.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$85.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$85.60	Nonpriority amount	\$0.00
Total claim									
\$85.60									
Priority amount									
\$85.60									
Nonpriority amount									
\$0.00									
2.1651. Priority creditor's name and mailing address DEL, ANGEL VALERYE A 2437 HAINSWORTH AVE NORTH RIVERSIDE IL 60546 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$205.48</td> </tr> </table>	Total claim	\$205.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$205.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$205.48	Nonpriority amount	\$0.00
Total claim									
\$205.48									
Priority amount									
\$205.48									
Nonpriority amount									
\$0.00									
2.1652. Priority creditor's name and mailing address DEL, RIO SANCHEZ YARELIS 5350 AUDOBON AVE. APT 301 INVER GROVE HEIGHT MN 55077 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$474.18</td> </tr> </table>	Total claim	\$474.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$474.18</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$474.18	Nonpriority amount	\$0.00
Total claim									
\$474.18									
Priority amount									
\$474.18									
Nonpriority amount									
\$0.00									

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2.1653. Priority creditor's name and mailing address DELA, CRUZ CHRISTINE M 2235 37TH AVE SAN FRANCISCO CA 94116 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$503.25</td> </tr> </table>	Total claim	\$503.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$503.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$503.25	Nonpriority amount	\$0.00
Total claim									
\$503.25									
Priority amount									
\$503.25									
Nonpriority amount									
\$0.00									
2.1654. Priority creditor's name and mailing address DELA, CRUZ KATIE 1110 HUI STREET KAILUA HI 96734 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$656.79</td> </tr> </table>	Total claim	\$656.79	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$656.79</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$656.79	Nonpriority amount	\$0.00
Total claim									
\$656.79									
Priority amount									
\$656.79									
Nonpriority amount									
\$0.00									
2.1655. Priority creditor's name and mailing address DELA, PAZ CHRISTINE JILL 6820 SUNNYSIDE LANE FORT WASHINGTON MD 20744 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$180.45</td> </tr> </table>	Total claim	\$180.45	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$180.45</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$180.45	Nonpriority amount	\$0.00
Total claim									
\$180.45									
Priority amount									
\$180.45									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1656. Priority creditor's name and mailing address DELACRUZ, ALAZEY L 3602-2 MONA STREET PEARLAND TX 77584 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$96.80	Priority amount \$96.80 Nonpriority amount \$0.00
2.1657. Priority creditor's name and mailing address DELACRUZ, ALONDRA M 3508 ORR AVENUE NORTH LAS VEGAS NV 89030 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$101.23	Priority amount \$101.23 Nonpriority amount \$0.00
2.1658. Priority creditor's name and mailing address DELACRUZ, ARIEL 22 CONFEDERATION PLACE STATEN ISLAND NY 10303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$744.98	Priority amount \$744.98 Nonpriority amount \$0.00

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2.1659.	Priority creditor's name and mailing address DELAMOTHE, DANIELLE C 26 LAMBERT RIDGE CROSS RIVER NY 10518 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$270.95</td></tr></table>	Total claim	\$270.95	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$270.95</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$270.95	Nonpriority amount	\$0.00
Total claim										
\$270.95										
Priority amount										
\$270.95										
Nonpriority amount										
\$0.00										
2.1660.	Priority creditor's name and mailing address DELAO, CLARISSA 5003 MANOR STONE LN ROSENBERG TX 77469 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$188.40</td></tr></table>	Total claim	\$188.40	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$188.40</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$188.40	Nonpriority amount	\$0.00
Total claim										
\$188.40										
Priority amount										
\$188.40										
Nonpriority amount										
\$0.00										
2.1661.	Priority creditor's name and mailing address DELAPAZ, SILENA M 1620 N F FORT SMITH AR 72901 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$135.52</td></tr></table>	Total claim	\$135.52	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$135.52</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$135.52	Nonpriority amount	\$0.00
Total claim										
\$135.52										
Priority amount										
\$135.52										
Nonpriority amount										
\$0.00										

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2.1662. Priority creditor's name and mailing address DELATOBA, ALEXIS 667 FST APT H-16 CHULA VISTA CA 91910 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$106.68</td> </tr> </table>	Total claim	\$106.68	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$106.68</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$106.68	Nonpriority amount	\$0.00
Total claim									
\$106.68									
Priority amount									
\$106.68									
Nonpriority amount									
\$0.00									
2.1663. Priority creditor's name and mailing address DELELLO, HERMINIA 300 MALVERNE DR SYRACUSE NY 13208 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$242.64</td> </tr> </table>	Total claim	\$242.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$242.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$242.64	Nonpriority amount	\$0.00
Total claim									
\$242.64									
Priority amount									
\$242.64									
Nonpriority amount									
\$0.00									
2.1664. Priority creditor's name and mailing address DELGADILLO, AMAIRANI 1408 ADELA DR SAN JUAN TX 78589 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$229.07</td> </tr> </table>	Total claim	\$229.07	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$229.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$229.07	Nonpriority amount	\$0.00
Total claim									
\$229.07									
Priority amount									
\$229.07									
Nonpriority amount									
\$0.00									

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2.1665. Priority creditor's name and mailing address DELGADO, ACALEES M 5944 W 26 AVE 5944 HIALEAH FL 33016 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$582.96</td> </tr> </table>	Total claim	\$582.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$582.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$582.96	Nonpriority amount	\$0.00
Total claim									
\$582.96									
Priority amount									
\$582.96									
Nonpriority amount									
\$0.00									
2.1666. Priority creditor's name and mailing address DELGADO, CYNTHIA N 10907 VISTA DEL RANCHO DR. BAKERSFIELD CA 93311 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$143.76</td> </tr> </table>	Total claim	\$143.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$143.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$143.76	Nonpriority amount	\$0.00
Total claim									
\$143.76									
Priority amount									
\$143.76									
Nonpriority amount									
\$0.00									
2.1667. Priority creditor's name and mailing address DELGADO, DEMMI S 735 ANDERSON HILL ROAD HARRISON NY 10577 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$282.00</td> </tr> </table>	Total claim	\$282.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$282.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$282.00	Nonpriority amount	\$0.00
Total claim									
\$282.00									
Priority amount									
\$282.00									
Nonpriority amount									
\$0.00									

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2.1668. Priority creditor's name and mailing address DELGADO, JONANTHONY R 292 VOYAGER COVE KYLE TX 78640 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$63.60</td> </tr> </table>	Total claim	\$63.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$63.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$63.60	Nonpriority amount	\$0.00
Total claim									
\$63.60									
Priority amount									
\$63.60									
Nonpriority amount									
\$0.00									
2.1669. Priority creditor's name and mailing address DELGADO, LIZETH 2215 ONTARIO ST. FORT WAYNE IN 46802 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$248.68</td> </tr> </table>	Total claim	\$248.68	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$248.68</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$248.68	Nonpriority amount	\$0.00
Total claim									
\$248.68									
Priority amount									
\$248.68									
Nonpriority amount									
\$0.00									
2.1670. Priority creditor's name and mailing address DELGADO, MADELINE L 325 HIGH ST LAWRENCE MA 01841 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$44.55</td> </tr> </table>	Total claim	\$44.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$44.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$44.55	Nonpriority amount	\$0.00
Total claim									
\$44.55									
Priority amount									
\$44.55									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1671. Priority creditor's name and mailing address DELGADO, SELENA 29 PALISADE AVE APT 417 417 JERSEY CITY NJ 07306 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$81.90</td> </tr> </table>	Total claim	\$81.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$81.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$81.90	Nonpriority amount	\$0.00
Total claim									
\$81.90									
Priority amount									
\$81.90									
Nonpriority amount									
\$0.00									
2.1672. Priority creditor's name and mailing address DELGADO, VANESSA 3263 S 58TH COURT CICERO IL 60804 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$154.22</td> </tr> </table>	Total claim	\$154.22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$154.22</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$154.22	Nonpriority amount	\$0.00
Total claim									
\$154.22									
Priority amount									
\$154.22									
Nonpriority amount									
\$0.00									
2.1673. Priority creditor's name and mailing address DELGAUDIO, ALYSSA M 425 CUSTER AVE GLENOLDEN PA 19036 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$299.72</td> </tr> </table>	Total claim	\$299.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$299.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$299.72	Nonpriority amount	\$0.00
Total claim									
\$299.72									
Priority amount									
\$299.72									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.1674. Priority creditor's name and mailing address**DELLACCA, SABRINA N
2536 MACBETH AVE.
CORONA CA 92882**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$590.84

Priority amount

\$590.84

Nonpriority amount

\$0.00

2.1675. Priority creditor's name and mailing addressDELLER, RACHEL C
8437 BRANDAU CT
518
TINLEY PARK IL 60487**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$199.10

Priority amount

\$199.10

Nonpriority amount

\$0.00

2.1676. Priority creditor's name and mailing addressDELOATCH, SHAKENYA Q
7108 BELLEAU WOODS DR
RALEIGH NC 27610**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$139.93

Priority amount

\$139.93

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1677. Priority creditor's name and mailing address DELONG, LEIGHA M 419 ALLISON WAY GRAND JUNCTION CO 81504 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,940.73	Priority amount \$1,940.73 Nonpriority amount \$0.00
2.1678. Priority creditor's name and mailing address DELORME, MADISON T 687 BROCHARDT BLVD KNOXVILLE TN 37934 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$124.66	Priority amount \$124.66 Nonpriority amount \$0.00
2.1679. Priority creditor's name and mailing address DELOSA, NANESHKA V 1800 GROVE POINT ROAD 1019 SAVANNAH GA 31419 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$479.10	Priority amount \$479.10 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1680.	Priority creditor's name and mailing address DELPERDANG, KAYLINA 2923 SUNSET CIRCLE SIOUX CITY IA 51104 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,173.37</td> </tr> </table>	Total claim	\$2,173.37	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,173.37</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,173.37	Nonpriority amount	\$0.00
Total claim										
\$2,173.37										
Priority amount										
\$2,173.37										
Nonpriority amount										
\$0.00										
2.1681.	Priority creditor's name and mailing address DELUCA, ALESSONDRA 2897 GREENLAND DR UNIT 207 LOVELAND CO 80538 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$171.72</td> </tr> </table>	Total claim	\$171.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$171.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$171.72	Nonpriority amount	\$0.00
Total claim										
\$171.72										
Priority amount										
\$171.72										
Nonpriority amount										
\$0.00										
2.1682.	Priority creditor's name and mailing address DELVALLE, JAMILEX A 8807 AUBURN WAY TAMPA FL 33615 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$185.70</td> </tr> </table>	Total claim	\$185.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$185.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$185.70	Nonpriority amount	\$0.00
Total claim										
\$185.70										
Priority amount										
\$185.70										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1683.	Priority creditor's name and mailing address DEMARIA, CALLIE 21 KETCH CT 114 VICTORIA S LITTLE EGG HARBOR NJ 08087 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$45.75</td></tr></table>	Total claim	\$45.75	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$45.75</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$45.75	Nonpriority amount	\$0.00
Total claim										
\$45.75										
Priority amount										
\$45.75										
Nonpriority amount										
\$0.00										
2.1684.	Priority creditor's name and mailing address DEMEDEIROS, HEATHER M 51 VINE ST APT 1 NEW BEDFORD MA 02740 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$1,275.92</td></tr></table>	Total claim	\$1,275.92	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$1,275.92</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,275.92	Nonpriority amount	\$0.00
Total claim										
\$1,275.92										
Priority amount										
\$1,275.92										
Nonpriority amount										
\$0.00										
2.1685.	Priority creditor's name and mailing address DEMIAN, CINDY H 1040 NORTH AVE. 3RD FL ELIZABETH NJ 07201 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$81.60</td></tr></table>	Total claim	\$81.60	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$81.60</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$81.60	Nonpriority amount	\$0.00
Total claim										
\$81.60										
Priority amount										
\$81.60										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1686.	Priority creditor's name and mailing address DENBY, CYANA T 9567 WATTS RD OWINGS MILLS MD 21117 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$51.20</td></tr></table>	Total claim	\$51.20	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$51.20</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$51.20	Nonpriority amount	\$0.00
Total claim										
\$51.20										
Priority amount										
\$51.20										
Nonpriority amount										
\$0.00										
2.1687.	Priority creditor's name and mailing address DENNER, HALEY 942 GOTHAM ST. WATERTOWN NY 13601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$125.65</td></tr></table>	Total claim	\$125.65	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$125.65</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$125.65	Nonpriority amount	\$0.00
Total claim										
\$125.65										
Priority amount										
\$125.65										
Nonpriority amount										
\$0.00										
2.1688.	Priority creditor's name and mailing address DENNIE, ADRIENNE-RENEE 14435 CREEKVIEW DR ORLAND PARK IL 60467 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$83.49</td></tr></table>	Total claim	\$83.49	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$83.49</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$83.49	Nonpriority amount	\$0.00
Total claim										
\$83.49										
Priority amount										
\$83.49										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1689. Priority creditor's name and mailing address DENNIS, DIAMOND A 9415 WEEPING WILLOW LN PORT RICHEY FL 34668-4645 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$36.12</td> </tr> </table>	Total claim	\$36.12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$36.12</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$36.12	Nonpriority amount	\$0.00
Total claim									
\$36.12									
Priority amount									
\$36.12									
Nonpriority amount									
\$0.00									
2.1690. Priority creditor's name and mailing address DENNIS, JOSLYN 3013 VIRGINIA ST. SIOUX CITY IA 51105-1611 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$500.28</td> </tr> </table>	Total claim	\$500.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$500.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$500.28	Nonpriority amount	\$0.00
Total claim									
\$500.28									
Priority amount									
\$500.28									
Nonpriority amount									
\$0.00									
2.1691. Priority creditor's name and mailing address DENO, ALEXA 219 CHARLES STREET MERIDEN CT 06451 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$210.99</td> </tr> </table>	Total claim	\$210.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$210.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$210.99	Nonpriority amount	\$0.00
Total claim									
\$210.99									
Priority amount									
\$210.99									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1692. Priority creditor's name and mailing address DENOGEAN, KARISSMA J 1235 N EUCLID AVE TUCSON AZ 85719 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$162.80	Priority amount \$162.80 Nonpriority amount \$0.00
2.1693. Priority creditor's name and mailing address DENSLEY, MAYA I 863 PARKVIEW DR MACON GA 31211 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$194.70	Priority amount \$194.70 Nonpriority amount \$0.00
2.1694. Priority creditor's name and mailing address DENSON, SIERRA S 7710 E 111TH TERR KANSAS CITY MO 64134 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$22.93	Priority amount \$22.93 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1695. Priority creditor's name and mailing address DENTON COUNTY TAX OFFICE P.O. BOX 90223 DENTON TX 76202 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$9,343.61	Priority amount \$9,343.61 Nonpriority amount \$0.00
2.1696. Priority creditor's name and mailing address DEPARTMENT OF TREASURY P.O. BOX 50066 SAN JUAN PR 00902 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$5,212.93	Priority amount \$5,212.93 Nonpriority amount \$0.00
2.1697. Priority creditor's name and mailing address DEPAZ, DAISY A 1478 S CHRISTY LN LAS VEGAS NV 89142 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,513.64	Priority amount \$1,513.64 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1698. Priority creditor's name and mailing address DEPEE, KEELY A 12026 GEORGE FARM DR LOVETTSVILLE VA 20180 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$251.56</td> </tr> </table>	Total claim	\$251.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$251.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$251.56	Nonpriority amount	\$0.00
Total claim									
\$251.56									
Priority amount									
\$251.56									
Nonpriority amount									
\$0.00									
2.1699. Priority creditor's name and mailing address DEPEN, JAKIRA L 5 KELLY STREET NASHUA NH 03062 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$478.60</td> </tr> </table>	Total claim	\$478.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$478.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$478.60	Nonpriority amount	\$0.00
Total claim									
\$478.60									
Priority amount									
\$478.60									
Nonpriority amount									
\$0.00									
2.1700. Priority creditor's name and mailing address DEPUGH, REBEKAH A 6 SHAMROCK CIRCLE LATHAM NY 12110 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$299.70</td> </tr> </table>	Total claim	\$299.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$299.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$299.70	Nonpriority amount	\$0.00
Total claim									
\$299.70									
Priority amount									
\$299.70									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1701. Priority creditor's name and mailing address DERBY, QUINCEY 502 N MALLARD PL 306 SIOUX FALLS SD 57107 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$148.54	Priority amount \$148.54 Nonpriority amount \$0.00
2.1702. Priority creditor's name and mailing address DERISO, HANA R 535 POPLAR LEAF ST. LAS VEGAS NV 89144 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$99.00	Priority amount \$99.00 Nonpriority amount \$0.00
2.1703. Priority creditor's name and mailing address DERRELL, MELISSA 2326 LODOVICK AVE BRONX NY 10469 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$221.10	Priority amount \$221.10 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1704. Priority creditor's name and mailing address DERYKE, MELISSA A 30 DELAWARE RD LAMBERTVILLE NJ 08530 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$7,072.42	Priority amount \$7,072.42 Nonpriority amount \$0.00
2.1705. Priority creditor's name and mailing address DESHAZER, TAYLOR 202 N ROCKROAD 811 WICHITA KS 67206 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$455.51	Priority amount \$455.51 Nonpriority amount \$0.00
2.1706. Priority creditor's name and mailing address DESKIN, CARLEY M 700 WALNUT RIDGE DR 3029 IRVING TX 75039 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$273.98	Priority amount \$273.98 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1707. Priority creditor's name and mailing address DESOTO COUNTY- TAX COLLECTOR 365 LOSHER ST., #110 HERNANDO MS 38632-2144 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$4,559.94	Priority amount \$4,559.94 Nonpriority amount \$0.00
2.1708. Priority creditor's name and mailing address DESROSIERS, KERRY 11 BRIAN RD MIDDLEBORO MA 02346 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$219.90	Priority amount \$219.90 Nonpriority amount \$0.00
2.1709. Priority creditor's name and mailing address DESS, KRISTIN M. 123 SAINT ANDREW DRIVE PITTSBURGH PA 15205 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$13,583.51	Priority amount \$12,850.00 Nonpriority amount \$733.51

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1710. Priority creditor's name and mailing address DESTIFANES, DANIELLE M 1625 S MARION AVE APT A309 SPRINGFIELD MO 65807 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$527.10</td> </tr> </table>	Total claim	\$527.10	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$527.10</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$527.10	Nonpriority amount	\$0.00
Total claim									
\$527.10									
Priority amount									
\$527.10									
Nonpriority amount									
\$0.00									
2.1711. Priority creditor's name and mailing address DESTIRON, DARINE 703 NW UNIVERSE ST PALM BAY FL 32907 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$132.57</td> </tr> </table>	Total claim	\$132.57	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$132.57</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$132.57	Nonpriority amount	\$0.00
Total claim									
\$132.57									
Priority amount									
\$132.57									
Nonpriority amount									
\$0.00									
2.1712. Priority creditor's name and mailing address DETTMER, JENNIFER N 5319 WILLOWHURST DR FORT WAYNE IN 46835 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$2,054.10</td> </tr> </table>	Total claim	\$2,054.10	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$2,054.10</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$2,054.10	Nonpriority amount	\$0.00
Total claim									
\$2,054.10									
Priority amount									
\$2,054.10									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.1713. Priority creditor's name and mailing address**

DEVEREAUX, SARA M
4800 FEHN RD
HEMLOCK MI 48626

Date or dates debt was incurred**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
☐ Yes

Total claim

\$154.46

Priority amount

\$154.46

Nonpriority amount

\$0.00

2.1714. Priority creditor's name and mailing address

DEVERTEUIL, DARCAS M
7029 MORAN RD
GONZALES LA 70737

Date or dates debt was incurred**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
☐ Yes

Total claim

\$385.24

Priority amount

\$385.24

Nonpriority amount

\$0.00

2.1715. Priority creditor's name and mailing address

DEVORE, ALEXIS C
3927 243RD PL. SE
UNIT I304
BOTHHELL WA 98021

Date or dates debt was incurred**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
☐ Yes

Total claim

\$180.36

Priority amount

\$180.36

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1716. Priority creditor's name and mailing address DEWAR, ADINA 225 HIGHLAND COURT TERRE HAUTE IN 47802 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,820.95	Priority amount \$3,820.95 Nonpriority amount \$0.00
2.1717. Priority creditor's name and mailing address DEWAR, KAILEY 26638 LOCUST DR. OLMSTED FALLS OH 44138 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$161.94	Priority amount \$161.94 Nonpriority amount \$0.00
2.1718. Priority creditor's name and mailing address DEWAR, KELSEY 26638 LOCUST DR OLMSTED FALLS OH 44138 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$113.54	Priority amount \$113.54 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.1719. Priority creditor's name and mailing address**DEWITT, KESS
26258 N HACKBERRY RD
MUNDELEIN IL 60060**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$204.60

Priority amount

\$204.60

Nonpriority amount

\$0.00

2.1720. Priority creditor's name and mailing addressDEWITT, SELESTE
12 CARROLL CIRCLE
MABELVALE AR 72103**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$113.13

Priority amount

\$113.13

Nonpriority amount

\$0.00

2.1721. Priority creditor's name and mailing addressDIAWARA, MARIAM
5509 34TH ST LOOP NE
TACOMA WA 98422**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$166.11

Priority amount

\$166.11

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1722. Priority creditor's name and mailing address DIAZ, ALEXIS J 175 MOXON DRIVE ROCHESTER NY 14621 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,413.60</td> <td style="text-align: center;">\$1,413.60</td> </tr> </table>	Total claim	Priority amount	\$1,413.60	\$1,413.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$1,413.60	\$1,413.60								
Nonpriority amount									
\$0.00									
2.1723. Priority creditor's name and mailing address DIAZ, ALEXIS L 1144 E CHELTENHAM AVENUE PHILADELPHIA PA 19124 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$208.56</td> <td style="text-align: center;">\$208.56</td> </tr> </table>	Total claim	Priority amount	\$208.56	\$208.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$208.56	\$208.56								
Nonpriority amount									
\$0.00									
2.1724. Priority creditor's name and mailing address DIAZ, ARMANDO 161 E PALOMAR CHULA VISTA CA 91911 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$7,616.65</td> <td style="text-align: center;">\$7,616.65</td> </tr> </table>	Total claim	Priority amount	\$7,616.65	\$7,616.65	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$7,616.65	\$7,616.65								
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1725. Priority creditor's name and mailing address DIAZ, ASHLEY 13632 REXWOOD AVE BALDWIN PARK CA 91706 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$123.48	Priority amount \$123.48 Nonpriority amount \$0.00
2.1726. Priority creditor's name and mailing address DIAZ, BRIANNA A 60479 DRESDEN DR. LACOMBE LA 70445 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$30.14	Priority amount \$30.14 Nonpriority amount \$0.00
2.1727. Priority creditor's name and mailing address DIAZ, CLAUDIA E 452 HAZELHURST AVE APT. 14 SYRACUSE NY 13206 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$552.23	Priority amount \$552.23 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1728. Priority creditor's name and mailing address DIAZ, DANNE G 1081 MEADOWS DR. 703 CALEXICO CA 92231 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,389.88</td> </tr> </table>	Total claim	\$2,389.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,389.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,389.88	Nonpriority amount	\$0.00
Total claim									
\$2,389.88									
Priority amount									
\$2,389.88									
Nonpriority amount									
\$0.00									
2.1729. Priority creditor's name and mailing address DIAZ, DEISY 461 MILES AVE JOLIET IL 60433 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$171.10</td> </tr> </table>	Total claim	\$171.10	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$171.10</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$171.10	Nonpriority amount	\$0.00
Total claim									
\$171.10									
Priority amount									
\$171.10									
Nonpriority amount									
\$0.00									
2.1730. Priority creditor's name and mailing address DIAZ, DESTANIE 5025 SUFFIELD COURT UNIT B SKOKIE IL 60077 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$171.05</td> </tr> </table>	Total claim	\$171.05	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$171.05</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$171.05	Nonpriority amount	\$0.00
Total claim									
\$171.05									
Priority amount									
\$171.05									
Nonpriority amount									
\$0.00									

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2.1731. Priority creditor's name and mailing address DIAZ, EMILY L 3632 SALT LAKE BLVD APT 6 HONOLULU HI 96818 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$246.44	Priority amount \$246.44 Nonpriority amount \$0.00
2.1732. Priority creditor's name and mailing address DIAZ, HAILEY 9 COURT STREET WATERBURY CT 06705 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$351.19	Priority amount \$351.19 Nonpriority amount \$0.00
2.1733. Priority creditor's name and mailing address DIAZ, HEIDY 540 E BETHANY DR 107 ALLEN TX 75002-4068 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,477.84	Priority amount \$2,477.84 Nonpriority amount \$0.00

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2.1734. Priority creditor's name and mailing address DIAZ, HERNANDEZ XOCHILT SELENA S 8124 SHERMAN ST DENVER CO 80221 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$248.98</td> </tr> </table>	Total claim	\$248.98	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$248.98</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$248.98	Nonpriority amount	\$0.00
Total claim									
\$248.98									
Priority amount									
\$248.98									
Nonpriority amount									
\$0.00									
2.1735. Priority creditor's name and mailing address DIAZ, JENNY R 12849 W WELDON AVE AVONDALE AZ 85392-6695 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$38.63</td> </tr> </table>	Total claim	\$38.63	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$38.63</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$38.63	Nonpriority amount	\$0.00
Total claim									
\$38.63									
Priority amount									
\$38.63									
Nonpriority amount									
\$0.00									
2.1736. Priority creditor's name and mailing address DIAZ, JONATHAN M 13048 SAWGRASS PINE CIRCLE ORLANDO FL 32824 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$175.27</td> </tr> </table>	Total claim	\$175.27	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$175.27</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$175.27	Nonpriority amount	\$0.00
Total claim									
\$175.27									
Priority amount									
\$175.27									
Nonpriority amount									
\$0.00									

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2.1737. Priority creditor's name and mailing address DIAZ, JULIEANN Y 2554 W LITTLE YORK RD HOUSTON TX 77091 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$68.17</td> </tr> </table>	Total claim	\$68.17	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$68.17</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$68.17	Nonpriority amount	\$0.00
Total claim									
\$68.17									
Priority amount									
\$68.17									
Nonpriority amount									
\$0.00									
2.1738. Priority creditor's name and mailing address DIAZ, KELSEY M 4151 PYXIS LANE ORLANDO FL 32816 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$203.88</td> </tr> </table>	Total claim	\$203.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$203.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$203.88	Nonpriority amount	\$0.00
Total claim									
\$203.88									
Priority amount									
\$203.88									
Nonpriority amount									
\$0.00									
2.1739. Priority creditor's name and mailing address DIAZ, MADELYN S 10640 COLIMA ROAD 310 WHITTIER CA 90604 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$284.16</td> </tr> </table>	Total claim	\$284.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$284.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$284.16	Nonpriority amount	\$0.00
Total claim									
\$284.16									
Priority amount									
\$284.16									
Nonpriority amount									
\$0.00									

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2.1740. Priority creditor's name and mailing address DIAZ, MELANIE 892 SUMMIT PARK TRAIL MCDONOUGH GA 30253 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$147.00</td> <td>\$147.00</td> </tr> </table>	Total claim	Priority amount	\$147.00	\$147.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$147.00	\$147.00								
Nonpriority amount									
\$0.00									
2.1741. Priority creditor's name and mailing address DIAZ, MELISSA N 3068 SOUTH 16TH STREET OMAHA NE 68108 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$182.54</td> <td>\$182.54</td> </tr> </table>	Total claim	Priority amount	\$182.54	\$182.54	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$182.54	\$182.54								
Nonpriority amount									
\$0.00									
2.1742. Priority creditor's name and mailing address DIAZ, VANESSA 430 W WILLIAMS ST FORT WAYNE IN 46802 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$27.93</td> <td>\$27.93</td> </tr> </table>	Total claim	Priority amount	\$27.93	\$27.93	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$27.93	\$27.93								
Nonpriority amount									
\$0.00									

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2.1743. Priority creditor's name and mailing address DIAZ-SARABIA, KARINA V 4672 PLUMOSA DR 46 YORBA LINDA CA 92886 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$255.00	Priority amount \$255.00 Nonpriority amount \$0.00
2.1744. Priority creditor's name and mailing address DICKERSON, KATLYN M 2610 BELGRADE SWANSBORO RD 7 MAYSVILLE NC 28555 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$32.71	Priority amount \$32.71 Nonpriority amount \$0.00
2.1745. Priority creditor's name and mailing address DICKSON, DANYEA B 540 NE CHESTER AVE TOPEKA KS 66616 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$144.38	Priority amount \$144.38 Nonpriority amount \$0.00

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2.1746. Priority creditor's name and mailing address DICKSON, NANCY L 7111 NAVAJO ROAD APT #3308 SAN DIEGO CA 92119 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$7,048.81	Priority amount \$7,048.81 Nonpriority amount \$0.00
2.1747. Priority creditor's name and mailing address DIEDUARDO. JENNIFER M. 1367 SKYRIDGE CT SAN MARCOS CA 92078 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$13,426.50	Priority amount \$12,850.00 Nonpriority amount \$576.50
2.1748. Priority creditor's name and mailing address DIEGO, ANGIE C 24 S WINDSOR AVENUE 1ST FLOOR 1ST FLOOR ATLANTIC CITY NJ 08401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$155.14	Priority amount \$155.14 Nonpriority amount \$0.00

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2.1749. Priority creditor's name and mailing address DIEKHAUS, BRIANNA 470 LINCOLN AVE CLIFFSIDE PARK NJ 07010 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$77.26	Priority amount \$77.26 Nonpriority amount \$0.00
2.1750. Priority creditor's name and mailing address DIETZ, AMY K 6 CASPER COURT NAUGATUCK CT 06770 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$173.09	Priority amount \$173.09 Nonpriority amount \$0.00
2.1751. Priority creditor's name and mailing address DIGGINS, RACHEL S 157 FERRIS AVE RUMFORD RI 02916 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$100.60	Priority amount \$100.60 Nonpriority amount \$0.00

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2.1752. Priority creditor's name and mailing address DIGGS, NIAJA 244 CROLL DRIVE ANNAPOLIS MD 21401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$220.18	Priority amount \$220.18 Nonpriority amount \$0.00
2.1753. Priority creditor's name and mailing address DIGIACOMO, KRISTA M 8325 BIG ACORN CIRCLE 801 NAPLES FL 34119 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$230.53	Priority amount \$230.53 Nonpriority amount \$0.00
2.1754. Priority creditor's name and mailing address DIGNAN, KAYLA 126 DAKOTA STREET RONKONKOMA NY 11779 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$44.40	Priority amount \$44.40 Nonpriority amount \$0.00

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2.1755. Priority creditor's name and mailing address DIJULIO, MARA S 2112 FLOYD AVE. APT#47 MODESTO CA 95355 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$94.32</td> </tr> </table>	Total claim	\$94.32	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$94.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$94.32	Nonpriority amount	\$0.00
Total claim									
\$94.32									
Priority amount									
\$94.32									
Nonpriority amount									
\$0.00									
2.1756. Priority creditor's name and mailing address DILAURO, OLIVIA R 8 STUART DRIVE EAST BRUNSWICK NJ 08816 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$123.90</td> </tr> </table>	Total claim	\$123.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$123.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$123.90	Nonpriority amount	\$0.00
Total claim									
\$123.90									
Priority amount									
\$123.90									
Nonpriority amount									
\$0.00									
2.1757. Priority creditor's name and mailing address DILES, PASSION 304 COLLEGE PARK DR APT 2S NORMAL IL 61761 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$164.84</td> </tr> </table>	Total claim	\$164.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$164.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$164.84	Nonpriority amount	\$0.00
Total claim									
\$164.84									
Priority amount									
\$164.84									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.1758. Priority creditor's name and mailing address**DILLARD, JORDAN L
9324 MANGROVE CT.
TAMPA FL 33647**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$272.66

Priority amount

\$272.66

Nonpriority amount

\$0.00

2.1759. Priority creditor's name and mailing addressDILLON, DINA
316 E CALLA RD
POLAND OH 44514**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$81.91

Priority amount

\$81.91

Nonpriority amount

\$0.00

2.1760. Priority creditor's name and mailing addressDILWORTH, MADISON J
601 COLLEGE ST
CLARKSVILLE TN 37040**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$92.17

Priority amount

\$92.17

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1761. Priority creditor's name and mailing address DILWORTH, ROBERT CHRISTOP 4313 CALIBRE CREEK PRKWY ROSWELL GA 30076 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$118.39</td> </tr> </table>	Total claim	\$118.39	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$118.39</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$118.39	Nonpriority amount	\$0.00
Total claim									
\$118.39									
Priority amount									
\$118.39									
Nonpriority amount									
\$0.00									
2.1762. Priority creditor's name and mailing address DIMAGGIO, SIMONA T 118 WILLIAMSBURG DRIVE 118 EVANSVILLE IN 47715 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$97.46</td> </tr> </table>	Total claim	\$97.46	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$97.46</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$97.46	Nonpriority amount	\$0.00
Total claim									
\$97.46									
Priority amount									
\$97.46									
Nonpriority amount									
\$0.00									
2.1763. Priority creditor's name and mailing address DIMANGONDAYAO, OLIVIA 5552 MARY ANN CT OAK FOREST IL 60452 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$193.27</td> </tr> </table>	Total claim	\$193.27	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$193.27</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$193.27	Nonpriority amount	\$0.00
Total claim									
\$193.27									
Priority amount									
\$193.27									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1764. Priority creditor's name and mailing address DIMAPILIS, JILLIAN IZZYL V 31620 VIA DEL PASO WINCHESTER CA 92596 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$267.24	Priority amount \$267.24 Nonpriority amount \$0.00
2.1765. Priority creditor's name and mailing address DIMAS, STEPHANIE 4181 41ST STREET 8 SAN DIEGO CA 92105 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$137.40	Priority amount \$137.40 Nonpriority amount \$0.00
2.1766. Priority creditor's name and mailing address DINGMAN, RACHEL L 18533 FAIRLAWN AVE PRIOR LAKE MN 55372 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,194.93	Priority amount \$1,194.93 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1767. Priority creditor's name and mailing address DIOGENE, DIONA 1263 HAZELWOOD ST APT 304 SAINT PAUL MN 55106-2325 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,636.18</td> </tr> </table>	Total claim	\$1,636.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,636.18</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,636.18	Nonpriority amount	\$0.00
Total claim									
\$1,636.18									
Priority amount									
\$1,636.18									
Nonpriority amount									
\$0.00									
2.1768. Priority creditor's name and mailing address DIPASQUALE, GEENA M 17 SUNSET WAY BINGHAMTON NY 13901 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$757.02</td> </tr> </table>	Total claim	\$757.02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$757.02</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$757.02	Nonpriority amount	\$0.00
Total claim									
\$757.02									
Priority amount									
\$757.02									
Nonpriority amount									
\$0.00									
2.1769. Priority creditor's name and mailing address DIPIETRANTONIO, JENNIFER J 61 WINCHESTER COURT READING PA 19606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,187.34</td> </tr> </table>	Total claim	\$3,187.34	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,187.34</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,187.34	Nonpriority amount	\$0.00
Total claim									
\$3,187.34									
Priority amount									
\$3,187.34									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1770. Priority creditor's name and mailing address DIRK, CONSTANCE 61 SAND CREEK LANE TOMS RIVER NJ 08753 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$520.96	Priority amount \$520.96 Nonpriority amount \$0.00
2.1771. Priority creditor's name and mailing address DIRUBBO, ELISHA 100 THIRD ST COLCHESTER VT 05446-6892 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$137.45	Priority amount \$137.45 Nonpriority amount \$0.00
2.1772. Priority creditor's name and mailing address DISPENZA, TAYLOR 6430 MAIN ROAD LOCKPORT NY 14094 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$47.73	Priority amount \$47.73 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1773. Priority creditor's name and mailing address DISTEFANO, JANEL B 1419 IMPERIAL RD APT A COLORADO SPRINGS CO 80918 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$117.99</td> </tr> </table>	Total claim	\$117.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$117.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$117.99	Nonpriority amount	\$0.00
Total claim									
\$117.99									
Priority amount									
\$117.99									
Nonpriority amount									
\$0.00									
2.1774. Priority creditor's name and mailing address DITTA, ALIYAH F 3055 HOLLEMAN DR MONTGOMERY TX 77845 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$31.04</td> </tr> </table>	Total claim	\$31.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$31.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$31.04	Nonpriority amount	\$0.00
Total claim									
\$31.04									
Priority amount									
\$31.04									
Nonpriority amount									
\$0.00									
2.1775. Priority creditor's name and mailing address DIXON, KERRI J 3130 W. MITCHELL ST. MILWAUKEE WI 53215 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$188.16</td> </tr> </table>	Total claim	\$188.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$188.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$188.16	Nonpriority amount	\$0.00
Total claim									
\$188.16									
Priority amount									
\$188.16									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1776. Priority creditor's name and mailing address DIXON, MCKENNA M 308 ERNEST ST WASHINGTON IL 61571 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$95.45	Priority amount \$95.45 Nonpriority amount \$0.00
2.1777. Priority creditor's name and mailing address DIXON, ZYKIRA T 990 NEWTON CIRCLE ROCKLEDGE FL 32955 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$179.35	Priority amount \$179.35 Nonpriority amount \$0.00
2.1778. Priority creditor's name and mailing address DJORDJEVIC, SANJA 6739 W. 130TH AVENUE CEDAR LAKE IN 46303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$303.34	Priority amount \$303.34 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1779. Priority creditor's name and mailing address DLUGOPOLSKI, DEXIRE 2617 COLE AVENUE 22 WACO TX 76707 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,410.24	Priority amount \$1,410.24 Nonpriority amount \$0.00
2.1780. Priority creditor's name and mailing address DMITRUK, AMANDA W 23 BEACON POINT DR SANTA ROSA BEACH FL 32459 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$9,263.00	Priority amount \$9,263.00 Nonpriority amount \$0.00
2.1781. Priority creditor's name and mailing address DO, TRACY T 14202 FLOWER ST APT U GARDEN GROVE CA 92843 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$996.48	Priority amount \$996.48 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1782.	Priority creditor's name and mailing address DOBBS, ROBINSON SHATEYA J 249 NORTH 16TH STREET BLOOMFIELD NJ 07003 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$219.65</td> </tr> </table>	Total claim	\$219.65	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$219.65</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$219.65	Nonpriority amount	\$0.00
Total claim										
\$219.65										
Priority amount										
\$219.65										
Nonpriority amount										
\$0.00										
2.1783.	Priority creditor's name and mailing address DOBLESKI, JAMIE A 4543 HEMMINGWAY DRIVE KALAMAZOO MI 49009 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,579.93</td> </tr> </table>	Total claim	\$2,579.93	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,579.93</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,579.93	Nonpriority amount	\$0.00
Total claim										
\$2,579.93										
Priority amount										
\$2,579.93										
Nonpriority amount										
\$0.00										
2.1784.	Priority creditor's name and mailing address DODAK, JOY 6748 WINONA CIRCLE MIDDLEBURG HEIGHTS OH 44130 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$152.70</td> </tr> </table>	Total claim	\$152.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$152.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$152.70	Nonpriority amount	\$0.00
Total claim										
\$152.70										
Priority amount										
\$152.70										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1785. Priority creditor's name and mailing address DODD, KATIA 631 PEPPER TREE HENDERSON NV 89014 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$50.49</td> </tr> </table>	Total claim	\$50.49	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$50.49</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$50.49	Nonpriority amount	\$0.00
Total claim									
\$50.49									
Priority amount									
\$50.49									
Nonpriority amount									
\$0.00									
2.1786. Priority creditor's name and mailing address DODSON, ALEXIS L 12 SHIRLWIN DRIVE GRANITE CITY IL 62040 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$510.18</td> </tr> </table>	Total claim	\$510.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$510.18</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$510.18	Nonpriority amount	\$0.00
Total claim									
\$510.18									
Priority amount									
\$510.18									
Nonpriority amount									
\$0.00									
2.1787. Priority creditor's name and mailing address DOE, MAGDALENA E 1106 W. HURON ST TUCSON AZ 85745 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$82.72</td> </tr> </table>	Total claim	\$82.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$82.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$82.72	Nonpriority amount	\$0.00
Total claim									
\$82.72									
Priority amount									
\$82.72									
Nonpriority amount									
\$0.00									

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2.1788. Priority creditor's name and mailing address DOEPPE, ESTHER 180 CARNEGIE DR NEWPORT NEWS VA 23606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$153.62	Priority amount \$153.62 Nonpriority amount \$0.00
2.1789. Priority creditor's name and mailing address DOHM, ALEXIS M 19530 W NORWOOD DR NEW BERLIN WI 53146 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$152.50	Priority amount \$152.50 Nonpriority amount \$0.00
2.1790. Priority creditor's name and mailing address DOLAN, MARGO-ANN A 47-225 HUI AKIKIKI PLACE UNIT KANEOHE HI 96744 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$377.29	Priority amount \$377.29 Nonpriority amount \$0.00

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2.1791. Priority creditor's name and mailing address DOMINGO, LEANNE D 473 HILINAI STREET WAILUKU HI 96793 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$222.41	Priority amount \$222.41 Nonpriority amount \$0.00
2.1792. Priority creditor's name and mailing address DOMINGUEZ, ALONDRA 145 OLIVER CT APT E SCHAUMBURG IL 60193 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$257.07	Priority amount \$257.07 Nonpriority amount \$0.00
2.1793. Priority creditor's name and mailing address DOMINGUEZ, CRYSTAL 1017 SW 16TH ST MOORE OK 73160 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$237.03	Priority amount \$237.03 Nonpriority amount \$0.00

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2.1794. Priority creditor's name and mailing address DOMINGUEZ, DESIRAE M 629 E CANTEBRIA DR GILBERT AZ 85296 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$313.16</td> <td>\$313.16</td> </tr> </table>	Total claim	Priority amount	\$313.16	\$313.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$313.16	\$313.16								
Nonpriority amount									
\$0.00									
2.1795. Priority creditor's name and mailing address DOMINGUEZ, JAMIE 7476 E ARKANSAS AVE #3204 DENVER CO 80231 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,996.85</td> <td>\$3,996.85</td> </tr> </table>	Total claim	Priority amount	\$3,996.85	\$3,996.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$3,996.85	\$3,996.85								
Nonpriority amount									
\$0.00									
2.1796. Priority creditor's name and mailing address DOMINGUEZ, LILIANA 1515 GLYNN OAKS DR ARLINGTON TX 76010-5912 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$433.47</td> <td>\$433.47</td> </tr> </table>	Total claim	Priority amount	\$433.47	\$433.47	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$433.47	\$433.47								
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1797. Priority creditor's name and mailing address DOMINGUEZ, VALERIE E 461 VICTOR ST SADDLE BROOK NJ 07663 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$121.78</td> </tr> </table>	Total claim	\$121.78	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$121.78</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$121.78	Nonpriority amount	\$0.00
Total claim									
\$121.78									
Priority amount									
\$121.78									
Nonpriority amount									
\$0.00									
2.1798. Priority creditor's name and mailing address DONAWAY, BRITTANEY L 5541 BEN DAVIS RD PITTSVILLE MD 21850 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$626.18</td> </tr> </table>	Total claim	\$626.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$626.18</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$626.18	Nonpriority amount	\$0.00
Total claim									
\$626.18									
Priority amount									
\$626.18									
Nonpriority amount									
\$0.00									
2.1799. Priority creditor's name and mailing address DONES, DANIELLA 675 RAINBOW CIRCLE KISSIMMEE FL 34741 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$193.38</td> </tr> </table>	Total claim	\$193.38	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$193.38</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$193.38	Nonpriority amount	\$0.00
Total claim									
\$193.38									
Priority amount									
\$193.38									
Nonpriority amount									
\$0.00									

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2.1800. Priority creditor's name and mailing address DONES, MANUELA 7746 BONNER AVE SUN VALLEY CA 91352-4433 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$252.00</td> </tr> </table>	Total claim	\$252.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$252.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$252.00	Nonpriority amount	\$0.00
Total claim									
\$252.00									
Priority amount									
\$252.00									
Nonpriority amount									
\$0.00									
2.1801. Priority creditor's name and mailing address DONICH, JOCELYN R 2823 GILA BEND COPPERAS COVE TX 76522 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,186.18</td> </tr> </table>	Total claim	\$3,186.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,186.18</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,186.18	Nonpriority amount	\$0.00
Total claim									
\$3,186.18									
Priority amount									
\$3,186.18									
Nonpriority amount									
\$0.00									
2.1802. Priority creditor's name and mailing address DONLIN, KAITLIN 7595 N GLENEAGLE DR KALAMAZOO MI 49048-8615 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$630.75</td> </tr> </table>	Total claim	\$630.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$630.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$630.75	Nonpriority amount	\$0.00
Total claim									
\$630.75									
Priority amount									
\$630.75									
Nonpriority amount									
\$0.00									

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2.1803. Priority creditor's name and mailing address DONNELLY, MELISSA L 566 BAXTER ST BRICK NJ 08723-6457 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,623.70</td> <td style="text-align: center;">\$3,623.70</td> </tr> </table>	Total claim	Priority amount	\$3,623.70	\$3,623.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$3,623.70	\$3,623.70								
Nonpriority amount									
\$0.00									
2.1804. Priority creditor's name and mailing address DONNER, BRITTANY 2585 N CRAMER STREET APT #203 MILWAUKEE WI 53211 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,175.32</td> <td style="text-align: center;">\$3,175.32</td> </tr> </table>	Total claim	Priority amount	\$3,175.32	\$3,175.32	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$3,175.32	\$3,175.32								
Nonpriority amount									
\$0.00									
2.1805. Priority creditor's name and mailing address DONNER, JESSICA 1860 BRETT ST 215 PITTSBURGH PA 15205 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,530.73</td> <td style="text-align: center;">\$1,530.73</td> </tr> </table>	Total claim	Priority amount	\$1,530.73	\$1,530.73	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$1,530.73	\$1,530.73								
Nonpriority amount									
\$0.00									

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2.1806. Priority creditor's name and mailing address DONOFRIO, STEPHANY L 5631 S PARK BLVD Y61 PARMA OH 44134 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$86.95	Priority amount \$86.95 Nonpriority amount \$0.00
2.1807. Priority creditor's name and mailing address DORAN, RACHAEL M 5204 MILLER ST INDIANAPOLIS IN 46241-3939 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,186.48	Priority amount \$2,186.48 Nonpriority amount \$0.00
2.1808. Priority creditor's name and mailing address DOREUS, DANIELLA 4814 TAHITI LN NAPLES FL 34112 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$547.25	Priority amount \$547.25 Nonpriority amount \$0.00

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2.1809.	Priority creditor's name and mailing address DOREY, NICOLE 269 JEWELL ROAD GANSEVOORT NY 12831 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$119.88</td> </tr> </table>	Total claim	\$119.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$119.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$119.88	Nonpriority amount	\$0.00
Total claim										
\$119.88										
Priority amount										
\$119.88										
Nonpriority amount										
\$0.00										
2.1810.	Priority creditor's name and mailing address DORNER, SAMANTHA L 110 WESTWOOD DRIVE DINGMANS FERRY PA 18328 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$152.00</td> </tr> </table>	Total claim	\$152.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$152.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$152.00	Nonpriority amount	\$0.00
Total claim										
\$152.00										
Priority amount										
\$152.00										
Nonpriority amount										
\$0.00										
2.1811.	Priority creditor's name and mailing address DOROTEO, JUANITA 3985 LANCOME ST LAS VEGAS NV 89115-2431 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$4,134.40</td> </tr> </table>	Total claim	\$4,134.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$4,134.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$4,134.40	Nonpriority amount	\$0.00
Total claim										
\$4,134.40										
Priority amount										
\$4,134.40										
Nonpriority amount										
\$0.00										

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2.1812. Priority creditor's name and mailing address DOROZ, ANETA J 7 ESTHER CIRCLE OXFORD MA 01540 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,343.56</td> </tr> </table>	Total claim	\$2,343.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,343.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,343.56	Nonpriority amount	\$0.00
Total claim									
\$2,343.56									
Priority amount									
\$2,343.56									
Nonpriority amount									
\$0.00									
2.1813. Priority creditor's name and mailing address DORSEY, SHAQUEVIA 261 NE 38TH STREET APT D209 D209 OAKLAND PARK FL 33334 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$211.07</td> </tr> </table>	Total claim	\$211.07	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$211.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$211.07	Nonpriority amount	\$0.00
Total claim									
\$211.07									
Priority amount									
\$211.07									
Nonpriority amount									
\$0.00									
2.1814. Priority creditor's name and mailing address DORTA, KHADIJAH N 3000 MONROE ST APT 12 MELBOURNE FL 32901 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$157.36</td> </tr> </table>	Total claim	\$157.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$157.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$157.36	Nonpriority amount	\$0.00
Total claim									
\$157.36									
Priority amount									
\$157.36									
Nonpriority amount									
\$0.00									

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2.1815. Priority creditor's name and mailing address DORUNDA, REBECCA 50 BARBARA ST. WESTFIELD MA 01085 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,932.56	Priority amount \$2,932.56 Nonpriority amount \$0.00
2.1816. Priority creditor's name and mailing address DOSUNMU, PRINCESS N 1008 15TH ST. SIOUX CITY IA 51105 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$65.56	Priority amount \$65.56 Nonpriority amount \$0.00
2.1817. Priority creditor's name and mailing address DOTSON, CHELBY J 945 SANTA VERA DRIVE CHANHASSEN MN 55317 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$115.26	Priority amount \$115.26 Nonpriority amount \$0.00

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2.1818. Priority creditor's name and mailing address DOTSON, SHANNON R 5801 PARK DRIVE BOWIE MD 20715-2931 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,399.28	Priority amount \$3,399.28 Nonpriority amount \$0.00
2.1819. Priority creditor's name and mailing address DOUGHERTY, GRACE E 1237 ROWLAND DRIVE HERNDON VA 20170 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$183.60	Priority amount \$183.60 Nonpriority amount \$0.00
2.1820. Priority creditor's name and mailing address DOUGLAS, CHYNA M 3051 S SOUTH VALLEY LANE APT.D D5 SPRINGFIELD MO 65807 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$36.98	Priority amount \$36.98 Nonpriority amount \$0.00

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2.1821. Priority creditor's name and mailing address DOUGLAS, DESHAUN 10810 WESTCHERSTER STREET WALDORF MD 20602 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$752.92</td> </tr> </table>	Total claim	\$752.92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$752.92</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$752.92	Nonpriority amount	\$0.00
Total claim									
\$752.92									
Priority amount									
\$752.92									
Nonpriority amount									
\$0.00									
2.1822. Priority creditor's name and mailing address DOUMBIA, AICHATTA 2450 RHODE ISLAND AVE N 2450 GOLDEN VALLEY MN 55427 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$94.16</td> </tr> </table>	Total claim	\$94.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$94.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$94.16	Nonpriority amount	\$0.00
Total claim									
\$94.16									
Priority amount									
\$94.16									
Nonpriority amount									
\$0.00									
2.1823. Priority creditor's name and mailing address DOUMBIA, AMINATA 2450 RHODE ISLAND AVE N GOLDEN VALLEY MN 55427 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$132.81</td> </tr> </table>	Total claim	\$132.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$132.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$132.81	Nonpriority amount	\$0.00
Total claim									
\$132.81									
Priority amount									
\$132.81									
Nonpriority amount									
\$0.00									

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2.1824. Priority creditor's name and mailing address DOUPHINETTE, KAITLIN 170 ROUTE 27 RAYMOND NH 03077 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$41.09</td> </tr> </table>	Total claim	\$41.09	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$41.09</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$41.09	Nonpriority amount	\$0.00
Total claim									
\$41.09									
Priority amount									
\$41.09									
Nonpriority amount									
\$0.00									
2.1825. Priority creditor's name and mailing address DOVEL, CHEYENNE 811 N ST. 317 LINCOLN NE 68508 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$81.00</td> </tr> </table>	Total claim	\$81.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$81.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$81.00	Nonpriority amount	\$0.00
Total claim									
\$81.00									
Priority amount									
\$81.00									
Nonpriority amount									
\$0.00									
2.1826. Priority creditor's name and mailing address DOWDLE, SKYLAR 18 JACKSON VIEW RD ASHEVILLE NC 28806 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$109.68</td> </tr> </table>	Total claim	\$109.68	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$109.68</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$109.68	Nonpriority amount	\$0.00
Total claim									
\$109.68									
Priority amount									
\$109.68									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1827. Priority creditor's name and mailing address DOWELL, NIAA 1425 29TH STREET DES MOINES IA 50311 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$245.49	Priority amount \$245.49 Nonpriority amount \$0.00
2.1828. Priority creditor's name and mailing address DOWNS, SKYLAR R 233 MEADOW DR HORSEHEADS NY 14845 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$140.42	Priority amount \$140.42 Nonpriority amount \$0.00
2.1829. Priority creditor's name and mailing address DOWSE, BONITA M 2781 WEST DESERT SHADOWS PLACE TUCSON AZ 85745 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$122.87	Priority amount \$122.87 Nonpriority amount \$0.00

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2.1830. Priority creditor's name and mailing address DOYLE, LAZARUS L 210 E OLDFIELD LANE APT D MUNCIE IN 47303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,149.40	Priority amount \$2,149.40 Nonpriority amount \$0.00
2.1831. Priority creditor's name and mailing address DOZIER, STEPHANIE 4268 37TH ST SAN DIEGO CA 92105 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$105.60	Priority amount \$105.60 Nonpriority amount \$0.00
2.1832. Priority creditor's name and mailing address DRAKE, JASMINE A 433 TAYLOR KENNER LA 70062 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$270.77	Priority amount \$270.77 Nonpriority amount \$0.00

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2.1833. Priority creditor's name and mailing address DRAKE, KYLIE M 11405 THAMES FARE WAY LITHIA FL 33547 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$174.02	Priority amount \$174.02 Nonpriority amount \$0.00
2.1834. Priority creditor's name and mailing address DRENNEN, CASSANDRA M 3273 LINDAHL RD. PROCTOR MN 55810 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$502.94	Priority amount \$502.94 Nonpriority amount \$0.00
2.1835. Priority creditor's name and mailing address DRESSLER, SHANNON L 710 NEPTUNE AVENUE BEACHWOOD NJ 08722 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$553.09	Priority amount \$553.09 Nonpriority amount \$0.00

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2.1836.	Priority creditor's name and mailing address DROZE, ESSLITH J 10616 TOWNER AVE NE APT B ALBUQUERQUE NM 87112 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$373.56</td> </tr> </table>	Total claim	\$373.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$373.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$373.56	Nonpriority amount	\$0.00
Total claim										
\$373.56										
Priority amount										
\$373.56										
Nonpriority amount										
\$0.00										
2.1837.	Priority creditor's name and mailing address DRUMMOND, MARY K 2621 SOUTH XANADU WAY D AURORA CO 80014 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$473.14</td> </tr> </table>	Total claim	\$473.14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$473.14</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$473.14	Nonpriority amount	\$0.00
Total claim										
\$473.14										
Priority amount										
\$473.14										
Nonpriority amount										
\$0.00										
2.1838.	Priority creditor's name and mailing address DRURY, JULIA 15 FLETCHER STREET DUNSTABLE MA 01827 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$329.40</td> </tr> </table>	Total claim	\$329.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$329.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$329.40	Nonpriority amount	\$0.00
Total claim										
\$329.40										
Priority amount										
\$329.40										
Nonpriority amount										
\$0.00										

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2.1839. Priority creditor's name and mailing address DRURY, LINDSEY R 22 BRIAR LANE SOUTHTON CT 06489 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$6,926.24	Priority amount \$6,926.24 Nonpriority amount \$0.00
2.1840. Priority creditor's name and mailing address DUARTE, BRANDY 753 OAK LEE LANE ALPINE CA 91901 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$102.60	Priority amount \$102.60 Nonpriority amount \$0.00
2.1841. Priority creditor's name and mailing address DUARTE, SARAHY 419 EAST HILLS RD COLORADO SPRINGS CO 80909 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$74.04	Priority amount \$74.04 Nonpriority amount \$0.00

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2.1842. Priority creditor's name and mailing address DUARTE, VALERIE 901 W GONZALES RD APT 215 OXNARD CA 93036 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$145.44</td> </tr> </table>	Total claim	\$145.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$145.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$145.44	Nonpriority amount	\$0.00
Total claim									
\$145.44									
Priority amount									
\$145.44									
Nonpriority amount									
\$0.00									
2.1843. Priority creditor's name and mailing address DUARTE-ESPINOZA, CRYSTA L 2919 E EASTLAND TUCSON AZ 85716 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$81.73</td> </tr> </table>	Total claim	\$81.73	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$81.73</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$81.73	Nonpriority amount	\$0.00
Total claim									
\$81.73									
Priority amount									
\$81.73									
Nonpriority amount									
\$0.00									
2.1844. Priority creditor's name and mailing address DUBEY, KAITLYN 215 FOX RIDGE CIR JOHNS CREEK GA 30022 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$216.64</td> </tr> </table>	Total claim	\$216.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$216.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$216.64	Nonpriority amount	\$0.00
Total claim									
\$216.64									
Priority amount									
\$216.64									
Nonpriority amount									
\$0.00									

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2.1845. Priority creditor's name and mailing address DUBOSE, DIAMOND M 614 HIGHGATE AVE BUFFALO NY 14215 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$509.82	Priority amount \$509.82 Nonpriority amount \$0.00
2.1846. Priority creditor's name and mailing address DUBUC, NICOLETTE J 4511 HUNT CLUB DRIVE 1D YPSILANTI MI 48197 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,164.66	Priority amount \$2,164.66 Nonpriority amount \$0.00
2.1847. Priority creditor's name and mailing address DUDLEY, ALYSSA K 12601 HARRIS ST. CARLETON MI 48117 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$84.09	Priority amount \$84.09 Nonpriority amount \$0.00

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2.1848. Priority creditor's name and mailing address DUEN, MELANIE J 7635 TIMBERLIN PARK BLVD. 128 JACKSONVILLE FL 32256 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$426.56</td> </tr> </table>	Total claim	\$426.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$426.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$426.56	Nonpriority amount	\$0.00
Total claim									
\$426.56									
Priority amount									
\$426.56									
Nonpriority amount									
\$0.00									
2.1849. Priority creditor's name and mailing address DUFF, AMANDA K 607 PLANTATION DRIVE RINCON GA 31326 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$160.34</td> </tr> </table>	Total claim	\$160.34	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$160.34</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$160.34	Nonpriority amount	\$0.00
Total claim									
\$160.34									
Priority amount									
\$160.34									
Nonpriority amount									
\$0.00									
2.1850. Priority creditor's name and mailing address DUFFY, ALLISON L 1769 E HAYES HAZEL PARK MI 48030-2624 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,001.34</td> </tr> </table>	Total claim	\$2,001.34	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,001.34</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,001.34	Nonpriority amount	\$0.00
Total claim									
\$2,001.34									
Priority amount									
\$2,001.34									
Nonpriority amount									
\$0.00									

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2.1851. Priority creditor's name and mailing address DUHART, DEJA R 27718 MOONRIDGE DR. MENIFEE CA 92585 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$340.20	Priority amount \$340.20 Nonpriority amount \$0.00
2.1852. Priority creditor's name and mailing address DUHR, LAYNA M 9756 GREENRIDGE HEIGHTS RD FAIRVIEW HEIGHTS IL 62208 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$462.77	Priority amount \$462.77 Nonpriority amount \$0.00
2.1853. Priority creditor's name and mailing address DUK, SYVIER P 3370 CATHEDRAL CIRCLE STOCKTON CA 95212 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,826.81	Priority amount \$2,826.81 Nonpriority amount \$0.00

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2.1854. Priority creditor's name and mailing address DUKE, AMANI 144 BROOKMEADOW CT. SW APT. 6 GRANDVILLE MI 49418 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$38.15</td> </tr> </table>	Total claim	\$38.15	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$38.15</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$38.15	Nonpriority amount	\$0.00
Total claim									
\$38.15									
Priority amount									
\$38.15									
Nonpriority amount									
\$0.00									
2.1855. Priority creditor's name and mailing address DULAN, PARISA A 5306 SW 10TH AVE APT B TOPEKA KS 66604-2030 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$193.79</td> </tr> </table>	Total claim	\$193.79	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$193.79</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$193.79	Nonpriority amount	\$0.00
Total claim									
\$193.79									
Priority amount									
\$193.79									
Nonpriority amount									
\$0.00									
2.1856. Priority creditor's name and mailing address DUMAS, ODYSSEY C 2201 9TH AVE SOUTH COLUMBUS MS 39701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,073.80</td> </tr> </table>	Total claim	\$1,073.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,073.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,073.80	Nonpriority amount	\$0.00
Total claim									
\$1,073.80									
Priority amount									
\$1,073.80									
Nonpriority amount									
\$0.00									

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2.1857. Priority creditor's name and mailing address DUNLAP, JESSICA 4537 W 174TH ST CLEVELAND OH 44135 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$622.38</td> </tr> </table>	Total claim	\$622.38	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$622.38</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$622.38	Nonpriority amount	\$0.00
Total claim									
\$622.38									
Priority amount									
\$622.38									
Nonpriority amount									
\$0.00									
2.1858. Priority creditor's name and mailing address DUNMYER, VICTORIA J 427 S CAMDEN AVE FRUITLAND MD 21826 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$182.07</td> </tr> </table>	Total claim	\$182.07	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$182.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$182.07	Nonpriority amount	\$0.00
Total claim									
\$182.07									
Priority amount									
\$182.07									
Nonpriority amount									
\$0.00									
2.1859. Priority creditor's name and mailing address DUNN, ALEXANDRIA T 31560 FLORENCE GARDEN CITY MI 48135 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$377.40</td> </tr> </table>	Total claim	\$377.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$377.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$377.40	Nonpriority amount	\$0.00
Total claim									
\$377.40									
Priority amount									
\$377.40									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1860. Priority creditor's name and mailing address DUNN, ALEXSIS D 1395 HANNIBAL STREET NOBLESVILLE IN 46060 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$171.50</td> </tr> </table>	Total claim	\$171.50	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$171.50</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$171.50	Nonpriority amount	\$0.00
Total claim									
\$171.50									
Priority amount									
\$171.50									
Nonpriority amount									
\$0.00									
2.1861. Priority creditor's name and mailing address DUNN, KAMERON M 6112 NORTH WOOD LAKE DR E NORTHPORT AL 35473 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$25.73</td> </tr> </table>	Total claim	\$25.73	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$25.73</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$25.73	Nonpriority amount	\$0.00
Total claim									
\$25.73									
Priority amount									
\$25.73									
Nonpriority amount									
\$0.00									
2.1862. Priority creditor's name and mailing address DUNNING, CATHLEEN E 3310 S. WALNUT CREEK PKWY APT. H RALEIGH NC 27606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$164.80</td> </tr> </table>	Total claim	\$164.80	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$164.80</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$164.80	Nonpriority amount	\$0.00
Total claim									
\$164.80									
Priority amount									
\$164.80									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1863. Priority creditor's name and mailing address DUPLANTIS, BONILLA HILAIZA 8 PLYMOUTH ST EVERETT MA 02149 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$101.76</td> </tr> </table>	Total claim	\$101.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$101.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$101.76	Nonpriority amount	\$0.00
Total claim									
\$101.76									
Priority amount									
\$101.76									
Nonpriority amount									
\$0.00									
2.1864. Priority creditor's name and mailing address DUPLECHAIN, JENNA N 101 E ROMANA ST UNIT 360 PENSACOLA FL 32502 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$522.59</td> </tr> </table>	Total claim	\$522.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$522.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$522.59	Nonpriority amount	\$0.00
Total claim									
\$522.59									
Priority amount									
\$522.59									
Nonpriority amount									
\$0.00									
2.1865. Priority creditor's name and mailing address DURAN, BRIANNA 1032 FRISCO HILLS BLVD LITTLE ELM TX 75068 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$42.08</td> </tr> </table>	Total claim	\$42.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$42.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$42.08	Nonpriority amount	\$0.00
Total claim									
\$42.08									
Priority amount									
\$42.08									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1866.	Priority creditor's name and mailing address DURAN, EMILI 30399 SW THOMAS ST UNIT 2507 WILSONVILLE OR 97070 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$174.05</td></tr></table>	Total claim	\$174.05	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$174.05</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$174.05	Nonpriority amount	\$0.00
Total claim										
\$174.05										
Priority amount										
\$174.05										
Nonpriority amount										
\$0.00										
2.1867.	Priority creditor's name and mailing address DURAN, KIMBERLY S 116 FORBES LN VENTURA CA 93001-1317 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$1,857.30</td></tr></table>	Total claim	\$1,857.30	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$1,857.30</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,857.30	Nonpriority amount	\$0.00
Total claim										
\$1,857.30										
Priority amount										
\$1,857.30										
Nonpriority amount										
\$0.00										
2.1868.	Priority creditor's name and mailing address DURAND-JONES, JENNIFER 3252 CLEARING CIR CORONA CA 92882-8362 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$4,233.06</td></tr></table>	Total claim	\$4,233.06	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$4,233.06</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$4,233.06	Nonpriority amount	\$0.00
Total claim										
\$4,233.06										
Priority amount										
\$4,233.06										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1869. Priority creditor's name and mailing address DURANT, DAISHA 6560 SNOWBIRD LN DOUGLASVILLE GA 30135 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$206.12</td> </tr> </table>	Total claim	\$206.12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$206.12</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$206.12	Nonpriority amount	\$0.00
Total claim									
\$206.12									
Priority amount									
\$206.12									
Nonpriority amount									
\$0.00									
2.1870. Priority creditor's name and mailing address DURAWA, SYDNEY 1023 SPENCERPORT RD APARTMENT 4 ROCHESTER NY 14606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$461.83</td> </tr> </table>	Total claim	\$461.83	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$461.83</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$461.83	Nonpriority amount	\$0.00
Total claim									
\$461.83									
Priority amount									
\$461.83									
Nonpriority amount									
\$0.00									
2.1871. Priority creditor's name and mailing address DURDEN, SALEXCIA 517 SLATER AVE HAMPTON VA 23664 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$140.48</td> </tr> </table>	Total claim	\$140.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$140.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$140.48	Nonpriority amount	\$0.00
Total claim									
\$140.48									
Priority amount									
\$140.48									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1872. Priority creditor's name and mailing address DURHAM, ALISSA 1317 HOSMER CT WAKE FOREST NC 27587 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$327.69	Priority amount \$327.69 Nonpriority amount \$0.00
2.1873. Priority creditor's name and mailing address DURHAM, DARNEISHIA D 6181 VILLAGE PARK RD MEMPHIS TN 38141 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,179.34	Priority amount \$1,179.34 Nonpriority amount \$0.00
2.1874. Priority creditor's name and mailing address DURRANT, ANIJA R 837 W GORDON STREET APT C ALLENTOWN PA 18102 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$112.88	Priority amount \$112.88 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1875. Priority creditor's name and mailing address DURRETT, DONNA M 520 ROSEDALE ST PITTSBURGH PA 15221 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$137.75	Priority amount \$137.75 Nonpriority amount \$0.00
2.1876. Priority creditor's name and mailing address DUSTIN, JANET 433 WINTERBERRY CT HOWELL NJ 07731 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,430.62	Priority amount \$2,430.62 Nonpriority amount \$0.00
2.1877. Priority creditor's name and mailing address DUVALL, ERIKA M 2612 WENTWORTH RD PARKVILLE MD 21234 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$342.72	Priority amount \$342.72 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1878. Priority creditor's name and mailing address DWYER, KHARSYN J 8657 GREEN BRANCH LOOP BRYAN TX 77808 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$540.10</td> </tr> </table>	Total claim	\$540.10	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$540.10</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$540.10	Nonpriority amount	\$0.00
Total claim									
\$540.10									
Priority amount									
\$540.10									
Nonpriority amount									
\$0.00									
2.1879. Priority creditor's name and mailing address DWYER, PATRIZIA 5080 GAUTIER-VANCLEAVE RD. #C9 GAUTIER MS 39553 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$154.35</td> </tr> </table>	Total claim	\$154.35	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$154.35</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$154.35	Nonpriority amount	\$0.00
Total claim									
\$154.35									
Priority amount									
\$154.35									
Nonpriority amount									
\$0.00									
2.1880. Priority creditor's name and mailing address D'ZURILLA, AMANDA N 1230 BRIGHTON LANE BOGART GA 30622 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$179.19</td> </tr> </table>	Total claim	\$179.19	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$179.19</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$179.19	Nonpriority amount	\$0.00
Total claim									
\$179.19									
Priority amount									
\$179.19									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1881. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
EAKINS, KEANA L 8177 AUTUMN LANE WEST CHESTER OH 45069		\$36.77	\$36.77
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.1882. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
EASON, THALIYYAH 3819 CAVEROW AVE PENNSAUKEN NJ 08110		\$207.80	\$207.80
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.1883. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
EASTER, EBONY E 11052 BRATTLEBORO CIRCLE MATHER CA 95655		\$229.80	\$229.80
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1884. Priority creditor's name and mailing address EASTMAN, ANDREA M 3270 UNION RD CHEEKTOWAGA NY 14227 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$2,949.82</td> </tr> </table>	Total claim	\$2,949.82	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$2,949.82</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$2,949.82	Nonpriority amount	\$0.00
Total claim									
\$2,949.82									
Priority amount									
\$2,949.82									
Nonpriority amount									
\$0.00									
2.1885. Priority creditor's name and mailing address EATON, KARISSA D 179 SCAREY LANE CAMDENTON MO 65020 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$119.71</td> </tr> </table>	Total claim	\$119.71	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$119.71</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$119.71	Nonpriority amount	\$0.00
Total claim									
\$119.71									
Priority amount									
\$119.71									
Nonpriority amount									
\$0.00									
2.1886. Priority creditor's name and mailing address EBERSOLE, CARLY E 2802 MAPLE AVE ALTOONA PA 16601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$139.20</td> </tr> </table>	Total claim	\$139.20	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$139.20</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$139.20	Nonpriority amount	\$0.00
Total claim									
\$139.20									
Priority amount									
\$139.20									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1887. Priority creditor's name and mailing address EBERT, MELANIE 5016 CHURCH RD MOUNT LAUREL NJ 08054-9601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$146.91	Priority amount \$146.91 Nonpriority amount \$0.00
2.1888. Priority creditor's name and mailing address ECHEVARRIA, ZAYMARA CALLE PANORAMA APT 12 TRUJILLO ALTO PR 00976 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$174.00	Priority amount \$174.00 Nonpriority amount \$0.00
2.1889. Priority creditor's name and mailing address ECKARD, SAIGE M 10390 KNOB RD MERCERSBURG PA 17236 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$232.81	Priority amount \$232.81 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1890.	Priority creditor's name and mailing address EDMUNDS, LINDSEY 18402 NE 83RD ST VANCOUVER WA 98682 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$125.16</td></tr></table>	Total claim	\$125.16	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$125.16</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$125.16	Nonpriority amount	\$0.00
Total claim										
\$125.16										
Priority amount										
\$125.16										
Nonpriority amount										
\$0.00										
2.1891.	Priority creditor's name and mailing address EDWARDS, DAJHA L 12646 W. LA BELLE 28B 1224 BATON ROUGE LA 70815 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$60.03</td></tr></table>	Total claim	\$60.03	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$60.03</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$60.03	Nonpriority amount	\$0.00
Total claim										
\$60.03										
Priority amount										
\$60.03										
Nonpriority amount										
\$0.00										
2.1892.	Priority creditor's name and mailing address EDWARDS, DEANNA N 19539 E COVINA BLVD APT 211 211 COVINA CA 91724 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$346.20</td></tr></table>	Total claim	\$346.20	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$346.20</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$346.20	Nonpriority amount	\$0.00
Total claim										
\$346.20										
Priority amount										
\$346.20										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.1893. Priority creditor's name and mailing address**EDWARDS, DEBORA
137 EAST MAIN ST APT2
PAHOEE FL 33476**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$227.40

Priority amount

\$227.40

Nonpriority amount

\$0.00

2.1894. Priority creditor's name and mailing addressEDWARDS, JANELLE
4946 RIDGE HARBOR
HOUSTON TX 77053**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$121.69

Priority amount

\$121.69

Nonpriority amount

\$0.00

2.1895. Priority creditor's name and mailing addressEDWARDS, SIMONE L
11 FALL AVE LOT B
SAVANNAH GA 31405**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$96.80

Priority amount

\$96.80

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1896. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
EDWARDS, STACY-ANN C 4E COLONIAL CREST DR LANCASTER PA 17601		\$185.62	\$185.62
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.1897. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
EGAN, CATHERINE 6103 TOBEY COURT SPRINGFIELD VA 22150		\$102.75	\$102.75
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.1898. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
EGGEBRECHT, KAILER C 5015 HAINES AVE RAPID CITY SD 57701		\$178.55	\$178.55
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1899.	Priority creditor's name and mailing address EISIMINGER, LAURA 1540 N MAIN ST. WILLIAMSTOWN NJ 08094 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$5,812.03</td> </tr> </table>	Total claim	\$5,812.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$5,812.03</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$5,812.03	Nonpriority amount	\$0.00
Total claim										
\$5,812.03										
Priority amount										
\$5,812.03										
Nonpriority amount										
\$0.00										
2.1900.	Priority creditor's name and mailing address EL, HASSAN LEAH 800 N BROAD ST. APT. 60 ELIZABETH NJ 07208 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$44.69</td> </tr> </table>	Total claim	\$44.69	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$44.69</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$44.69	Nonpriority amount	\$0.00
Total claim										
\$44.69										
Priority amount										
\$44.69										
Nonpriority amount										
\$0.00										
2.1901.	Priority creditor's name and mailing address ELBELTAGI, TATIANNA O 447 N ARMISTEAD ST. 2 ALEXANDRIA VA 22312 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$94.81</td> </tr> </table>	Total claim	\$94.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$94.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$94.81	Nonpriority amount	\$0.00
Total claim										
\$94.81										
Priority amount										
\$94.81										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1902. Priority creditor's name and mailing address ELCIK, JESSICA L 88-42 79TH AVENUE GLENDALE NY 11385 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$191.70</td> </tr> </table>	Total claim	\$191.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$191.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$191.70	Nonpriority amount	\$0.00
Total claim									
\$191.70									
Priority amount									
\$191.70									
Nonpriority amount									
\$0.00									
2.1903. Priority creditor's name and mailing address ELDER, ISABELLA R 9302 ST GEORGE RD 9302 ST GEORGE PEYTON CO 80831 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$121.21</td> </tr> </table>	Total claim	\$121.21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$121.21</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$121.21	Nonpriority amount	\$0.00
Total claim									
\$121.21									
Priority amount									
\$121.21									
Nonpriority amount									
\$0.00									
2.1904. Priority creditor's name and mailing address ELDRIDGE, SOPHIA 3878 LEWIS LN OWENSBORO KY 42301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$157.21</td> </tr> </table>	Total claim	\$157.21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$157.21</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$157.21	Nonpriority amount	\$0.00
Total claim									
\$157.21									
Priority amount									
\$157.21									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1905.	Priority creditor's name and mailing address ELIAS, BRIANA S 113 OLEANDER AVE SAVANNAH GA 31404 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$185.28</td> </tr> </table>	Total claim	\$185.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$185.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$185.28	Nonpriority amount	\$0.00
Total claim										
\$185.28										
Priority amount										
\$185.28										
Nonpriority amount										
\$0.00										
2.1906.	Priority creditor's name and mailing address ELIE, DJENNY 227-15 113TH AVENUE QUEENS VILLAGE NY 11429 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,797.69</td> </tr> </table>	Total claim	\$1,797.69	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,797.69</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,797.69	Nonpriority amount	\$0.00
Total claim										
\$1,797.69										
Priority amount										
\$1,797.69										
Nonpriority amount										
\$0.00										
2.1907.	Priority creditor's name and mailing address ELIZALDE, OSCAR D 1011 WONDER WORLD APT 1816 SAN MARCOS TX 78666 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$187.52</td> </tr> </table>	Total claim	\$187.52	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$187.52</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$187.52	Nonpriority amount	\$0.00
Total claim										
\$187.52										
Priority amount										
\$187.52										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1908. Priority creditor's name and mailing address ELKETTANI, MONA 3614 JUNE BERRY DRIVE WESLEY CHAPEL FL 33543 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$67.93	Priority amount \$67.93 Nonpriority amount \$0.00
2.1909. Priority creditor's name and mailing address ELLEDGE, EMILY C 158 MYRICK ROAD LUMBERTON MS 39455 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$62.06	Priority amount \$62.06 Nonpriority amount \$0.00
2.1910. Priority creditor's name and mailing address ELLINGTON, JASMINE M 4021 BILLINGSGATE ROAD ORLANDO FL 32839 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$105.83	Priority amount \$105.83 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1911. Priority creditor's name and mailing address ELLIOTT, FELICIA R 400 CATTELL AVE OAKLYN NJ 08107 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$36.99	Priority amount \$36.99 Nonpriority amount \$0.00
2.1912. Priority creditor's name and mailing address ELLIOTT, JADA E 21 SUNSET DRIVE 21 LAUREL DE 19956 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$248.37	Priority amount \$248.37 Nonpriority amount \$0.00
2.1913. Priority creditor's name and mailing address ELLIOTT, JAYLA 433 HILLANDALE DR JACKSON MS 39212 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$218.37	Priority amount \$218.37 Nonpriority amount \$0.00

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2.1914. Priority creditor's name and mailing address ELLIOTT, MICHELLE M 3465 ROSETTA STREET MUNHALL PA 15120 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,759.36	Priority amount \$2,759.36 Nonpriority amount \$0.00
2.1915. Priority creditor's name and mailing address ELLIS, CIARA R 102 BELAIR LOOP JACKSONVILLE AR 72076 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$88.15	Priority amount \$88.15 Nonpriority amount \$0.00
2.1916. Priority creditor's name and mailing address ELLIS, MORRIGAN L 3431 NORTH FLOWING WELLS RD UNIT 57 TUCSON AZ 85707 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$194.04	Priority amount \$194.04 Nonpriority amount \$0.00

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2.1917. Priority creditor's name and mailing address ELLIS, PATIENCE N 1228 NIMITZ WAY 1228 NIMITZ WA MESQUITE TX 75181 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$35.48</td> </tr> </table>	Total claim	\$35.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$35.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$35.48	Nonpriority amount	\$0.00
Total claim									
\$35.48									
Priority amount									
\$35.48									
Nonpriority amount									
\$0.00									
2.1918. Priority creditor's name and mailing address ELLIS, SHUNDA N 1302 RIVAGE CIR BRANDON FL 33511 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$173.94</td> </tr> </table>	Total claim	\$173.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$173.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$173.94	Nonpriority amount	\$0.00
Total claim									
\$173.94									
Priority amount									
\$173.94									
Nonpriority amount									
\$0.00									
2.1919. Priority creditor's name and mailing address ELMORE, TENIKA L 2021 EAST 51STREET SAVANNAH GA 31404 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$18.74</td> </tr> </table>	Total claim	\$18.74	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$18.74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$18.74	Nonpriority amount	\$0.00
Total claim									
\$18.74									
Priority amount									
\$18.74									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1920. Priority creditor's name and mailing address ELMORE, ZSAISHMA T 11 BRANSFIELD RD. GREENVILLE SC 29615 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,330.80</td> </tr> </table>	Total claim	\$1,330.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,330.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,330.80	Nonpriority amount	\$0.00
Total claim									
\$1,330.80									
Priority amount									
\$1,330.80									
Nonpriority amount									
\$0.00									
2.1921. Priority creditor's name and mailing address ELY, ERIN 180 WALNUT ST WILLIMANTIC CT 06226 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$493.02</td> </tr> </table>	Total claim	\$493.02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$493.02</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$493.02	Nonpriority amount	\$0.00
Total claim									
\$493.02									
Priority amount									
\$493.02									
Nonpriority amount									
\$0.00									
2.1922. Priority creditor's name and mailing address EMERY, NICOLE B 15919 GOLD CIRCLE OMAHA NE 68130 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$275.22</td> </tr> </table>	Total claim	\$275.22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$275.22</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$275.22	Nonpriority amount	\$0.00
Total claim									
\$275.22									
Priority amount									
\$275.22									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1923. Priority creditor's name and mailing address EMI, AYANNA N 83 CENTRAL AVE 3 ALBANY NY 12206 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$52.95	Priority amount \$52.95 Nonpriority amount \$0.00
2.1924. Priority creditor's name and mailing address ENCALADA, PAOLA L 80-35 88TH RD 1 WOODHAVEN NY 11421 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$521.25	Priority amount \$521.25 Nonpriority amount \$0.00
2.1925. Priority creditor's name and mailing address ENGERON, TAYLOR R 120 YELLOWSTONE ST KENNER LA 70065-1037 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$643.89	Priority amount \$643.89 Nonpriority amount \$0.00

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2.1926. Priority creditor's name and mailing address ENIX, GENIECE K 66/ BELMONT AVENUE JERSEY CITY NJ 07304 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$208.80</td> </tr> </table>	Total claim	\$208.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$208.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$208.80	Nonpriority amount	\$0.00
Total claim									
\$208.80									
Priority amount									
\$208.80									
Nonpriority amount									
\$0.00									
2.1927. Priority creditor's name and mailing address ENNIS, SHYANN M 9310 E MAIN ST LOT 131 MESA AZ 85207 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$31.68</td> </tr> </table>	Total claim	\$31.68	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$31.68</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$31.68	Nonpriority amount	\$0.00
Total claim									
\$31.68									
Priority amount									
\$31.68									
Nonpriority amount									
\$0.00									
2.1928. Priority creditor's name and mailing address ENRIQUEZ, VICTORIA A 3361 MARTIN COUNTY ROAD 2050 STANTON TX 79782 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$136.61</td> </tr> </table>	Total claim	\$136.61	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$136.61</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$136.61	Nonpriority amount	\$0.00
Total claim									
\$136.61									
Priority amount									
\$136.61									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1929. Priority creditor's name and mailing address ENRIQUEZ, YOLANDA C 12201 E ALASKA AVE AURORA CO 80012 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$59.94</td> </tr> </table>	Total claim	\$59.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$59.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$59.94	Nonpriority amount	\$0.00
Total claim									
\$59.94									
Priority amount									
\$59.94									
Nonpriority amount									
\$0.00									
2.1930. Priority creditor's name and mailing address ENSBRENNER, TAYLOR L 1176 E ARLINGTON RD ERIE PA 16504-2706 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$174.95</td> </tr> </table>	Total claim	\$174.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$174.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$174.95	Nonpriority amount	\$0.00
Total claim									
\$174.95									
Priority amount									
\$174.95									
Nonpriority amount									
\$0.00									
2.1931. Priority creditor's name and mailing address ENWRIGHT, BROOKE K 1566 DORCHESTER ST PORT CHARLOTTE FL 33952 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$274.53</td> </tr> </table>	Total claim	\$274.53	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$274.53</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$274.53	Nonpriority amount	\$0.00
Total claim									
\$274.53									
Priority amount									
\$274.53									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1932. Priority creditor's name and mailing address ERAKAT, SHERIN 8040 MARION #3E JUSTICE IL 60458 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,191.84	Priority amount \$2,191.84 Nonpriority amount \$0.00
2.1933. Priority creditor's name and mailing address ERB, JENNA M 1029 LATROBE ST PARKERSBURG WV 26101 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$435.05	Priority amount \$435.05 Nonpriority amount \$0.00
2.1934. Priority creditor's name and mailing address ERB, SAMANTHA M 24 4TH STREETH DOUGLASVILLE PA 19518 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$109.28	Priority amount \$109.28 Nonpriority amount \$0.00

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2.1935. Priority creditor's name and mailing address ERICKSON, BROOKE E 6885 EL TERRA RD OSAGE BEACH MO 65065 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$116.01</td> </tr> </table>	Total claim	\$116.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$116.01</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$116.01	Nonpriority amount	\$0.00
Total claim									
\$116.01									
Priority amount									
\$116.01									
Nonpriority amount									
\$0.00									
2.1936. Priority creditor's name and mailing address ERICKSON, CYDNEY L 081 W 200 S PORTLAND IN 47371 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$301.90</td> </tr> </table>	Total claim	\$301.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$301.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$301.90	Nonpriority amount	\$0.00
Total claim									
\$301.90									
Priority amount									
\$301.90									
Nonpriority amount									
\$0.00									
2.1937. Priority creditor's name and mailing address ERIVES, PAOLA 1820 MCDANIEL ST NORTH LAS VEGAS NV 89030 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,688.44</td> </tr> </table>	Total claim	\$1,688.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,688.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,688.44	Nonpriority amount	\$0.00
Total claim									
\$1,688.44									
Priority amount									
\$1,688.44									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1938. Priority creditor's name and mailing address ERRAR, TIARA 8554 BRAYLEN MANOR DRIVE DOUGLASVILLE GA 30134 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$122.52</td> </tr> </table>	Total claim	\$122.52	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$122.52</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$122.52	Nonpriority amount	\$0.00
Total claim									
\$122.52									
Priority amount									
\$122.52									
Nonpriority amount									
\$0.00									
2.1939. Priority creditor's name and mailing address ERTLE, RACHEL 7304 ATLANTIC AVE WILDWOOD CREST NJ 08260 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$211.16</td> </tr> </table>	Total claim	\$211.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$211.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$211.16	Nonpriority amount	\$0.00
Total claim									
\$211.16									
Priority amount									
\$211.16									
Nonpriority amount									
\$0.00									
2.1940. Priority creditor's name and mailing address ERVIN, KELLEY M 23527 BLUE FOX RD FOUNTAIN FL 32438 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$383.27</td> </tr> </table>	Total claim	\$383.27	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$383.27</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$383.27	Nonpriority amount	\$0.00
Total claim									
\$383.27									
Priority amount									
\$383.27									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1941. Priority creditor's name and mailing address ESAMAR, PEREZ VIRGINIA 2308 DAYTON AVE BAKERSFIELD CA 93304 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$123.00	Priority amount \$123.00 Nonpriority amount \$0.00
2.1942. Priority creditor's name and mailing address ESCALANTE, MARIBEL I 5482 TUCSON ST DENVER CO 80239 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$424.74	Priority amount \$424.74 Nonpriority amount \$0.00
2.1943. Priority creditor's name and mailing address ESCALERA, JENNIFER J 211 HILLCREST AVE BROOKLYN MD 21225 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$198.27	Priority amount \$198.27 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1944. Priority creditor's name and mailing address ESCAMILLA, DALLAS A 1940 EAST PARKWAY DELAND FL 32724 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$286.71	Priority amount \$286.71 Nonpriority amount \$0.00
2.1945. Priority creditor's name and mailing address ESCOBAR, ALYSSA D 2551 TILLER AVE PORT HUENEME CA 93041 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$143.64	Priority amount \$143.64 Nonpriority amount \$0.00
2.1946. Priority creditor's name and mailing address ESCOBAR, JENNIFER 2135 MEANDERING DR IRVING TX 75060 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$0.00	Priority amount \$0.00 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1947. Priority creditor's name and mailing address ESCOBAR, JENNIFER 2135 MEANDERING DR IRVING TX 75060 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$664.30	Priority amount \$664.30 Nonpriority amount \$0.00
2.1948. Priority creditor's name and mailing address ESCOBEDO, ANGELICA A 11467 DENNIS RD 1055 DALLAS TX 75229 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$313.45	Priority amount \$313.45 Nonpriority amount \$0.00
2.1949. Priority creditor's name and mailing address ESCOBEDO, GRETHEL 775 TREAT AVE #3 SAN FRANCISCO CA 94110 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$742.65	Priority amount \$742.65 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1950. Priority creditor's name and mailing address ESCOBEDO, JESSICA N 4002 SOUTHERLAND RD 11 HOUSTON TX 77092-4431 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$73.12</td> </tr> </table>	Total claim	\$73.12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$73.12</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$73.12	Nonpriority amount	\$0.00
Total claim									
\$73.12									
Priority amount									
\$73.12									
Nonpriority amount									
\$0.00									
2.1951. Priority creditor's name and mailing address ESCUTIA, ANGELIQUE P 1821 SWALLOW CT EAST LANSING MI 48823 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$40.89</td> </tr> </table>	Total claim	\$40.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$40.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$40.89	Nonpriority amount	\$0.00
Total claim									
\$40.89									
Priority amount									
\$40.89									
Nonpriority amount									
\$0.00									
2.1952. Priority creditor's name and mailing address ESHO, LYDYA N 2751 W GLENLAKE CHICAGO IL 60659 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$228.36</td> </tr> </table>	Total claim	\$228.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$228.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$228.36	Nonpriority amount	\$0.00
Total claim									
\$228.36									
Priority amount									
\$228.36									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.1953. Priority creditor's name and mailing address**

ESPERICUETA, FONSECA ODALIS
812 N 28TH ST
PHOENIX AZ 85008

Date or dates debt was incurred**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
☐ Yes

Total claim

\$127.71

Priority amount

\$127.71

Nonpriority amount

\$0.00

2.1954. Priority creditor's name and mailing address

ESPINAL, YASMEEN N
5040 COMANCHE DR
117
LA MESA CA 91942

Date or dates debt was incurred**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
☐ Yes

Total claim

\$153.60

Priority amount

\$153.60

Nonpriority amount

\$0.00

2.1955. Priority creditor's name and mailing address

ESPINOSA, FATIMA
377 JAY ST
ELGIN IL 60120

Date or dates debt was incurred**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
☐ Yes

Total claim

\$10.31

Priority amount

\$10.31

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1956. Priority creditor's name and mailing address ESPINOSA, JENNIFER B 1997 MAYFLOWER DR WOODBRIDGE VA 22192 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$57.55</td> </tr> </table>	Total claim	\$57.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$57.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$57.55	Nonpriority amount	\$0.00
Total claim									
\$57.55									
Priority amount									
\$57.55									
Nonpriority amount									
\$0.00									
2.1957. Priority creditor's name and mailing address ESPINOZA, BIANKA R 2135 SIERRA WAY OXNARD CA 93033-5715 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$481.28</td> </tr> </table>	Total claim	\$481.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$481.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$481.28	Nonpriority amount	\$0.00
Total claim									
\$481.28									
Priority amount									
\$481.28									
Nonpriority amount									
\$0.00									
2.1958. Priority creditor's name and mailing address ESPINOZA, DAISY 1143 HICKORY TRL GARLAND TX 75040-7446 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,373.18</td> </tr> </table>	Total claim	\$1,373.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,373.18</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,373.18	Nonpriority amount	\$0.00
Total claim									
\$1,373.18									
Priority amount									
\$1,373.18									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1959. Priority creditor's name and mailing address ESPINOZA, DAISY 1719 AVENUE C FRESNO TX 77545 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$104.00	Priority amount \$104.00 Nonpriority amount \$0.00
2.1960. Priority creditor's name and mailing address ESPINOZA, YULISA 8735 STATE ROAD 38 EAST LAFAYETTE IN 47905 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$107.23	Priority amount \$107.23 Nonpriority amount \$0.00
2.1961. Priority creditor's name and mailing address ESPOSITO, LYDIA C 360 E. BRADLEY AVE. 28 EL CAJON CA 92021 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$222.84	Priority amount \$222.84 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1962. Priority creditor's name and mailing address ESQUEJO, RONALD C 20857 GRAPEVINE DRIVE DIABLO GRANDE CA 95363 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$8,268.72</td> </tr> </table>	Total claim	\$8,268.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$8,268.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$8,268.72	Nonpriority amount	\$0.00
Total claim									
\$8,268.72									
Priority amount									
\$8,268.72									
Nonpriority amount									
\$0.00									
2.1963. Priority creditor's name and mailing address ESQUILIN, ANNE 746 S CARLDON ST REAR ALLENTOWN PA 18103 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$434.71</td> </tr> </table>	Total claim	\$434.71	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$434.71</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$434.71	Nonpriority amount	\$0.00
Total claim									
\$434.71									
Priority amount									
\$434.71									
Nonpriority amount									
\$0.00									
2.1964. Priority creditor's name and mailing address ESTASSIN, FATCHENSKY 11625 JEFFERSON COMMONS CIRC UNIT 411A ORLANDO FL 32826 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$353.43</td> </tr> </table>	Total claim	\$353.43	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$353.43</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$353.43	Nonpriority amount	\$0.00
Total claim									
\$353.43									
Priority amount									
\$353.43									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1965. Priority creditor's name and mailing address ESTEVEZ, GISELLE 1103 HIGHLANDS DR APT 1 NAPLES FL 34103 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$25.49</td> </tr> </table>	Total claim	\$25.49	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$25.49</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$25.49	Nonpriority amount	\$0.00
Total claim									
\$25.49									
Priority amount									
\$25.49									
Nonpriority amount									
\$0.00									
2.1966. Priority creditor's name and mailing address ESTRADA, ABRIL A 1095 QUINTO SOL VADO NM 88072 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$100.40</td> </tr> </table>	Total claim	\$100.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$100.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$100.40	Nonpriority amount	\$0.00
Total claim									
\$100.40									
Priority amount									
\$100.40									
Nonpriority amount									
\$0.00									
2.1967. Priority creditor's name and mailing address ESTRADA, ANA 25427 EDMONT DR SAN BERNARDINO CA 92404 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$77.40</td> </tr> </table>	Total claim	\$77.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$77.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$77.40	Nonpriority amount	\$0.00
Total claim									
\$77.40									
Priority amount									
\$77.40									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1968. Priority creditor's name and mailing address ESTRADA, ANTONIO 1545 EAST MADISON AVE EL CAJON CA 92019 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$181.20	Priority amount \$181.20 Nonpriority amount \$0.00
2.1969. Priority creditor's name and mailing address ESTRADA, ASHLEY 9474 DAMON DR. THORNTON CO 80260 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$46.07	Priority amount \$46.07 Nonpriority amount \$0.00
2.1970. Priority creditor's name and mailing address ESTRADA, CASSANDRA 4809 E TWINFLOWER PL TUCSON AZ 85756-5106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,815.28	Priority amount \$1,815.28 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.1971. Priority creditor's name and mailing address**ESTRADA, JENNIFER M
3018 FITZGERALD RD.
SIMI VALLEY CA 93065**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$7,307.23

Priority amount

\$7,307.23

Nonpriority amount

\$0.00

2.1972. Priority creditor's name and mailing addressESTRADA, KARLA L
814 MAGMOLIA AVE #4
PASADENA CA 91106**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$195.96

Priority amount

\$195.96

Nonpriority amount

\$0.00

2.1973. Priority creditor's name and mailing addressESTRADA, RIVERA ARACELI
9032 MONTOYA ST APT 3
SACRAMENTO CA 95826**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$123.96

Priority amount

\$123.96

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1974. Priority creditor's name and mailing address ESTRADA, RYANNE S 22232 E VIA DEL RANCHO 1009 QUEEN CREEK AZ 85142 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$76.67	Priority amount \$76.67 Nonpriority amount \$0.00
2.1975. Priority creditor's name and mailing address ESTRADA, SOFIA G 307 W COLUMBIA AVE APT 1 CHAMPAIGN IL 61820 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$150.40	Priority amount \$150.40 Nonpriority amount \$0.00
2.1976. Priority creditor's name and mailing address ESTRADA, STEPHANIE 1901 FAITH AVE. BAKERSFIELD CA 93304 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$555.27	Priority amount \$555.27 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1977. Priority creditor's name and mailing address EUBANKS-WILLIAMS, APRIL L 740 COUNTRY PLACE DR TOBYHANNA PA 18466 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,076.32</td> </tr> </table>	Total claim	\$2,076.32	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,076.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,076.32	Nonpriority amount	\$0.00
Total claim									
\$2,076.32									
Priority amount									
\$2,076.32									
Nonpriority amount									
\$0.00									
2.1978. Priority creditor's name and mailing address EUREK, MAKAYLA M 117 W 5TH ST BELVIDERE IL 61008 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$79.20</td> </tr> </table>	Total claim	\$79.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$79.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$79.20	Nonpriority amount	\$0.00
Total claim									
\$79.20									
Priority amount									
\$79.20									
Nonpriority amount									
\$0.00									
2.1979. Priority creditor's name and mailing address EUSTAQUIO, KAREN V 12025 S FIGUEROA ST LOS ANGELES CA 90061 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$284.88</td> </tr> </table>	Total claim	\$284.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$284.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$284.88	Nonpriority amount	\$0.00
Total claim									
\$284.88									
Priority amount									
\$284.88									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1980.	Priority creditor's name and mailing address EVANS, ASHANTI E 2070 SOUTH JOHN RUSSELL CIRCLE A ELKINS PARK PA 19027 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$548.16</td></tr></table>	Total claim	\$548.16	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$548.16</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$548.16	Nonpriority amount	\$0.00
Total claim										
\$548.16										
Priority amount										
\$548.16										
Nonpriority amount										
\$0.00										
2.1981.	Priority creditor's name and mailing address EVANS, ASHLEY D 1201 ALBERT AVE 505 MIDLAND TX 79701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$42.95</td></tr></table>	Total claim	\$42.95	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$42.95</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$42.95	Nonpriority amount	\$0.00
Total claim										
\$42.95										
Priority amount										
\$42.95										
Nonpriority amount										
\$0.00										
2.1982.	Priority creditor's name and mailing address EVANS, ASHLEY F 1004 OAK TERRACE DRIVE NORTH MANKATO MN 56003 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$3,670.65</td></tr></table>	Total claim	\$3,670.65	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$3,670.65</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$3,670.65	Nonpriority amount	\$0.00
Total claim										
\$3,670.65										
Priority amount										
\$3,670.65										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1983. Priority creditor's name and mailing address EVANS, BRIANNA 5301 ALPH RD APT 237 DALLAS TX 75240 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,899.46	Priority amount \$1,899.46 Nonpriority amount \$0.00
2.1984. Priority creditor's name and mailing address EVANS, KELSEY M 700 LOWER STATE RD APT 9 B-1 NORTH WALES PA 19454 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$564.31	Priority amount \$564.31 Nonpriority amount \$0.00
2.1985. Priority creditor's name and mailing address EVANS, KENIESE R 90 E JEFFERSON ST. APT 8 NORTH LIBERTY IA 52317 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$133.73	Priority amount \$133.73 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1986.	Priority creditor's name and mailing address EVANS, MADISON J 1206 MANHATTAN ST. APT. A MICHIGAN CITY IN 46360 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$120.32</td></tr></table>	Total claim	\$120.32	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$120.32</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$120.32	Nonpriority amount	\$0.00
Total claim										
\$120.32										
Priority amount										
\$120.32										
Nonpriority amount										
\$0.00										
2.1987.	Priority creditor's name and mailing address EVANS, MEGAN E 9080 LAKE CHASE ISLAND WAY TAMPA FL 33626 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$1,208.10</td></tr></table>	Total claim	\$1,208.10	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$1,208.10</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,208.10	Nonpriority amount	\$0.00
Total claim										
\$1,208.10										
Priority amount										
\$1,208.10										
Nonpriority amount										
\$0.00										
2.1988.	Priority creditor's name and mailing address EVANS, SAVANNAH D 12100 CHRISTMAN DRIVE LOUISVILLE KY 40229 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$37.62</td></tr></table>	Total claim	\$37.62	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$37.62</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$37.62	Nonpriority amount	\$0.00
Total claim										
\$37.62										
Priority amount										
\$37.62										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1989.	Priority creditor's name and mailing address EVANS, TATUM L 60 CRESCENT COURT MORGANVILLE NJ 07751 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$95.58</td></tr></table>	Total claim	\$95.58	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$95.58</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$95.58	Nonpriority amount	\$0.00
Total claim										
\$95.58										
Priority amount										
\$95.58										
Nonpriority amount										
\$0.00										
2.1990.	Priority creditor's name and mailing address EVANS, TERINA L 1288 W GALBRAITH RD CINCINNATI OH 45231 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$198.62</td></tr></table>	Total claim	\$198.62	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$198.62</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$198.62	Nonpriority amount	\$0.00
Total claim										
\$198.62										
Priority amount										
\$198.62										
Nonpriority amount										
\$0.00										
2.1991.	Priority creditor's name and mailing address EVERETT, MACKENZIE P 606 ASHBY CT. ALLEN TX 75002 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$176.40</td></tr></table>	Total claim	\$176.40	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$176.40</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$176.40	Nonpriority amount	\$0.00
Total claim										
\$176.40										
Priority amount										
\$176.40										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1992. Priority creditor's name and mailing address EVERETT, TYLER T 2140 NW 50TH STREET MIAMI FL 33142 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$465.48</td> </tr> </table>	Total claim	\$465.48	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$465.48</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$465.48	Nonpriority amount	\$0.00
Total claim									
\$465.48									
Priority amount									
\$465.48									
Nonpriority amount									
\$0.00									
2.1993. Priority creditor's name and mailing address EVERETTE, MICHAELA 22404 KOEHLER DRIVE MORGANTOWN WV 26508 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$49.96</td> </tr> </table>	Total claim	\$49.96	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$49.96</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$49.96	Nonpriority amount	\$0.00
Total claim									
\$49.96									
Priority amount									
\$49.96									
Nonpriority amount									
\$0.00									
2.1994. Priority creditor's name and mailing address EVERSLEY, CIRITA 4613 BAYMAR DR 103 RALEIGH NC 27612 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$2,130.61</td> </tr> </table>	Total claim	\$2,130.61	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$2,130.61</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$2,130.61	Nonpriority amount	\$0.00
Total claim									
\$2,130.61									
Priority amount									
\$2,130.61									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1995. Priority creditor's name and mailing address EVERSOLE, MADISON B 206 HAMPTON PLACE CT FAIRDALE KY 40118 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$37.04	Priority amount \$37.04 Nonpriority amount \$0.00
2.1996. Priority creditor's name and mailing address EWING, KANIYA P.O. BOX 503 WOODSTOCK GA 30188 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$189.77	Priority amount \$189.77 Nonpriority amount \$0.00
2.1997. Priority creditor's name and mailing address EYERMAN, JAZMINE T 22 COLES ROW MCKESS ROCKS PA 15136 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$91.13	Priority amount \$91.13 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.1998. Priority creditor's name and mailing address EZZO, BRIANNA 24 MIDDLE ISLAND RD MIDDLE ISLAND NY 11953-1205 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$970.65	Priority amount \$970.65 Nonpriority amount \$0.00
2.1999. Priority creditor's name and mailing address EZZO, BROOKE 24 MIDDLE ISLAND DR MIDDLE ISLAND NY 11953 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,352.96	Priority amount \$1,352.96 Nonpriority amount \$0.00
2.2000. Priority creditor's name and mailing address FABRICATORE, KATELYN M 11144 APT E SUNBURST LANE FREDERICKSBURG VA 22407 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$68.50	Priority amount \$68.50 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2001. Priority creditor's name and mailing address FAGAN, CHEYANNE 2282 COUNTY STREET 2956 BLANCHARD OK 73010 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$62.85</td> </tr> </table>	Total claim	\$62.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$62.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$62.85	Nonpriority amount	\$0.00
Total claim									
\$62.85									
Priority amount									
\$62.85									
Nonpriority amount									
\$0.00									
2.2002. Priority creditor's name and mailing address FAHEY, QUINN N 755 HERON DR. MANKATO MN 56001 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$236.56</td> </tr> </table>	Total claim	\$236.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$236.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$236.56	Nonpriority amount	\$0.00
Total claim									
\$236.56									
Priority amount									
\$236.56									
Nonpriority amount									
\$0.00									
2.2003. Priority creditor's name and mailing address FAIRCLOTH, TIFFIANY R 420 A HENRY STREER SUFFOLK VA 23434 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$32.00</td> </tr> </table>	Total claim	\$32.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$32.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$32.00	Nonpriority amount	\$0.00
Total claim									
\$32.00									
Priority amount									
\$32.00									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2004.	Priority creditor's name and mailing address FAIRWEATHER, HARLEY N 4809 PRAIRIE ASTER DR GARLAND TX TX 75043 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$107.42</td> </tr> </table>	Total claim	\$107.42	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$107.42</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$107.42	Nonpriority amount	\$0.00
Total claim										
\$107.42										
Priority amount										
\$107.42										
Nonpriority amount										
\$0.00										
2.2005.	Priority creditor's name and mailing address FAJEMIROKUN, KEANNA 216 SOUTH BENEDICT AVE OAK RIDGE TN 37830-7313 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,274.62</td> </tr> </table>	Total claim	\$2,274.62	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,274.62</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,274.62	Nonpriority amount	\$0.00
Total claim										
\$2,274.62										
Priority amount										
\$2,274.62										
Nonpriority amount										
\$0.00										
2.2006.	Priority creditor's name and mailing address FALCO, ALLISON R 85 RIVERDALE AVE NEPTUNE CITY NJ 07753 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$42.75</td> </tr> </table>	Total claim	\$42.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$42.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$42.75	Nonpriority amount	\$0.00
Total claim										
\$42.75										
Priority amount										
\$42.75										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2007.	Priority creditor's name and mailing address FANNIN, MADISON H 605 POWELL LANE 404 FLATWOODS KY 41139 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$430.55</td> </tr> </table>	Total claim	\$430.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$430.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$430.55	Nonpriority amount	\$0.00
Total claim										
\$430.55										
Priority amount										
\$430.55										
Nonpriority amount										
\$0.00										
2.2008.	Priority creditor's name and mailing address FARABAUGH, SUZANNE 20060 VALHALLA SQUARE ASHBURN VA 20147 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$398.00</td> </tr> </table>	Total claim	\$398.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$398.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$398.00	Nonpriority amount	\$0.00
Total claim										
\$398.00										
Priority amount										
\$398.00										
Nonpriority amount										
\$0.00										
2.2009.	Priority creditor's name and mailing address FARABEE, CHELSEA L 3154 WALDEN RAVINES COLUMBUS COLUMBUS OH 43221 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,488.79</td> </tr> </table>	Total claim	\$1,488.79	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,488.79</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,488.79	Nonpriority amount	\$0.00
Total claim										
\$1,488.79										
Priority amount										
\$1,488.79										
Nonpriority amount										
\$0.00										

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2.2010.	Priority creditor's name and mailing address FARIA, BRIANNA 26 CHARTER DRIVE SOUTH RIVER NJ 08882 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$70.09</td> </tr> </table>	Total claim	\$70.09	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$70.09</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$70.09	Nonpriority amount	\$0.00
Total claim										
\$70.09										
Priority amount										
\$70.09										
Nonpriority amount										
\$0.00										
2.2011.	Priority creditor's name and mailing address FARIHA, FARZANA Z 2244 ANTONIA LN. WARREN MI 48091 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$203.78</td> </tr> </table>	Total claim	\$203.78	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$203.78</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$203.78	Nonpriority amount	\$0.00
Total claim										
\$203.78										
Priority amount										
\$203.78										
Nonpriority amount										
\$0.00										
2.2012.	Priority creditor's name and mailing address FARLEY, CIERA N 5161 RICE ROAD 24 ANTIOCH TN 37013 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$124.11</td> </tr> </table>	Total claim	\$124.11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$124.11</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$124.11	Nonpriority amount	\$0.00
Total claim										
\$124.11										
Priority amount										
\$124.11										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2013. Priority creditor's name and mailing address FARR, CHASIDY R 1145 PARADISE VISTA DRIVE HENDERSON NV 89002 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$143.63	Priority amount \$143.63 Nonpriority amount \$0.00
2.2014. Priority creditor's name and mailing address FARRALL, ALLISON V 1904 CRACK WILLOW CT UPPER MARLBORO MD 20774 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$59.32	Priority amount \$59.32 Nonpriority amount \$0.00
2.2015. Priority creditor's name and mailing address FARRARE, KALAZIA A 12470 CHESTNUT CIRCLE PRINCESS ANNE MD 21853 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$131.58	Priority amount \$131.58 Nonpriority amount \$0.00

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2.2016. Priority creditor's name and mailing address FARRISH, REGIN I 5500 SAMPSON STREET HOUSTON TX 77004 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$177.48	Priority amount \$177.48 Nonpriority amount \$0.00
2.2017. Priority creditor's name and mailing address FARROW, CARLEY J 828 LEWISBERRY RD LEWISBERRY PA 17339 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$596.93	Priority amount \$596.93 Nonpriority amount \$0.00
2.2018. Priority creditor's name and mailing address FATOVIC, ALEXYS 32 DREXEL DRIVE JACKSON NJ 08527 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,078.03	Priority amount \$1,078.03 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2019.	Priority creditor's name and mailing address FAWLING, BREYONNA 120 DEER RIDGE DRIVE LIZELLA GA 31052 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$119.44</td> </tr> </table>	Total claim	\$119.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$119.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$119.44	Nonpriority amount	\$0.00
Total claim										
\$119.44										
Priority amount										
\$119.44										
Nonpriority amount										
\$0.00										
2.2020.	Priority creditor's name and mailing address FEARS, DIAMOND 1121 UPTON AVE TOLEDO OH 43607 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$89.69</td> </tr> </table>	Total claim	\$89.69	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$89.69</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$89.69	Nonpriority amount	\$0.00
Total claim										
\$89.69										
Priority amount										
\$89.69										
Nonpriority amount										
\$0.00										
2.2021.	Priority creditor's name and mailing address FEIRER, OLIVIA M 3036 EAST WATERFORD AVENUE SAINT FRANCIS WI 53235 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$229.46</td> </tr> </table>	Total claim	\$229.46	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$229.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$229.46	Nonpriority amount	\$0.00
Total claim										
\$229.46										
Priority amount										
\$229.46										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2022. Priority creditor's name and mailing address FELCH, KATELYN D 14140 BROADWAY EXT. 533 EDMOND OK 73013 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$108.39	Priority amount \$108.39 Nonpriority amount \$0.00
2.2023. Priority creditor's name and mailing address FELDMAN-RATNER, TANYA 6151 CENTER ST 207 MENTOR OH 44060 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$163.99	Priority amount \$163.99 Nonpriority amount \$0.00
2.2024. Priority creditor's name and mailing address FELICIANO, ISAAC 18 DUNCAN AVE PROVIDENCE RI 02906 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$552.26	Priority amount \$552.26 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2025. Priority creditor's name and mailing address FELIX, KATE A 2420 FULLERTON AVE. MCALLEN TX 78504 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$64.24</td> </tr> </table>	Total claim	\$64.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$64.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$64.24	Nonpriority amount	\$0.00
Total claim									
\$64.24									
Priority amount									
\$64.24									
Nonpriority amount									
\$0.00									
2.2026. Priority creditor's name and mailing address FELIX, MAYRA A 42 HELMETTA RD JAMESBURG NJ 08831 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$117.71</td> </tr> </table>	Total claim	\$117.71	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$117.71</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$117.71	Nonpriority amount	\$0.00
Total claim									
\$117.71									
Priority amount									
\$117.71									
Nonpriority amount									
\$0.00									
2.2027. Priority creditor's name and mailing address FELIZ, PATRIA M 31A MARBLE ST WORCESTER MA 01603 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$226.50</td> </tr> </table>	Total claim	\$226.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$226.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$226.50	Nonpriority amount	\$0.00
Total claim									
\$226.50									
Priority amount									
\$226.50									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2028. Priority creditor's name and mailing address FELLER, MADISON 14668 BEAR CREEK RD REDFIELD IA 50233 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$91.58	Priority amount \$91.58 Nonpriority amount \$0.00
2.2029. Priority creditor's name and mailing address FELTNER-WILLIAMS, DESTINY A 1505 HANCOCK DRIVE APT D NORMAL IL 61761 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$104.11	Priority amount \$104.11 Nonpriority amount \$0.00
2.2030. Priority creditor's name and mailing address FERDINAND, ALIYAH 4612 SHAY TERRACE BUFORD GA 30519 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$241.44	Priority amount \$241.44 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2031.	Priority creditor's name and mailing address FERGUSON, LAURYN 3303 WICKHAM AVE BRONX NY 10469 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$226.20</td> </tr> </table>	Total claim	\$226.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$226.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$226.20	Nonpriority amount	\$0.00
Total claim										
\$226.20										
Priority amount										
\$226.20										
Nonpriority amount										
\$0.00										
2.2032.	Priority creditor's name and mailing address FERGUSON, SABLE A 13428 SILVER HILL ROAD SUMERDUCK VA 22742 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,787.08</td> </tr> </table>	Total claim	\$2,787.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,787.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,787.08	Nonpriority amount	\$0.00
Total claim										
\$2,787.08										
Priority amount										
\$2,787.08										
Nonpriority amount										
\$0.00										
2.2033.	Priority creditor's name and mailing address FERGUSON, TEHYANA 95 VANTAGE RD HAMDEN CT 06514 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$41.21</td> </tr> </table>	Total claim	\$41.21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$41.21</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$41.21	Nonpriority amount	\$0.00
Total claim										
\$41.21										
Priority amount										
\$41.21										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2034.	Priority creditor's name and mailing address FERHATBEGOVIC, AJLA 4301 SUNRIDGE DR APT E SAINT LOUIS MO 63125 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$403.34</td></tr></table>	Total claim	\$403.34	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$403.34</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$403.34	Nonpriority amount	\$0.00
Total claim										
\$403.34										
Priority amount										
\$403.34										
Nonpriority amount										
\$0.00										
2.2035.	Priority creditor's name and mailing address FERNANDES, ISA Y 89 PLEASANT ST NEW BEDFORD MA 02740 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$284.52</td></tr></table>	Total claim	\$284.52	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$284.52</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$284.52	Nonpriority amount	\$0.00
Total claim										
\$284.52										
Priority amount										
\$284.52										
Nonpriority amount										
\$0.00										
2.2036.	Priority creditor's name and mailing address FERNANDEZ, ALYSSA C 2120 RAMROD AVENUE APT. 2327 HENDERSON NV 89014 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$50.90</td></tr></table>	Total claim	\$50.90	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$50.90</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$50.90	Nonpriority amount	\$0.00
Total claim										
\$50.90										
Priority amount										
\$50.90										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2037.	Priority creditor's name and mailing address FERNANDEZ, CEEKAY 1829 65TH STREET SOUTHEAST AUBURN WA 98092 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$96.36</td></tr></table>	Total claim	\$96.36	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$96.36</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$96.36	Nonpriority amount	\$0.00
Total claim										
\$96.36										
Priority amount										
\$96.36										
Nonpriority amount										
\$0.00										
2.2038.	Priority creditor's name and mailing address FERNANDEZ, EMELY 61-55 JUNCTION BLVD APT 9M QUEENS NY 11374 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$465.45</td></tr></table>	Total claim	\$465.45	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$465.45</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$465.45	Nonpriority amount	\$0.00
Total claim										
\$465.45										
Priority amount										
\$465.45										
Nonpriority amount										
\$0.00										
2.2039.	Priority creditor's name and mailing address FERNANDEZ, GLORIA L 740 S LYON ST 552 SANTA ANA CA 92705 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$662.64</td></tr></table>	Total claim	\$662.64	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$662.64</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$662.64	Nonpriority amount	\$0.00
Total claim										
\$662.64										
Priority amount										
\$662.64										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2040. Priority creditor's name and mailing address FERNANDEZ, GRACIA M 4715 SW 18 PL GAINESVILLE FL 32607 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$999.74</td> </tr> </table>	Total claim	\$999.74	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$999.74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$999.74	Nonpriority amount	\$0.00
Total claim									
\$999.74									
Priority amount									
\$999.74									
Nonpriority amount									
\$0.00									
2.2041. Priority creditor's name and mailing address FERNANDEZ, HOPE G 56 ARMINGTON AVE PROVIDENCE RI 02908 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$95.03</td> </tr> </table>	Total claim	\$95.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$95.03</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$95.03	Nonpriority amount	\$0.00
Total claim									
\$95.03									
Priority amount									
\$95.03									
Nonpriority amount									
\$0.00									
2.2042. Priority creditor's name and mailing address FERNANDEZ, JANEL C 5428 CHILDRESS DR GRAND PRAIRIE TX 75052 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$94.08</td> </tr> </table>	Total claim	\$94.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$94.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$94.08	Nonpriority amount	\$0.00
Total claim									
\$94.08									
Priority amount									
\$94.08									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2043. Priority creditor's name and mailing address FERNANDEZ, KATHIRIA M 2104 ONETA CT 2104 ONETA CT ORLANDO FL 32818 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$618.22	Priority amount \$618.22 Nonpriority amount \$0.00
2.2044. Priority creditor's name and mailing address FERNANDEZ, SIERRA M 1601 JOHNSTOCKBAUER DR 3207 VICTORIA TX 77901 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$154.13	Priority amount \$154.13 Nonpriority amount \$0.00
2.2045. Priority creditor's name and mailing address FERNANDEZ, SOLIDAD 450 PARK AVE UNIT 708 FOLEY AL 36535 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$311.04	Priority amount \$311.04 Nonpriority amount \$0.00

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2.2046. Priority creditor's name and mailing address FERNANDEZ, SUSANA 926 CHESTNUT AVE E LONG BEACH CA 90813 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$167.04</td> </tr> </table>	Total claim	\$167.04	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$167.04</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$167.04	Nonpriority amount	\$0.00
Total claim									
\$167.04									
Priority amount									
\$167.04									
Nonpriority amount									
\$0.00									
2.2047. Priority creditor's name and mailing address FERNANDEZ, TIFFINY A 1000 CHASTAIN ROAD KENNESAW GA 30144 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$61.30</td> </tr> </table>	Total claim	\$61.30	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$61.30</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$61.30	Nonpriority amount	\$0.00
Total claim									
\$61.30									
Priority amount									
\$61.30									
Nonpriority amount									
\$0.00									
2.2048. Priority creditor's name and mailing address FERREIRA, KAYLN 92-605 WELO STREET KAPOLEI HI 96707-3746 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$31.62</td> </tr> </table>	Total claim	\$31.62	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$31.62</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$31.62	Nonpriority amount	\$0.00
Total claim									
\$31.62									
Priority amount									
\$31.62									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2049.	Priority creditor's name and mailing address FERREIRA, MADILYN 3046 LOCKPORT ROAD NIAGARA FALLS NY 14305 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$885.22</td> </tr> </table>	Total claim	\$885.22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$885.22</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$885.22	Nonpriority amount	\$0.00
Total claim										
\$885.22										
Priority amount										
\$885.22										
Nonpriority amount										
\$0.00										
2.2050.	Priority creditor's name and mailing address FERREIRA, MICHELLE D 79 MIDDLEBORO AVE TAUNTON MA 02780 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$126.90</td> </tr> </table>	Total claim	\$126.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$126.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$126.90	Nonpriority amount	\$0.00
Total claim										
\$126.90										
Priority amount										
\$126.90										
Nonpriority amount										
\$0.00										
2.2051.	Priority creditor's name and mailing address FERREIRO, YESENIA 540 ASPEN RD WEST PALM BEACH FL 33409 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$36.55</td> </tr> </table>	Total claim	\$36.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$36.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$36.55	Nonpriority amount	\$0.00
Total claim										
\$36.55										
Priority amount										
\$36.55										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2052. Priority creditor's name and mailing address FERRELL, VERONICA E 5901 SAMANTHA STREET APT B FAYETTEVILLE AR 72704 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$578.71	Priority amount \$578.71 Nonpriority amount \$0.00
2.2053. Priority creditor's name and mailing address FETCHO, AUDREY A 9329 S ST. LOUIS AVE. EVERGREEN PARK IL 60805 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$216.70	Priority amount \$216.70 Nonpriority amount \$0.00
2.2054. Priority creditor's name and mailing address FIASCHE, VALENTINA A 2324 NORTH 76TH COURT ELMWOOD PARK IL 60707 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$396.52	Priority amount \$396.52 Nonpriority amount \$0.00

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2.2055.	Priority creditor's name and mailing address FICHERA, DANA 40 CAPRI DRIVE ROCHESTER NY 14624 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$192.37</td> </tr> </table>	Total claim	\$192.37	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$192.37</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$192.37	Nonpriority amount	\$0.00
Total claim										
\$192.37										
Priority amount										
\$192.37										
Nonpriority amount										
\$0.00										
2.2056.	Priority creditor's name and mailing address FIELDER, CATHERINE R 613 W MADISON ST PURCELL OK 73080 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$593.73</td> </tr> </table>	Total claim	\$593.73	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$593.73</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$593.73	Nonpriority amount	\$0.00
Total claim										
\$593.73										
Priority amount										
\$593.73										
Nonpriority amount										
\$0.00										
2.2057.	Priority creditor's name and mailing address FIGALLO, FRANCA 2948 MYRTLE OAK CIR DAVIE FL 33328 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$132.57</td> </tr> </table>	Total claim	\$132.57	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$132.57</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$132.57	Nonpriority amount	\$0.00
Total claim										
\$132.57										
Priority amount										
\$132.57										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2058. Priority creditor's name and mailing address FIGUEROA, ALEXIS R 11313 W. WILLOW LN AVONDALE AZ 85392 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$237.60	Priority amount \$237.60 Nonpriority amount \$0.00
2.2059. Priority creditor's name and mailing address FIGUEROA, ANGELICA N 3637 SNELL AVENUE #349 SAN JOSE CA 95136 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$258.75	Priority amount \$258.75 Nonpriority amount \$0.00
2.2060. Priority creditor's name and mailing address FIGUEROA, BREYLIS K CALLE 20 N-35 RIO GRANDE EST RIO GRANDE PR 00745 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$358.01	Priority amount \$358.01 Nonpriority amount \$0.00

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2.2061. Priority creditor's name and mailing address FIGUEROA, CHAVEZ SOFIA T 712 WOODFIELD ROAD WEST HEMPSTEAD NY 11552 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$122.52</td> </tr> </table>	Total claim	\$122.52	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$122.52</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$122.52	Nonpriority amount	\$0.00
Total claim									
\$122.52									
Priority amount									
\$122.52									
Nonpriority amount									
\$0.00									
2.2062. Priority creditor's name and mailing address FIGUEROA, COURTNEY I 5433 EDEN LANE #39 CONOVER NC 28613 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$164.86</td> </tr> </table>	Total claim	\$164.86	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$164.86</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$164.86	Nonpriority amount	\$0.00
Total claim									
\$164.86									
Priority amount									
\$164.86									
Nonpriority amount									
\$0.00									
2.2063. Priority creditor's name and mailing address FIGUEROA, DIANA C 709 CATHERINE ST PERTH AMBOY NJ 08861 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$116.82</td> </tr> </table>	Total claim	\$116.82	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$116.82</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$116.82	Nonpriority amount	\$0.00
Total claim									
\$116.82									
Priority amount									
\$116.82									
Nonpriority amount									
\$0.00									

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2.2064. Priority creditor's name and mailing address FIGUEROA, JOHNELLE 1127 N VELIE CT VISALIA CA 93292 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$231.36	Priority amount \$231.36 Nonpriority amount \$0.00
2.2065. Priority creditor's name and mailing address FILES, ARIANNA M 7035 MAYFIELD DRIVE PORT RICHEY FL 34668 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$106.42	Priority amount \$106.42 Nonpriority amount \$0.00
2.2066. Priority creditor's name and mailing address FILIPE, ALEXA M 268 NORTH HICKORY ST NORTH MASSAPEQUA NY 11758 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$107.16	Priority amount \$107.16 Nonpriority amount \$0.00

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2.2067. Priority creditor's name and mailing address FILLMORE, QUANESHA M 1700 N. DUPONT HWY APT B204 DOVER DE 19901 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,470.78</td> </tr> </table>	Total claim	\$1,470.78	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,470.78</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,470.78	Nonpriority amount	\$0.00
Total claim									
\$1,470.78									
Priority amount									
\$1,470.78									
Nonpriority amount									
\$0.00									
2.2068. Priority creditor's name and mailing address FINLEY, AZARIA 40893 HIGHPOINTE DR. CLINTON TOWNSHIP MI 48038 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$85.83</td> </tr> </table>	Total claim	\$85.83	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$85.83</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$85.83	Nonpriority amount	\$0.00
Total claim									
\$85.83									
Priority amount									
\$85.83									
Nonpriority amount									
\$0.00									
2.2069. Priority creditor's name and mailing address FINLEY, INDONEIZHANE L 802 E JACKSON DR APT.411 411 FLAGSTAFF AZ 86001 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$282.84</td> </tr> </table>	Total claim	\$282.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$282.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$282.84	Nonpriority amount	\$0.00
Total claim									
\$282.84									
Priority amount									
\$282.84									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2070. Priority creditor's name and mailing address FINLEY, KATHRYN A 2172 LAKE DRIVE ARNOLD MO 63010 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$628.72	Priority amount \$628.72 Nonpriority amount \$0.00
2.2071. Priority creditor's name and mailing address FINLEY, LACEY E 150 SOULES CIRCLE EDDY TX 76524 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$96.66	Priority amount \$96.66 Nonpriority amount \$0.00
2.2072. Priority creditor's name and mailing address FINNEY, SHERESA 1712 JANUARY DR. APT 203 SILVER SPRING MD 20904 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$184.00	Priority amount \$184.00 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2073. Priority creditor's name and mailing address FISHER, CAPRICE 424 HOLTEN DR BLOOMINGTON IL 61701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$139.87	Priority amount \$139.87 Nonpriority amount \$0.00
2.2074. Priority creditor's name and mailing address FISHER, DESTINY C 1308 WATERS EDGE DR NEWARK DE 19702 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$65.84	Priority amount \$65.84 Nonpriority amount \$0.00
2.2075. Priority creditor's name and mailing address FISHER, KAYLYN 548 CENTRAL CT NORTH INDIANAPOLIS IN 46205 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$73.60	Priority amount \$73.60 Nonpriority amount \$0.00

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2.2076. Priority creditor's name and mailing address FITCH, KAYLA R 1216 ALBERT ST RACINE WI 53404 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$27.03</td> </tr> </table>	Total claim	\$27.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$27.03</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$27.03	Nonpriority amount	\$0.00
Total claim									
\$27.03									
Priority amount									
\$27.03									
Nonpriority amount									
\$0.00									
2.2077. Priority creditor's name and mailing address FITTS, MARTHA N 1327 3RD ST GULFPORT MS 39501-2234 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$606.61</td> </tr> </table>	Total claim	\$606.61	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$606.61</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$606.61	Nonpriority amount	\$0.00
Total claim									
\$606.61									
Priority amount									
\$606.61									
Nonpriority amount									
\$0.00									
2.2078. Priority creditor's name and mailing address FITZGERALD, SHANTEL L 2218 B WAYNE AVE CHARLOTTESVILLE VA 22901 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$135.97</td> </tr> </table>	Total claim	\$135.97	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$135.97</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$135.97	Nonpriority amount	\$0.00
Total claim									
\$135.97									
Priority amount									
\$135.97									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2079. Priority creditor's name and mailing address FITZPATRICK, MERCEDES C 12751 RUTLAND ST DETROIT MI 48227 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$73.26	Priority amount \$73.26 Nonpriority amount \$0.00
2.2080. Priority creditor's name and mailing address FLAIG, CYNTHIA 1408 SOUTHCROSS DR W BURNSVILLE MN 55306-6188 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,760.56	Priority amount \$2,760.56 Nonpriority amount \$0.00
2.2081. Priority creditor's name and mailing address FLANAGAN, THOMAS 1 RACE PL OAKDALE NY 11769-1705 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$624.36	Priority amount \$624.36 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2082. Priority creditor's name and mailing address FLANIGAN, SOPHIA V 151 S FERN WICHITA KS 67213 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$48.51</td> </tr> </table>	Total claim	\$48.51	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$48.51</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$48.51	Nonpriority amount	\$0.00
Total claim									
\$48.51									
Priority amount									
\$48.51									
Nonpriority amount									
\$0.00									
2.2083. Priority creditor's name and mailing address FLEEGER, AMY 1356 STEPHENS ROAD VIRGINIA BEACH VA 23454 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$255.64</td> </tr> </table>	Total claim	\$255.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$255.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$255.64	Nonpriority amount	\$0.00
Total claim									
\$255.64									
Priority amount									
\$255.64									
Nonpriority amount									
\$0.00									
2.2084. Priority creditor's name and mailing address FLETCHER, DAIJA C SPINDLE TOP WAY 326 STOCKBRIDGE GA 30281 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$34.22</td> </tr> </table>	Total claim	\$34.22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$34.22</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$34.22	Nonpriority amount	\$0.00
Total claim									
\$34.22									
Priority amount									
\$34.22									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2085. Priority creditor's name and mailing address FLETCHER, KEENA P 214 MAPLE AVE UNCASVILLE CT 06382 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$100.28</td> <td>\$100.28</td> </tr> </table>	Total claim	Priority amount	\$100.28	\$100.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$100.28	\$100.28								
Nonpriority amount									
\$0.00									
2.2086. Priority creditor's name and mailing address FLETCHER, SHAKEIRRA A 8900 HALL N BARNES LN TALLAHASSEE FL 32317 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$223.94</td> <td>\$223.94</td> </tr> </table>	Total claim	Priority amount	\$223.94	\$223.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$223.94	\$223.94								
Nonpriority amount									
\$0.00									
2.2087. Priority creditor's name and mailing address FLETES-FREGOSO, VANESSA 3116 W MITCHELL ST MILWAUKEE WI 53215 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$501.93</td> <td>\$501.93</td> </tr> </table>	Total claim	Priority amount	\$501.93	\$501.93	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$501.93	\$501.93								
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2088.	Priority creditor's name and mailing address FLEURY, DEJA 23-304D KOEHLER DR. MORGANTOWN WV 26508 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$196.53</td> </tr> </table>	Total claim	\$196.53	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$196.53</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$196.53	Nonpriority amount	\$0.00
Total claim										
\$196.53										
Priority amount										
\$196.53										
Nonpriority amount										
\$0.00										
2.2089.	Priority creditor's name and mailing address FLIEGEL, DELANEY 4 ASHBERRY ST PLYMOUTH MA 02360 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$88.80</td> </tr> </table>	Total claim	\$88.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$88.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$88.80	Nonpriority amount	\$0.00
Total claim										
\$88.80										
Priority amount										
\$88.80										
Nonpriority amount										
\$0.00										
2.2090.	Priority creditor's name and mailing address FLIGHT, PATRICE S 2 DEERHILL LN. GREENHILLS OH 45218 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$69.85</td> </tr> </table>	Total claim	\$69.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$69.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$69.85	Nonpriority amount	\$0.00
Total claim										
\$69.85										
Priority amount										
\$69.85										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2091.	Priority creditor's name and mailing address FLINT, BRIAUNNA S 9620 SALEM REDFORD MI 48239 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$224.78</td></tr></table>	Total claim	\$224.78	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$224.78</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$224.78	Nonpriority amount	\$0.00
Total claim										
\$224.78										
Priority amount										
\$224.78										
Nonpriority amount										
\$0.00										
2.2092.	Priority creditor's name and mailing address FLOLO, KENNA M 434 NORTH 6TH STREET MANKATO MN 56001 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$1,640.40</td></tr></table>	Total claim	\$1,640.40	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$1,640.40</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,640.40	Nonpriority amount	\$0.00
Total claim										
\$1,640.40										
Priority amount										
\$1,640.40										
Nonpriority amount										
\$0.00										
2.2093.	Priority creditor's name and mailing address FLORENCIO, MARTINEZ DIANA 3126 OLD GATE ROAD MADISON WI 53704 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$30.60</td></tr></table>	Total claim	\$30.60	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$30.60</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$30.60	Nonpriority amount	\$0.00
Total claim										
\$30.60										
Priority amount										
\$30.60										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2094. Priority creditor's name and mailing address FLORES, ALYSSA N 5702 E. CHRISTINE AVENUE FRESNO CA 93727 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$190.56</td> </tr> </table>	Total claim	\$190.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$190.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$190.56	Nonpriority amount	\$0.00
Total claim									
\$190.56									
Priority amount									
\$190.56									
Nonpriority amount									
\$0.00									
2.2095. Priority creditor's name and mailing address FLORES, ANA K 24423 SPENCER BLVD # 2 MAGNOLIA TX 77355-2327 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$106.61</td> </tr> </table>	Total claim	\$106.61	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$106.61</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$106.61	Nonpriority amount	\$0.00
Total claim									
\$106.61									
Priority amount									
\$106.61									
Nonpriority amount									
\$0.00									
2.2096. Priority creditor's name and mailing address FLORES, ANA M 227 CYPRESS DRIVE APT B SAN YSIDRO CA 92173 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$172.80</td> </tr> </table>	Total claim	\$172.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$172.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$172.80	Nonpriority amount	\$0.00
Total claim									
\$172.80									
Priority amount									
\$172.80									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2097.	Priority creditor's name and mailing address FLORES, EMIRITH A 2323 MONROE ST BEAUMONT TX 77703-1511 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,479.05</td> </tr> </table>	Total claim	\$1,479.05	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,479.05</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,479.05	Nonpriority amount	\$0.00
Total claim										
\$1,479.05										
Priority amount										
\$1,479.05										
Nonpriority amount										
\$0.00										
2.2098.	Priority creditor's name and mailing address FLORES, GABRIELA N 1362 EAST 70TH STREET LOS ANGELES CA 90001 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$595.37</td> </tr> </table>	Total claim	\$595.37	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$595.37</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$595.37	Nonpriority amount	\$0.00
Total claim										
\$595.37										
Priority amount										
\$595.37										
Nonpriority amount										
\$0.00										
2.2099.	Priority creditor's name and mailing address FLORES, ISABEL 609 JAMES AVE SPRINGDALE AR 72764 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$297.66</td> </tr> </table>	Total claim	\$297.66	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$297.66</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$297.66	Nonpriority amount	\$0.00
Total claim										
\$297.66										
Priority amount										
\$297.66										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2100.	Priority creditor's name and mailing address FLORES, MARIAH G 15165 N. 66TH LANE GLENDALE AZ 85306 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$66.00</td></tr></table>	Total claim	\$66.00	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$66.00</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$66.00	Nonpriority amount	\$0.00
Total claim										
\$66.00										
Priority amount										
\$66.00										
Nonpriority amount										
\$0.00										
2.2101.	Priority creditor's name and mailing address FLORES, MARTA 3516 W 65TH ST CHICAGO IL 60629 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$155.07</td></tr></table>	Total claim	\$155.07	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$155.07</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$155.07	Nonpriority amount	\$0.00
Total claim										
\$155.07										
Priority amount										
\$155.07										
Nonpriority amount										
\$0.00										
2.2102.	Priority creditor's name and mailing address FLORES, NINA T 335 ANTIOCH CIRCLE WEST APARTMENT 5 TERRE HAUTE IN 47803 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$636.02</td></tr></table>	Total claim	\$636.02	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$636.02</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$636.02	Nonpriority amount	\$0.00
Total claim										
\$636.02										
Priority amount										
\$636.02										
Nonpriority amount										
\$0.00										

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2.2103. Priority creditor's name and mailing address FLORES, SABRINA N 8300 DELLA RD NE ALBUQUERQUE NM 87109 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$133.40</td> </tr> </table>	Total claim	\$133.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$133.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$133.40	Nonpriority amount	\$0.00
Total claim									
\$133.40									
Priority amount									
\$133.40									
Nonpriority amount									
\$0.00									
2.2104. Priority creditor's name and mailing address FLORES, STEPHANIE 12721 MATTESON AVE APT 5 LOS ANGELES CA 90066-4217 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$865.01</td> </tr> </table>	Total claim	\$865.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$865.01</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$865.01	Nonpriority amount	\$0.00
Total claim									
\$865.01									
Priority amount									
\$865.01									
Nonpriority amount									
\$0.00									
2.2105. Priority creditor's name and mailing address FLORES, TANIA 402 MCCLURE AV ELGIN IL 60123 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$99.95</td> </tr> </table>	Total claim	\$99.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$99.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$99.95	Nonpriority amount	\$0.00
Total claim									
\$99.95									
Priority amount									
\$99.95									
Nonpriority amount									
\$0.00									

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2.2106. Priority creditor's name and mailing address FLORES, YANES 4444 E BENSON HWY #248 TUCSON AZ 85706 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$42.02</td> </tr> </table>	Total claim	\$42.02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$42.02</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$42.02	Nonpriority amount	\$0.00
Total claim									
\$42.02									
Priority amount									
\$42.02									
Nonpriority amount									
\$0.00									
2.2107. Priority creditor's name and mailing address FLORES, YESENIA J 2073 JOHNSON ST BROWNSVILLE TX 78521 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$431.87</td> </tr> </table>	Total claim	\$431.87	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$431.87</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$431.87	Nonpriority amount	\$0.00
Total claim									
\$431.87									
Priority amount									
\$431.87									
Nonpriority amount									
\$0.00									
2.2108. Priority creditor's name and mailing address FLORES, YULIANA L 36 PARADISE VLY N CARSON CA 90745 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$167.64</td> </tr> </table>	Total claim	\$167.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$167.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$167.64	Nonpriority amount	\$0.00
Total claim									
\$167.64									
Priority amount									
\$167.64									
Nonpriority amount									
\$0.00									

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2.2109. Priority creditor's name and mailing address FLOWE, SYDNEY R 4020 GAELIC LAANE P GLEN ALLEN VA 23060 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$115.84</td> </tr> </table>	Total claim	\$115.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$115.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$115.84	Nonpriority amount	\$0.00
Total claim									
\$115.84									
Priority amount									
\$115.84									
Nonpriority amount									
\$0.00									
2.2110. Priority creditor's name and mailing address FLOWERS, DASIA T 7104 PASO ROBLES BLVD FORT PIERCE FL 34951 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$116.16</td> </tr> </table>	Total claim	\$116.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$116.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$116.16	Nonpriority amount	\$0.00
Total claim									
\$116.16									
Priority amount									
\$116.16									
Nonpriority amount									
\$0.00									
2.2111. Priority creditor's name and mailing address FLOWERS, ZARI 108 DREW LANE APT.9 WAUKEGAN IL 60085 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$519.77</td> </tr> </table>	Total claim	\$519.77	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$519.77</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$519.77	Nonpriority amount	\$0.00
Total claim									
\$519.77									
Priority amount									
\$519.77									
Nonpriority amount									
\$0.00									

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2.2112.	Priority creditor's name and mailing address FLUCAS, ATTALLAH 2000 BRIGHTSIDE DRIVE APT 922 BATON ROUGE LA 70820 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$67.40</td></tr></table>	Total claim	\$67.40	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$67.40</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$67.40	Nonpriority amount	\$0.00
Total claim										
\$67.40										
Priority amount										
\$67.40										
Nonpriority amount										
\$0.00										
2.2113.	Priority creditor's name and mailing address FLUCAS, BRITTNEY 134 CHAPELTOWNE CIRCLE NOTTINGHAM MD 21236 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$347.42</td></tr></table>	Total claim	\$347.42	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$347.42</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$347.42	Nonpriority amount	\$0.00
Total claim										
\$347.42										
Priority amount										
\$347.42										
Nonpriority amount										
\$0.00										
2.2114.	Priority creditor's name and mailing address FLYE, AYANNA 3110 CANDLEWOOD DR APT.D ATLANTA GA 30344 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$107.46</td></tr></table>	Total claim	\$107.46	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$107.46</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$107.46	Nonpriority amount	\$0.00
Total claim										
\$107.46										
Priority amount										
\$107.46										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2115. Priority creditor's name and mailing address FLYNN, EMMA M 5205 HAHNS PEAK DRIVE 101 LOVELAND CO 80538 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$77.71	Priority amount \$77.71 Nonpriority amount \$0.00
2.2116. Priority creditor's name and mailing address FLYNN, SYMONE V 7227 SOUTH EBERHART 2 CHICAGO IL 60619 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$120.45	Priority amount \$120.45 Nonpriority amount \$0.00
2.2117. Priority creditor's name and mailing address FODOR, KAREN I. 939 TEATRO CIR EL CAJON CA 92021-5183 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$9.07	Priority amount \$9.07 Nonpriority amount \$0.00

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2.2118. Priority creditor's name and mailing address FOGGLE, MICHE S 5409 OLD HANDLEY RD FORT WORTH TX 76112 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$69.82	Priority amount \$69.82 Nonpriority amount \$0.00
2.2119. Priority creditor's name and mailing address FOLKES, VANESSA 1856 WARTON AVE SE PALM BAY FL 32909 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,011.93	Priority amount \$3,011.93 Nonpriority amount \$0.00
2.2120. Priority creditor's name and mailing address FONG, SHALONA S 4949 OAKDALE ROAD APT. 532 SMYRNA GA 30080 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$47.03	Priority amount \$47.03 Nonpriority amount \$0.00

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2.2121. Priority creditor's name and mailing address FONKENG, SEMIRA T 4306 BARTON ROAD LANSING MI 48917 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$165.94</td> </tr> </table>	Total claim	\$165.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$165.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$165.94	Nonpriority amount	\$0.00
Total claim									
\$165.94									
Priority amount									
\$165.94									
Nonpriority amount									
\$0.00									
2.2122. Priority creditor's name and mailing address FONMEDIG, TRACY N 8106 KYLEMORE WAY ELLCOTT CITY MD 21043 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$256.55</td> </tr> </table>	Total claim	\$256.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$256.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$256.55	Nonpriority amount	\$0.00
Total claim									
\$256.55									
Priority amount									
\$256.55									
Nonpriority amount									
\$0.00									
2.2123. Priority creditor's name and mailing address FONTANILLA, JOCELYN 1442 GAROLD LANE MANTECA CA 95337 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$167.64</td> </tr> </table>	Total claim	\$167.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$167.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$167.64	Nonpriority amount	\$0.00
Total claim									
\$167.64									
Priority amount									
\$167.64									
Nonpriority amount									
\$0.00									

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2.2124. Priority creditor's name and mailing address FONTES, JADE A 17 ALPHA ROAD DORCHESTER MA 02124 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$931.19	Priority amount \$931.19 Nonpriority amount \$0.00
2.2125. Priority creditor's name and mailing address FONTILUS, NED-WENDY 8915 214 STREET QUEENS VILLAGE NY 11427 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$171.00	Priority amount \$171.00 Nonpriority amount \$0.00
2.2126. Priority creditor's name and mailing address FONVILLE, A'NGELIA 4775 APARTMENT BLVD APT. K-1 NORTH CHARLESTON SC 29418 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$4,624.70	Priority amount \$4,624.70 Nonpriority amount \$0.00

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2.2127. Priority creditor's name and mailing address FORBES, KARLI M 4954 NW FOXWORTH AVE. PORT SAINT LUCIE FL 34983 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$235.81	Priority amount \$235.81 Nonpriority amount \$0.00
2.2128. Priority creditor's name and mailing address FORD, CAROLINE S 2900 PURCHASE STREET PURCHASE NY 10577 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$282.00	Priority amount \$282.00 Nonpriority amount \$0.00
2.2129. Priority creditor's name and mailing address FORD, CHAMPAIGNE 6001 OLD HICKORY BLVD 370 HERMITAGE TN 37076 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,441.12	Priority amount \$1,441.12 Nonpriority amount \$0.00

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2.2130. Priority creditor's name and mailing address FORD, DORYANN D 2074 BRITTANY ROAD COLUMBUS OH 43229 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$53.20</td> </tr> </table>	Total claim	\$53.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$53.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$53.20	Nonpriority amount	\$0.00
Total claim									
\$53.20									
Priority amount									
\$53.20									
Nonpriority amount									
\$0.00									
2.2131. Priority creditor's name and mailing address FORD, JADA 820 THIERIOT AVENUE 5K BRONX NY 10473 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,038.02</td> </tr> </table>	Total claim	\$1,038.02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,038.02</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,038.02	Nonpriority amount	\$0.00
Total claim									
\$1,038.02									
Priority amount									
\$1,038.02									
Nonpriority amount									
\$0.00									
2.2132. Priority creditor's name and mailing address FORD, JOURNEY A 1736 E SARATOGA ST GILBERT AZ 85296 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$214.67</td> </tr> </table>	Total claim	\$214.67	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$214.67</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$214.67	Nonpriority amount	\$0.00
Total claim									
\$214.67									
Priority amount									
\$214.67									
Nonpriority amount									
\$0.00									

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2.2133. Priority creditor's name and mailing address FORD, KORIN M 10438 SUGARBERRY STREET WALDORF MD 20603 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$122.72</td> </tr> </table>	Total claim	\$122.72	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$122.72</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$122.72	Nonpriority amount	\$0.00
Total claim									
\$122.72									
Priority amount									
\$122.72									
Nonpriority amount									
\$0.00									
2.2134. Priority creditor's name and mailing address FOREHAND, TIFFANY N 1131 35TH ST COLUMBUS GA 31904 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$55.10</td> </tr> </table>	Total claim	\$55.10	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$55.10</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$55.10	Nonpriority amount	\$0.00
Total claim									
\$55.10									
Priority amount									
\$55.10									
Nonpriority amount									
\$0.00									
2.2135. Priority creditor's name and mailing address FORREST, SERENA A 141 GARFIELD AVE LONG BRANCH NJ 07740 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$191.25</td> </tr> </table>	Total claim	\$191.25	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$191.25</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$191.25	Nonpriority amount	\$0.00
Total claim									
\$191.25									
Priority amount									
\$191.25									
Nonpriority amount									
\$0.00									

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2.2136.	Priority creditor's name and mailing address FORSELL, CORRY S 18 WRIGHT PARKWAY NW D FORT WALTON BEACH FL 32548 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$603.48</td> </tr> </table>	Total claim	\$603.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$603.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$603.48	Nonpriority amount	\$0.00
Total claim										
\$603.48										
Priority amount										
\$603.48										
Nonpriority amount										
\$0.00										
2.2137.	Priority creditor's name and mailing address FORTE, MICHAELA 113 VILLAGE PL MOUNT HOLLY NC 28120 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$164.64</td> </tr> </table>	Total claim	\$164.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$164.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$164.64	Nonpriority amount	\$0.00
Total claim										
\$164.64										
Priority amount										
\$164.64										
Nonpriority amount										
\$0.00										
2.2138.	Priority creditor's name and mailing address FOSKEY, TRACY L 4048 45TH AVE N ST PETERSBURG FL 33714 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$222.08</td> </tr> </table>	Total claim	\$222.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$222.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$222.08	Nonpriority amount	\$0.00
Total claim										
\$222.08										
Priority amount										
\$222.08										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2139. Priority creditor's name and mailing address FOSS, SAVANNA 676 S 9TH ST APARTMENT 4 SAN JOSE CA 95112 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$45.75</td> </tr> </table>	Total claim	\$45.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$45.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$45.75	Nonpriority amount	\$0.00
Total claim									
\$45.75									
Priority amount									
\$45.75									
Nonpriority amount									
\$0.00									
2.2140. Priority creditor's name and mailing address FOSTER, CHLOE K 18 PRIMROSE LANE MARSHFIELD MA 02050 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$255.30</td> </tr> </table>	Total claim	\$255.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$255.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$255.30	Nonpriority amount	\$0.00
Total claim									
\$255.30									
Priority amount									
\$255.30									
Nonpriority amount									
\$0.00									
2.2141. Priority creditor's name and mailing address FOSTER, CHRISTA C 3328 W WOODHILL LN APT B PEORIA IL 61604 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,255.33</td> </tr> </table>	Total claim	\$1,255.33	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,255.33</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,255.33	Nonpriority amount	\$0.00
Total claim									
\$1,255.33									
Priority amount									
\$1,255.33									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2142. Priority creditor's name and mailing address FOSTER, KAYLA D 3 LOST COVE NEWPORT NEWS VA 23606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$265.36</td> </tr> </table>	Total claim	\$265.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$265.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$265.36	Nonpriority amount	\$0.00
Total claim									
\$265.36									
Priority amount									
\$265.36									
Nonpriority amount									
\$0.00									
2.2143. Priority creditor's name and mailing address FOSTER, LESHA 4 WILLOW CREEK LANE APT 4209 JONESBORO AR 72404 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$40.98</td> </tr> </table>	Total claim	\$40.98	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$40.98</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$40.98	Nonpriority amount	\$0.00
Total claim									
\$40.98									
Priority amount									
\$40.98									
Nonpriority amount									
\$0.00									
2.2144. Priority creditor's name and mailing address FOSTER, RACHEL M 158 POWHATAN STREET HAVRE DE GRACE MD 21078 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$53.24</td> </tr> </table>	Total claim	\$53.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$53.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$53.24	Nonpriority amount	\$0.00
Total claim									
\$53.24									
Priority amount									
\$53.24									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2145. Priority creditor's name and mailing address FOSTER, STACI M 2959 ARENOSO GRAND PRAIRIE TX 75054 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$80.19</td> </tr> </table>	Total claim	\$80.19	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$80.19</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$80.19	Nonpriority amount	\$0.00
Total claim									
\$80.19									
Priority amount									
\$80.19									
Nonpriority amount									
\$0.00									
2.2146. Priority creditor's name and mailing address FOWLER, ALANA L 250 GEORGIA QUEEN DR. WOODRUFF SC 29388 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$275.70</td> </tr> </table>	Total claim	\$275.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$275.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$275.70	Nonpriority amount	\$0.00
Total claim									
\$275.70									
Priority amount									
\$275.70									
Nonpriority amount									
\$0.00									
2.2147. Priority creditor's name and mailing address FOWLER-, CULBERSON SHATYRA D 3030 SUMTER AVE N APT 211 211 CRYSTAL MN 55427 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$21.20</td> </tr> </table>	Total claim	\$21.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$21.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$21.20	Nonpriority amount	\$0.00
Total claim									
\$21.20									
Priority amount									
\$21.20									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2148. Priority creditor's name and mailing address FOWLER, NAZALENA V 5880 SAKHALIN AVE. LAS VEGAS NV 89139 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$51.23</td> </tr> </table>	Total claim	\$51.23	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$51.23</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$51.23	Nonpriority amount	\$0.00
Total claim									
\$51.23									
Priority amount									
\$51.23									
Nonpriority amount									
\$0.00									
2.2149. Priority creditor's name and mailing address FOX, AMBER J 355 E PRIMM BLVD 5359 PRIMM NV 89019 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$106.26</td> </tr> </table>	Total claim	\$106.26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$106.26</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$106.26	Nonpriority amount	\$0.00
Total claim									
\$106.26									
Priority amount									
\$106.26									
Nonpriority amount									
\$0.00									
2.2150. Priority creditor's name and mailing address FOX, CAROL M 1611 S ORANGE PL 7 ESCONDIDO CA 92025 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$257.28</td> </tr> </table>	Total claim	\$257.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$257.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$257.28	Nonpriority amount	\$0.00
Total claim									
\$257.28									
Priority amount									
\$257.28									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2151. Priority creditor's name and mailing address FOX, CRYSTAL A 1417 WINCHESTER TRAIL SE SMYRNA GA 30339 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$257.04	Priority amount \$257.04 Nonpriority amount \$0.00
2.2152. Priority creditor's name and mailing address FOX, KATHERINE M 8261 YORKRIDGE RD. GUILFORD IN 47022 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$83.65	Priority amount \$83.65 Nonpriority amount \$0.00
2.2153. Priority creditor's name and mailing address FOX, LAUREN D 2060 FERRIS RD COLUMBUS OH 43224 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$935.35	Priority amount \$935.35 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2154. Priority creditor's name and mailing address FOXX, JAHKAYA 2641 OLD BUENA VISTA PIKE NASHVILLE TN 37218 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$45.05</td> </tr> </table>	Total claim	\$45.05	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$45.05</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$45.05	Nonpriority amount	\$0.00
Total claim									
\$45.05									
Priority amount									
\$45.05									
Nonpriority amount									
\$0.00									
2.2155. Priority creditor's name and mailing address FOY, HANNAH R 5901 OFFSHORE COURT WILMINGTON NC 28409 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$357.21</td> </tr> </table>	Total claim	\$357.21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$357.21</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$357.21	Nonpriority amount	\$0.00
Total claim									
\$357.21									
Priority amount									
\$357.21									
Nonpriority amount									
\$0.00									
2.2156. Priority creditor's name and mailing address FRAIELLI, JODYANN 140 URBAN AVE 1ST FLOOR NORTH PROVIDENCE RI 02904 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$121.20</td> </tr> </table>	Total claim	\$121.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$121.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$121.20	Nonpriority amount	\$0.00
Total claim									
\$121.20									
Priority amount									
\$121.20									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2157. Priority creditor's name and mailing address FRANCE, JOESPHINA 116 MAGNOLIA DRIVE POOLER GA 31322 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$62.99</td> </tr> </table>	Total claim	\$62.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$62.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$62.99	Nonpriority amount	\$0.00
Total claim									
\$62.99									
Priority amount									
\$62.99									
Nonpriority amount									
\$0.00									
2.2158. Priority creditor's name and mailing address FRANCE, LISA M 1004 HILLCREST DR. GREENWOOD AR 72936 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$430.40</td> </tr> </table>	Total claim	\$430.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$430.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$430.40	Nonpriority amount	\$0.00
Total claim									
\$430.40									
Priority amount									
\$430.40									
Nonpriority amount									
\$0.00									
2.2159. Priority creditor's name and mailing address FRANCIS, FATIMA 5656 STEVENS FOREST APT 153 COLUMBIA MD 21045 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$179.88</td> </tr> </table>	Total claim	\$179.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$179.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$179.88	Nonpriority amount	\$0.00
Total claim									
\$179.88									
Priority amount									
\$179.88									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2160. Priority creditor's name and mailing address FRANCIS, HANNAH R 441 AUDRY DRIVE DUPO IL 62239 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$420.47	Priority amount \$420.47 Nonpriority amount \$0.00
2.2161. Priority creditor's name and mailing address FRANCIS, NICOLE A 1836 LAUREL ST NEW ORLEANS LA 70130 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$186.83	Priority amount \$186.83 Nonpriority amount \$0.00
2.2162. Priority creditor's name and mailing address FRANCO, ADRIANA L 75 LEXINGTON AVE WESTBURY NY 11590 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$254.04	Priority amount \$254.04 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2163. Priority creditor's name and mailing address FRANCO, GIOVANNA A 3208 W SUNNYSIDE AVE APT 2 CHICAGO IL 60625 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$142.45</td> </tr> </table>	Total claim	\$142.45	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$142.45</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$142.45	Nonpriority amount	\$0.00
Total claim									
\$142.45									
Priority amount									
\$142.45									
Nonpriority amount									
\$0.00									
2.2164. Priority creditor's name and mailing address FRANCO, MERNA D 1605 E CYPRESS ST APT C COVINA CA 91724 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$158.52</td> </tr> </table>	Total claim	\$158.52	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$158.52</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$158.52	Nonpriority amount	\$0.00
Total claim									
\$158.52									
Priority amount									
\$158.52									
Nonpriority amount									
\$0.00									
2.2165. Priority creditor's name and mailing address FRANKLIN, TIANA T 1380 EAST WASHINGTON AVENUE UNIT 33W EL CAJON CA 92019 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$141.39</td> </tr> </table>	Total claim	\$141.39	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$141.39</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$141.39	Nonpriority amount	\$0.00
Total claim									
\$141.39									
Priority amount									
\$141.39									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2166.	Priority creditor's name and mailing address FRASCH, CAITLIN M 1460 UNIVERSITY DR WINCHESTER VA 22601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$159.87</td></tr></table>	Total claim	\$159.87	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$159.87</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$159.87	Nonpriority amount	\$0.00
Total claim										
\$159.87										
Priority amount										
\$159.87										
Nonpriority amount										
\$0.00										
2.2167.	Priority creditor's name and mailing address FRASCH, KATELYN T 15 N 630 RED LEAF RD HAMPSHIRE IL 60140 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$99.66</td></tr></table>	Total claim	\$99.66	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$99.66</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$99.66	Nonpriority amount	\$0.00
Total claim										
\$99.66										
Priority amount										
\$99.66										
Nonpriority amount										
\$0.00										
2.2168.	Priority creditor's name and mailing address FRASIER, KAMRYN A 6006 STILLWOOD CIR KILLEEN TX 76543 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$131.05</td></tr></table>	Total claim	\$131.05	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$131.05</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$131.05	Nonpriority amount	\$0.00
Total claim										
\$131.05										
Priority amount										
\$131.05										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2169.	Priority creditor's name and mailing address FRAZIER, BRIANNA S 17 GROVE ST APT.2 MALDEN MA 02148 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$221.40</td> </tr> </table>	Total claim	\$221.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$221.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$221.40	Nonpriority amount	\$0.00
Total claim										
\$221.40										
Priority amount										
\$221.40										
Nonpriority amount										
\$0.00										
2.2170.	Priority creditor's name and mailing address FRAZIER, SHANTAVIA 413 SE 4TH STREET 202 BOYNTON BEACH FL 33435 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,257.56</td> </tr> </table>	Total claim	\$1,257.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,257.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,257.56	Nonpriority amount	\$0.00
Total claim										
\$1,257.56										
Priority amount										
\$1,257.56										
Nonpriority amount										
\$0.00										
2.2171.	Priority creditor's name and mailing address FRAZIER, SOMMER M 1602 DILLON ST. SAGINAW MI 48601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$201.38</td> </tr> </table>	Total claim	\$201.38	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$201.38</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$201.38	Nonpriority amount	\$0.00
Total claim										
\$201.38										
Priority amount										
\$201.38										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.2172. Priority creditor's name and mailing address**FREDERICK, LAUREN
5366 W 143RD ST.
SAVAGE MN 55378**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$6,040.58

Priority amount

\$6,040.58

Nonpriority amount

\$0.00

2.2173. Priority creditor's name and mailing addressFREEMAN, ASHLIE M
6110 OZARK MOUNTAIN DR.
2625 E CACTUS
BAKERSFIELD CA 93314**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$277.64

Priority amount

\$277.64

Nonpriority amount

\$0.00

2.2174. Priority creditor's name and mailing addressFREITAS, CHRISTINE
62 LINCOLN ST
3
HUDSON MA 01749**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$196.20

Priority amount

\$196.20

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2175. Priority creditor's name and mailing address FREYCINET, SARA 421 NE 21ST TER HOMESTEAD FL 33033-6031 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,737.88	Priority amount \$1,737.88 Nonpriority amount \$0.00
2.2176. Priority creditor's name and mailing address FRIAS, NICOLE E E 104 BENEFIT ST APT 2 5 PAWTUCKET RI 02861 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,923.64	Priority amount \$1,923.64 Nonpriority amount \$0.00
2.2177. Priority creditor's name and mailing address FRICKE, JESSICA P 1364 MESA AVENUE GRAND JUNCTION CO 81501 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$107.11	Priority amount \$107.11 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2178. Priority creditor's name and mailing address FRICKS, LAZARIAH 2159 BUSH AVE SAINT PAUL MN 55119 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$249.08</td></tr></table>	Total claim	\$249.08	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$249.08</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$249.08	Nonpriority amount	\$0.00
Total claim									
\$249.08									
Priority amount									
\$249.08									
Nonpriority amount									
\$0.00									
2.2179. Priority creditor's name and mailing address FRIDOLFSON, ALLISON 604 E 8TH AVE GASTONIA NC 28054 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$122.52</td></tr></table>	Total claim	\$122.52	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$122.52</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$122.52	Nonpriority amount	\$0.00
Total claim									
\$122.52									
Priority amount									
\$122.52									
Nonpriority amount									
\$0.00									
2.2180. Priority creditor's name and mailing address FRIEDMAN, HEATHER 9013 AMIGO AVE NORTHRIDGE CA 91324 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$76.45</td></tr></table>	Total claim	\$76.45	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$76.45</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$76.45	Nonpriority amount	\$0.00
Total claim									
\$76.45									
Priority amount									
\$76.45									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2181. Priority creditor's name and mailing address FRIEND, JENNIFER L 827 OAK AVENUE VALLEY PARK MO 63088 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$5,236.41	Priority amount \$5,236.41 Nonpriority amount \$0.00
2.2182. Priority creditor's name and mailing address FRISINA, BRALYN 1849 HASTINGS RD SPRINGFIELD IL 62702 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$608.48	Priority amount \$608.48 Nonpriority amount \$0.00
2.2183. Priority creditor's name and mailing address FRITH, SHYHEIMA 3213 CRUGER AVE APT 3 BRONX NY 10467-6443 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$449.25	Priority amount \$449.25 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2184.	Priority creditor's name and mailing address FRITZ, CARRIE 1909 E HARRISON ST GILBERT AZ 85295 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,918.10</td> </tr> </table>	Total claim	\$2,918.10	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,918.10</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,918.10	Nonpriority amount	\$0.00
Total claim										
\$2,918.10										
Priority amount										
\$2,918.10										
Nonpriority amount										
\$0.00										
2.2185.	Priority creditor's name and mailing address FRITZ, JORDAN A 3629 STATE ROUTE 5 ASHLAND KY 41102 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$80.47</td> </tr> </table>	Total claim	\$80.47	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$80.47</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$80.47	Nonpriority amount	\$0.00
Total claim										
\$80.47										
Priority amount										
\$80.47										
Nonpriority amount										
\$0.00										
2.2186.	Priority creditor's name and mailing address FRY, CASEY M 2012 HOLLIDAY WYOMING MI 49519 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$6,472.24</td> </tr> </table>	Total claim	\$6,472.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$6,472.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$6,472.24	Nonpriority amount	\$0.00
Total claim										
\$6,472.24										
Priority amount										
\$6,472.24										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2187. Priority creditor's name and mailing address FRYAR, NAYA 4 CAMBRIDGE COURT HIGHLAND NY 12528 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$212.65	Priority amount \$212.65 Nonpriority amount \$0.00
2.2188. Priority creditor's name and mailing address FRYAR, NY'ASIA J 14049 BETSY ROSS LN CENTREVILLE VA 20121 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$148.90	Priority amount \$148.90 Nonpriority amount \$0.00
2.2189. Priority creditor's name and mailing address FRYE, JAZMINE A 3530 WINTERFIELD RD. MIDLOTHIAN VA 23113 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$134.73	Priority amount \$134.73 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2190.	Priority creditor's name and mailing address FRYMAN, CALLIE N 138 SANTA CLARA AVENUE DAYTON OH 45405 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$211.19</td> </tr> </table>	Total claim	\$211.19	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$211.19</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$211.19	Nonpriority amount	\$0.00
Total claim										
\$211.19										
Priority amount										
\$211.19										
Nonpriority amount										
\$0.00										
2.2191.	Priority creditor's name and mailing address FU, SHANNON C 1153 ROSEMARY CIR CORONA CA 92879 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$428.28</td> </tr> </table>	Total claim	\$428.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$428.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$428.28	Nonpriority amount	\$0.00
Total claim										
\$428.28										
Priority amount										
\$428.28										
Nonpriority amount										
\$0.00										
2.2192.	Priority creditor's name and mailing address FUAMATU-TOMLIN, EZRI K 302 KAMA STREET WAILUKU HI 96793 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$30.30</td> </tr> </table>	Total claim	\$30.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$30.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$30.30	Nonpriority amount	\$0.00
Total claim										
\$30.30										
Priority amount										
\$30.30										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2193.	Priority creditor's name and mailing address FUDGE, COURTNEY 101 ROYAL DRIVE 1006 MADISON AL 35758 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$88.26</td></tr></table>	Total claim	\$88.26	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$88.26</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$88.26	Nonpriority amount	\$0.00
Total claim										
\$88.26										
Priority amount										
\$88.26										
Nonpriority amount										
\$0.00										
2.2194.	Priority creditor's name and mailing address FUENTES, ARAIZA M 895 DARRELL ST. COSTA MESA CA 92627 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$706.20</td></tr></table>	Total claim	\$706.20	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$706.20</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$706.20	Nonpriority amount	\$0.00
Total claim										
\$706.20										
Priority amount										
\$706.20										
Nonpriority amount										
\$0.00										
2.2195.	Priority creditor's name and mailing address FUENTES, ASHLEY M 6 TIERRAS NUEVAS MANATI PR 00674 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$1,428.21</td></tr></table>	Total claim	\$1,428.21	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$1,428.21</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,428.21	Nonpriority amount	\$0.00
Total claim										
\$1,428.21										
Priority amount										
\$1,428.21										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2196.	Priority creditor's name and mailing address FUENTES, LESLEY D 14850 KEPPEM ALLEN PARK MI 48101 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$85.38</td> </tr> </table>	Total claim	\$85.38	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$85.38</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$85.38	Nonpriority amount	\$0.00
Total claim										
\$85.38										
Priority amount										
\$85.38										
Nonpriority amount										
\$0.00										
2.2197.	Priority creditor's name and mailing address FUENTES, XIOMARA 3240 SW 34TH ST APT 515 Ocala FL 34474 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$424.63</td> </tr> </table>	Total claim	\$424.63	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$424.63</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$424.63	Nonpriority amount	\$0.00
Total claim										
\$424.63										
Priority amount										
\$424.63										
Nonpriority amount										
\$0.00										
2.2198.	Priority creditor's name and mailing address FUERTES, NYSHALIE L 53 UPSALA STREET APT 2 WORCESTER MA 01610 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$144.96</td> </tr> </table>	Total claim	\$144.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$144.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$144.96	Nonpriority amount	\$0.00
Total claim										
\$144.96										
Priority amount										
\$144.96										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2199. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
FUESTING, ADELIN E 221 CHINKAPIN DR PITTSBURGH PA 15065		\$71.63	\$71.63
Date or dates debt was incurred	Basis for the claim:		Nonpriority amount
_____	WAGES & PTO		\$0.00
Last 4 digits of account number:	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ No ☐ Yes		

2.2200. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
FULLER, ALEXIA 5831 SW 26TH ST 2 WEST PARK FL 33023		\$691.12	\$691.12
Date or dates debt was incurred	Basis for the claim:		Nonpriority amount
_____	WAGES & PTO		\$0.00
Last 4 digits of account number:	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ No ☐ Yes		

2.2201. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
FULLER, DANIELLE L 2309 REBECCA AVE APT B CHARLOTTE NC 28208		\$711.71	\$711.71
Date or dates debt was incurred	Basis for the claim:		Nonpriority amount
_____	WAGES & PTO		\$0.00
Last 4 digits of account number:	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2202. Priority creditor's name and mailing address FULLER, LEAH 2489 ROCKLAND ROAD FRONT ROYAL VA 22630 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$646.03</td> </tr> </table>	Total claim	\$646.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$646.03</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$646.03	Nonpriority amount	\$0.00
Total claim									
\$646.03									
Priority amount									
\$646.03									
Nonpriority amount									
\$0.00									
2.2203. Priority creditor's name and mailing address FULLER, SHYANNE 4995 HARVEY AVENUE ELKTON FL 32033 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$199.24</td> </tr> </table>	Total claim	\$199.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$199.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$199.24	Nonpriority amount	\$0.00
Total claim									
\$199.24									
Priority amount									
\$199.24									
Nonpriority amount									
\$0.00									
2.2204. Priority creditor's name and mailing address FULLER, TAIYLOR S 16 LEWIS T. BRANTLEY DRIVE JACKSON TN 38301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$98.18</td> </tr> </table>	Total claim	\$98.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$98.18</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$98.18	Nonpriority amount	\$0.00
Total claim									
\$98.18									
Priority amount									
\$98.18									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2205. Priority creditor's name and mailing address FULMORE, OSHA S 2017 FRANCIS ST. SCRANTON SC 29591 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$400.14	Priority amount \$400.14 Nonpriority amount \$0.00
2.2206. Priority creditor's name and mailing address FUMAROLA, CARISSA 9604 DEER TRACK RD WEST CHESTER OH 45069 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$41.02	Priority amount \$41.02 Nonpriority amount \$0.00
2.2207. Priority creditor's name and mailing address FURIONI, ATHENA T 35 UNIVERSITY LANE APT 120 BOX 8 COLCHESTER VT 05446 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$76.76	Priority amount \$76.76 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2208. Priority creditor's name and mailing address FURPHY, RAYANNA 23 MONARCH DRIVE HOPEWELL JUNCTION NY 12533 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$188.26</td> </tr> </table>	Total claim	\$188.26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$188.26</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$188.26	Nonpriority amount	\$0.00
Total claim									
\$188.26									
Priority amount									
\$188.26									
Nonpriority amount									
\$0.00									
2.2209. Priority creditor's name and mailing address GABALDON, BRYANNA 2846 MATT DR. EUGENE OR 97408 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$530.63</td> </tr> </table>	Total claim	\$530.63	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$530.63</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$530.63	Nonpriority amount	\$0.00
Total claim									
\$530.63									
Priority amount									
\$530.63									
Nonpriority amount									
\$0.00									
2.2210. Priority creditor's name and mailing address GABLE, JORJA N 3609 PETERS AVE PMB 501 SIOUX CITY IA 51106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$88.49</td> </tr> </table>	Total claim	\$88.49	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$88.49</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$88.49	Nonpriority amount	\$0.00
Total claim									
\$88.49									
Priority amount									
\$88.49									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.2211. Priority creditor's name and mailing address**GABRIEL, CRISTEN
402 BROCONE DR.
VANDALIA OH 45377**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$2,022.61

Priority amount

\$2,022.61

Nonpriority amount

\$0.00

2.2212. Priority creditor's name and mailing addressGACUSAN, MICHELLE P
94-1049 ELEU ST.
WAIPAHU HI 96797**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$7,629.20

Priority amount

\$7,629.20

Nonpriority amount

\$0.00

2.2213. Priority creditor's name and mailing addressGADBERRY, TAYLOR
1125 ACADEMY PLACE
SOUTH BEND IN 46616**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$32.49

Priority amount

\$32.49

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2214. Priority creditor's name and mailing address GADDY, LASHUNDA D 1001 RIM RD FAYETTEVILLE NC 28314-5259 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,952.00	Priority amount \$3,952.00 Nonpriority amount \$0.00
2.2215. Priority creditor's name and mailing address GADISON, UNIQUE J 3416 S OURAY WAY AURORA CO 80013 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$139.53	Priority amount \$139.53 Nonpriority amount \$0.00
2.2216. Priority creditor's name and mailing address GAGNON, BRIEONNA M 57 OLD CANTERBURY TPKE NORWICH CT 06360 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$253.27	Priority amount \$253.27 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2217. Priority creditor's name and mailing address GAGNON-BAILEY, JUSTINE 1221 A ST NE C113 AUBURN WA 98002 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$310.32</td> </tr> </table>	Total claim	\$310.32	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$310.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$310.32	Nonpriority amount	\$0.00
Total claim									
\$310.32									
Priority amount									
\$310.32									
Nonpriority amount									
\$0.00									
2.2218. Priority creditor's name and mailing address GAINES, JASMINE B 1216 PENNYWOOD DR. HIGH POINT NC 27265 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$89.40</td> </tr> </table>	Total claim	\$89.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$89.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$89.40	Nonpriority amount	\$0.00
Total claim									
\$89.40									
Priority amount									
\$89.40									
Nonpriority amount									
\$0.00									
2.2219. Priority creditor's name and mailing address GAINES, SHATARA 407 17TH STREET ALTOONA PA 16602 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$463.81</td> </tr> </table>	Total claim	\$463.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$463.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$463.81	Nonpriority amount	\$0.00
Total claim									
\$463.81									
Priority amount									
\$463.81									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2220.	Priority creditor's name and mailing address GAITAN, DANIELLA N 539 PALO VERDE HOLTVILLE CA 92250 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$376.56</td> </tr> </table>	Total claim	\$376.56	<table border="1" style="width: 100%;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$376.56</td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$376.56	Nonpriority amount	\$0.00
Total claim										
\$376.56										
Priority amount										
\$376.56										
Nonpriority amount										
\$0.00										
2.2221.	Priority creditor's name and mailing address GAITAN, KATHYUSKA A 125 MEADOWBROOK LANE FITCHBURG MA 01420 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$215.52</td> </tr> </table>	Total claim	\$215.52	<table border="1" style="width: 100%;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$215.52</td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$215.52	Nonpriority amount	\$0.00
Total claim										
\$215.52										
Priority amount										
\$215.52										
Nonpriority amount										
\$0.00										
2.2222.	Priority creditor's name and mailing address GAJRA, JASMINE 308 NORTH FARVIEW AVENUE PARAMUS NJ 07652 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$35.67</td> </tr> </table>	Total claim	\$35.67	<table border="1" style="width: 100%;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$35.67</td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$35.67	Nonpriority amount	\$0.00
Total claim										
\$35.67										
Priority amount										
\$35.67										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2223. Priority creditor's name and mailing address GALATI, SAMANTHA 7821 YORK ROAD PARMA OH 44130 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,531.70</td> </tr> </table>	Total claim	\$1,531.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,531.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,531.70	Nonpriority amount	\$0.00
Total claim									
\$1,531.70									
Priority amount									
\$1,531.70									
Nonpriority amount									
\$0.00									
2.2224. Priority creditor's name and mailing address GALE, ESSENCE L 1600 OLD BAINBRIDGE ROAD APT 4 TALLAHASSEE FL 32303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$63.62</td> </tr> </table>	Total claim	\$63.62	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$63.62</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$63.62	Nonpriority amount	\$0.00
Total claim									
\$63.62									
Priority amount									
\$63.62									
Nonpriority amount									
\$0.00									
2.2225. Priority creditor's name and mailing address GALEANA, DENISE 1237 ERIC AVE PARLIER CA 93648 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$123.84</td> </tr> </table>	Total claim	\$123.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$123.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$123.84	Nonpriority amount	\$0.00
Total claim									
\$123.84									
Priority amount									
\$123.84									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2226. Priority creditor's name and mailing address GALEGO, PATRICIA 2750 NW 44TH STREET 606 OAKLAND PARK FL 33309 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$31.47	Priority amount \$31.47 Nonpriority amount \$0.00
2.2227. Priority creditor's name and mailing address GALENTE, CATHERINE 50 IVY HILL ROAD MAHOPAC NY 10541 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$349.08	Priority amount \$349.08 Nonpriority amount \$0.00
2.2228. Priority creditor's name and mailing address GALINDO, ITZEL 4495 CRYSTAL ST DENVER CO 80239 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$115.11	Priority amount \$115.11 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2229. Priority creditor's name and mailing address GALINDO, LYDIA 1912 SW 325TH PL FEDERAL WAY WA 98023 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,836.50</td> <td style="text-align: center;">\$1,836.50</td> </tr> </table>	Total claim	Priority amount	\$1,836.50	\$1,836.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$1,836.50	\$1,836.50								
Nonpriority amount									
\$0.00									
2.2230. Priority creditor's name and mailing address GALINDO, VICTORIA 85 56 106ST RICHMOND HILL NY 11418 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$439.05</td> <td style="text-align: center;">\$439.05</td> </tr> </table>	Total claim	Priority amount	\$439.05	\$439.05	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$439.05	\$439.05								
Nonpriority amount									
\$0.00									
2.2231. Priority creditor's name and mailing address GALL, BRYANNA A 10539 SADDLESTONE DRIVE FISHERS IN 46040 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$119.82</td> <td style="text-align: center;">\$119.82</td> </tr> </table>	Total claim	Priority amount	\$119.82	\$119.82	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$119.82	\$119.82								
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2232. Priority creditor's name and mailing address GALLANT, NIKKI 303 WARD COURT HOLLAND PA 18966 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$34.64	Priority amount \$34.64 Nonpriority amount \$0.00
2.2233. Priority creditor's name and mailing address GALLANT, RACHEL 8007 JORDAN CT. MOON PA 15108 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$172.13	Priority amount \$172.13 Nonpriority amount \$0.00
2.2234. Priority creditor's name and mailing address GALLARDO, ALANNA M 20857 GRAPEVINE DR. DIABLO GRANDE CA 95363 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$4,179.30	Priority amount \$4,179.30 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2235. Priority creditor's name and mailing address GALLARDO, ALYSSA M 2600 W MAIN STREET BELLEVILLE IL 62226 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$126.64	Priority amount \$126.64 Nonpriority amount \$0.00
2.2236. Priority creditor's name and mailing address GALLARDO-GARCIA, ERICA 1012 S HARLAN WAY LAKEWOOD CO 80226 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,442.34	Priority amount \$1,442.34 Nonpriority amount \$0.00
2.2237. Priority creditor's name and mailing address GALLEGOS, MARIAH 34 CLEMSON DR PUEBLO CO 81005 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$273.84	Priority amount \$273.84 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2238.	Priority creditor's name and mailing address GALLEGOS-, MARTINEZ ANGELICA E 1029 N WEBSTER STREET NAPERVILLE IL 60563 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$129.44</td> </tr> </table>	Total claim	\$129.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$129.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$129.44	Nonpriority amount	\$0.00
Total claim										
\$129.44										
Priority amount										
\$129.44										
Nonpriority amount										
\$0.00										
2.2239.	Priority creditor's name and mailing address GALLIMORE, LESLIE-ANN 5532 HAMPTON WOODS WAY TALLAHASSEE FL 32311 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$177.24</td> </tr> </table>	Total claim	\$177.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$177.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$177.24	Nonpriority amount	\$0.00
Total claim										
\$177.24										
Priority amount										
\$177.24										
Nonpriority amount										
\$0.00										
2.2240.	Priority creditor's name and mailing address GALLO, ZURIMA 1499 W 42ND PL HIALEAH FL 33012-7653 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,530.53</td> </tr> </table>	Total claim	\$3,530.53	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,530.53</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$3,530.53	Nonpriority amount	\$0.00
Total claim										
\$3,530.53										
Priority amount										
\$3,530.53										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2241. Priority creditor's name and mailing address GALLOWAY, ALEXIA I 1515 W TURNER ST ALLENTOWN PA 18102 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$107.12	Priority amount \$107.12 Nonpriority amount \$0.00
2.2242. Priority creditor's name and mailing address GALLOWAY, ALEXIS M 3830 UTE WAY ANTELOPE CA 95843 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$230.04	Priority amount \$230.04 Nonpriority amount \$0.00
2.2243. Priority creditor's name and mailing address GALOZO, ANGELICA B 1006 BRYCE LANE VIRGINIA BEACH VA 23464 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$140.39	Priority amount \$140.39 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2244. Priority creditor's name and mailing address GALSIM, MARY ROSE 4401 EDENHURST AVENUE LOS ANGELES CA 90039 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$185.16	Priority amount \$185.16 Nonpriority amount \$0.00
2.2245. Priority creditor's name and mailing address GALVAN, BRIANA 1935 CABRILLO MESA COURT CAMARILLO CA 93010 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$157.80	Priority amount \$157.80 Nonpriority amount \$0.00
2.2246. Priority creditor's name and mailing address GALVAN, FRANCO STACY G 16003 LLANO LN. VICTORVILLE CA 92394 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$90.84	Priority amount \$90.84 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.2247. Priority creditor's name and mailing address**GALVEZ, DAPHNE M
1613 STONYBROOK DRIVE
DEPTFORD NJ 08096**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$3,345.91

Priority amount

\$3,345.91

Nonpriority amount

\$0.00

2.2248. Priority creditor's name and mailing addressGALVEZ, ZENA E
2521 BISHOP DRIVE
APT K
BAKERSFIELD CA 93306**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$85.08

Priority amount

\$85.08

Nonpriority amount

\$0.00

2.2249. Priority creditor's name and mailing addressGAMBOA, CRYSTAL V
10800 PEPPER ST
ADELANTO CA 92301**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$1,561.03

Priority amount

\$1,561.03

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2250. Priority creditor's name and mailing address GAMBREL, RHIANNA N 1152 N 500 E COLUMBUS IN 47203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$473.13</td> <td style="text-align: center;">\$473.13</td> </tr> </table>	Total claim	Priority amount	\$473.13	\$473.13	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$473.13	\$473.13								
Nonpriority amount									
\$0.00									
2.2251. Priority creditor's name and mailing address GAMEZ, LORELEI F 3015 DELTA ST LANSING MI 48912 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$80.01</td> <td style="text-align: center;">\$80.01</td> </tr> </table>	Total claim	Priority amount	\$80.01	\$80.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$80.01	\$80.01								
Nonpriority amount									
\$0.00									
2.2252. Priority creditor's name and mailing address GAMINO, ALEXANDRA 11968 LEWISIA AVE. MORENO VALLEY CA 92557 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$122.40</td> <td style="text-align: center;">\$122.40</td> </tr> </table>	Total claim	Priority amount	\$122.40	\$122.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$122.40	\$122.40								
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2253. Priority creditor's name and mailing address GAMINO, BOJORQUEZ ELOISA 999 MARSHALL ROAD VACAVILLE CA 95687 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$751.11	Priority amount \$751.11 Nonpriority amount \$0.00
2.2254. Priority creditor's name and mailing address GAMMERLER, MARINA T 1309 WINDMILL DRIVE LAFAYETTE IN 47909 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$88.57	Priority amount \$88.57 Nonpriority amount \$0.00
2.2255. Priority creditor's name and mailing address GANNOTTI, JULIA R 40 BEECHHURST AVE FLORAL PARK NY 11001 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$98.28	Priority amount \$98.28 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2256. Priority creditor's name and mailing address GANTNER, ALEXIS 128 WOODLAWN DRIVE SAINT CHARLES MI 48655 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$141.81	Priority amount \$141.81 Nonpriority amount \$0.00
2.2257. Priority creditor's name and mailing address GANTT, EMILY 9003 GRAYLAND DR APT C KNOXVILLE TN 37923 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$387.61	Priority amount \$387.61 Nonpriority amount \$0.00
2.2258. Priority creditor's name and mailing address GANUN, TIFFANIE L 15 ELM DR NEPTUNE NJ 07753-3311 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$543.39	Priority amount \$543.39 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2259.	Priority creditor's name and mailing address GARAVITO, LESLIE 1706 SOUTH LANG AVE WEST COVINA CA 91790 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$192.96</td> </tr> </table>	Total claim	\$192.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$192.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$192.96	Nonpriority amount	\$0.00
Total claim										
\$192.96										
Priority amount										
\$192.96										
Nonpriority amount										
\$0.00										
2.2260.	Priority creditor's name and mailing address GARCIA, ADALENA J 1240 MCCULLOUGH ST LANSING MI 48912 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$71.41</td> </tr> </table>	Total claim	\$71.41	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$71.41</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$71.41	Nonpriority amount	\$0.00
Total claim										
\$71.41										
Priority amount										
\$71.41										
Nonpriority amount										
\$0.00										
2.2261.	Priority creditor's name and mailing address GARCIA, ADRIANNA N 307 KING ST. GRUVER TX 79040 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$620.91</td> </tr> </table>	Total claim	\$620.91	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$620.91</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$620.91	Nonpriority amount	\$0.00
Total claim										
\$620.91										
Priority amount										
\$620.91										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2262. Priority creditor's name and mailing address GARCIA, AILEEN M 23092 EAST COMMUNITY DRIVE NEW CANEY TX 77357 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$29.16</td> </tr> </table>	Total claim	\$29.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$29.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$29.16	Nonpriority amount	\$0.00
Total claim									
\$29.16									
Priority amount									
\$29.16									
Nonpriority amount									
\$0.00									
2.2263. Priority creditor's name and mailing address GARCIA, ALEXIS M 2225 PEARL AVE FORT WORTH TX 76164 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$58.95</td> </tr> </table>	Total claim	\$58.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$58.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$58.95	Nonpriority amount	\$0.00
Total claim									
\$58.95									
Priority amount									
\$58.95									
Nonpriority amount									
\$0.00									
2.2264. Priority creditor's name and mailing address GARCIA, ALEXIS N 2132 GRACE AVE FT WORTH TX 76111-2816 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,504.29</td> </tr> </table>	Total claim	\$1,504.29	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,504.29</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,504.29	Nonpriority amount	\$0.00
Total claim									
\$1,504.29									
Priority amount									
\$1,504.29									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2265. Priority creditor's name and mailing address GARCIA, ALEXIS Y 918 PICCARD AVENUE SAN DIEGO CA 92154 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$214.56</td> </tr> </table>	Total claim	\$214.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$214.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$214.56	Nonpriority amount	\$0.00
Total claim									
\$214.56									
Priority amount									
\$214.56									
Nonpriority amount									
\$0.00									
2.2266. Priority creditor's name and mailing address GARCIA, ALIZE 10130 S 84TH TERRACE 307 PALOS HILLS IL 60465 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$90.97</td> </tr> </table>	Total claim	\$90.97	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$90.97</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$90.97	Nonpriority amount	\$0.00
Total claim									
\$90.97									
Priority amount									
\$90.97									
Nonpriority amount									
\$0.00									
2.2267. Priority creditor's name and mailing address GARCIA, AMARIAH S 1515 BAY PARKWAY 4L BROOKLYN NY 11204 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$550.95</td> </tr> </table>	Total claim	\$550.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$550.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$550.95	Nonpriority amount	\$0.00
Total claim									
\$550.95									
Priority amount									
\$550.95									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2268. Priority creditor's name and mailing address GARCIA, AMY D 1313 NORTHGATE DR. BARTLETT IL 60103 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$288.42	Priority amount \$288.42 Nonpriority amount \$0.00
2.2269. Priority creditor's name and mailing address GARCIA, ANGEL N 1832 HAMMOCK MOSS DRIVE ORLANDO FL 32820 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$168.18	Priority amount \$168.18 Nonpriority amount \$0.00
2.2270. Priority creditor's name and mailing address GARCIA, ANGELICA 1212 TAOS DR VICTORIA TX 77904 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$102.44	Priority amount \$102.44 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2271. Priority creditor's name and mailing address GARCIA, ANGELICA 3678 BAYTREE ST PITTSBURGH PA 15216 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$51.50</td> </tr> </table>	Total claim	\$51.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$51.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$51.50	Nonpriority amount	\$0.00
Total claim									
\$51.50									
Priority amount									
\$51.50									
Nonpriority amount									
\$0.00									
2.2272. Priority creditor's name and mailing address GARCIA, APRIL 8007 SHEEHAN WAY ANTELOPE CA 95843 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$36.24</td> </tr> </table>	Total claim	\$36.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$36.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$36.24	Nonpriority amount	\$0.00
Total claim									
\$36.24									
Priority amount									
\$36.24									
Nonpriority amount									
\$0.00									
2.2273. Priority creditor's name and mailing address GARCIA, ARELY 7505 W 62ND ST. APT 4 MISSION KANSAS KS 66202 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$211.46</td> </tr> </table>	Total claim	\$211.46	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$211.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$211.46	Nonpriority amount	\$0.00
Total claim									
\$211.46									
Priority amount									
\$211.46									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2274. Priority creditor's name and mailing address GARCIA, ASHLEY 9915 BARTEE AVE. ARLETA CA 91331 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$132.08	Priority amount \$132.08 Nonpriority amount \$0.00
2.2275. Priority creditor's name and mailing address GARCIA, ASHLEY ALEXANDR 708 NW 111TH PL MIAMI FL 33172 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$280.93	Priority amount \$280.93 Nonpriority amount \$0.00
2.2276. Priority creditor's name and mailing address GARCIA, ASHLEY N 1842 48TH ST SW NAPLES FL 34116 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$377.22	Priority amount \$377.22 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2277. Priority creditor's name and mailing address GARCIA, BRENDA 286 W CALLE PRIMERA SAN YSIDRO CA 92173 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$599.28	Priority amount \$599.28 Nonpriority amount \$0.00
2.2278. Priority creditor's name and mailing address GARCIA, BRENDA 534 52ND AVE BELLWOOD IL 60104 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$225.72	Priority amount \$225.72 Nonpriority amount \$0.00
2.2279. Priority creditor's name and mailing address GARCIA, BRITTANIE 9410 MILWAUKEE AVE 3306 LUBBOCK TX 79424 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$608.19	Priority amount \$608.19 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2280.	Priority creditor's name and mailing address GARCIA, BRITTANY N 6042 ROEBUD RD STEDMAN NC 28391 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$119.12</td> </tr> </table>	Total claim	\$119.12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$119.12</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$119.12	Nonpriority amount	\$0.00
Total claim										
\$119.12										
Priority amount										
\$119.12										
Nonpriority amount										
\$0.00										
2.2281.	Priority creditor's name and mailing address GARCIA, CARMEN 1125 S 10TH ST TERRE HAUTE IN 47802 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$104.45</td> </tr> </table>	Total claim	\$104.45	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$104.45</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$104.45	Nonpriority amount	\$0.00
Total claim										
\$104.45										
Priority amount										
\$104.45										
Nonpriority amount										
\$0.00										
2.2282.	Priority creditor's name and mailing address GARCIA, CINDY 14316 45TH AVE CT NW GIG HARBOR WA 98332 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$270.24</td> </tr> </table>	Total claim	\$270.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$270.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$270.24	Nonpriority amount	\$0.00
Total claim										
\$270.24										
Priority amount										
\$270.24										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2283. Priority creditor's name and mailing address GARCIA, CORY A 100 MIST GREEN CT. ALPHARETTA GA 30022 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$117.09</td> </tr> </table>	Total claim	\$117.09	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$117.09</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$117.09	Nonpriority amount	\$0.00
Total claim									
\$117.09									
Priority amount									
\$117.09									
Nonpriority amount									
\$0.00									
2.2284. Priority creditor's name and mailing address GARCIA, DE LA ROSA JENNIFER 27044 SECO CANYON RD SANTA CLARITA CA 91350 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$435.91</td> </tr> </table>	Total claim	\$435.91	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$435.91</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$435.91	Nonpriority amount	\$0.00
Total claim									
\$435.91									
Priority amount									
\$435.91									
Nonpriority amount									
\$0.00									
2.2285. Priority creditor's name and mailing address GARCIA, ELIZABETH 398 W WILSON ST D110 COSTA MESA CA 92627 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$5,660.39</td> </tr> </table>	Total claim	\$5,660.39	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$5,660.39</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$5,660.39	Nonpriority amount	\$0.00
Total claim									
\$5,660.39									
Priority amount									
\$5,660.39									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2286. Priority creditor's name and mailing address GARCIA, EMRYS D 1801 LOVA DR APT#101 APT #101 VICTORIA TX 77901 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$333.98	Priority amount \$333.98 Nonpriority amount \$0.00
2.2287. Priority creditor's name and mailing address GARCIA, GABRIELLA M 716 N NIAGARA ST BURBANK CA 91505 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$257.04	Priority amount \$257.04 Nonpriority amount \$0.00
2.2288. Priority creditor's name and mailing address GARCIA, HEATHER M 6903 PIONEER BLVD WHITTIER CA 90606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,648.11	Priority amount \$2,648.11 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2289. Priority creditor's name and mailing address GARCIA, HOPE M 1015 OAK ST UNIT 22 SILVERTON OR 97381 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$223.28	Priority amount \$223.28 Nonpriority amount \$0.00
2.2290. Priority creditor's name and mailing address GARCIA, ILIANA 12452 FLAGSTONE CT. VICTORVILLE CA 92932 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$501.60	Priority amount \$501.60 Nonpriority amount \$0.00
2.2291. Priority creditor's name and mailing address GARCIA, ISABELLA R 50 DEAN AVE EUGENE OR 97404 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$180.93	Priority amount \$180.93 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2292. Priority creditor's name and mailing address GARCIA, JACQUELINE 2025 VIOLET LANE 106 VIRGINIA BEACH VA 23464 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,581.03</td> </tr> </table>	Total claim	\$1,581.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,581.03</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,581.03	Nonpriority amount	\$0.00
Total claim									
\$1,581.03									
Priority amount									
\$1,581.03									
Nonpriority amount									
\$0.00									
2.2293. Priority creditor's name and mailing address GARCIA, JASLYN 546 N 3RD ST 7 SAN JOSE CA 95112 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$163.95</td> </tr> </table>	Total claim	\$163.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$163.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$163.95	Nonpriority amount	\$0.00
Total claim									
\$163.95									
Priority amount									
\$163.95									
Nonpriority amount									
\$0.00									
2.2294. Priority creditor's name and mailing address GARCIA, JAYCEE K 1001 PORTOLA DRIVE SAN FRANCISCO CA 94127 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,763.50</td> </tr> </table>	Total claim	\$2,763.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,763.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,763.50	Nonpriority amount	\$0.00
Total claim									
\$2,763.50									
Priority amount									
\$2,763.50									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2295. Priority creditor's name and mailing address GARCIA, JEZEBEL M 5935 QUANTRELL AVE T2 ALEXANDRIA VA 22312 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,867.68	Priority amount \$3,867.68 Nonpriority amount \$0.00
2.2296. Priority creditor's name and mailing address GARCIA, JUNE P.O BOX 793 LOS INDIOS TX 78567 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$117.96	Priority amount \$117.96 Nonpriority amount \$0.00
2.2297. Priority creditor's name and mailing address GARCIA, KAREN A 416 14TH ST. LOGANSPOUT IN 46947 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$144.57	Priority amount \$144.57 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2298. Priority creditor's name and mailing address GARCIA, LISETTE 3126 BUCKLEY AVE LAKE WORTH FL 33461 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,338.75</td> </tr> </table>	Total claim	\$1,338.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,338.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,338.75	Nonpriority amount	\$0.00
Total claim									
\$1,338.75									
Priority amount									
\$1,338.75									
Nonpriority amount									
\$0.00									
2.2299. Priority creditor's name and mailing address GARCIA, LIZBETH 1115 W DUGDALE RD WAUKEGAN IL 60085 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$13.43</td> </tr> </table>	Total claim	\$13.43	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$13.43</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$13.43	Nonpriority amount	\$0.00
Total claim									
\$13.43									
Priority amount									
\$13.43									
Nonpriority amount									
\$0.00									
2.2300. Priority creditor's name and mailing address GARCIA, LUZ 212 N. LANGSTAFF ST. #7 LAKE ELSINORE CA 92530 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$282.00</td> </tr> </table>	Total claim	\$282.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$282.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$282.00	Nonpriority amount	\$0.00
Total claim									
\$282.00									
Priority amount									
\$282.00									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2301. Priority creditor's name and mailing address GARCIA, MADISON 4726 W. EVERGREEN CT. VISALIA CA 93277 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$62.92</td> </tr> </table>	Total claim	\$62.92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$62.92</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$62.92	Nonpriority amount	\$0.00
Total claim									
\$62.92									
Priority amount									
\$62.92									
Nonpriority amount									
\$0.00									
2.2302. Priority creditor's name and mailing address GARCIA, MARCO FERNANDA 3700 N 1ST AVE APT 1023 TUCSON AZ 85719 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$74.47</td> </tr> </table>	Total claim	\$74.47	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$74.47</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$74.47	Nonpriority amount	\$0.00
Total claim									
\$74.47									
Priority amount									
\$74.47									
Nonpriority amount									
\$0.00									
2.2303. Priority creditor's name and mailing address GARCIA, MARIA C 7017 S PRIEST DRIVE 3128 TEMPE AZ 85283 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$128.15</td> </tr> </table>	Total claim	\$128.15	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$128.15</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$128.15	Nonpriority amount	\$0.00
Total claim									
\$128.15									
Priority amount									
\$128.15									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.2304. Priority creditor's name and mailing address**GARCIA, MARIELA C
665 WEST CALIFORNIA AVE APT 8
VISTA CA 92081**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$34.80

Priority amount

\$34.80

Nonpriority amount

\$0.00

2.2305. Priority creditor's name and mailing addressGARCIA, MARTINEZ IVONNE
1100 ANACUITAS ST
APT 34
MERCEDDES TX 78570**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$64.98

Priority amount

\$64.98

Nonpriority amount

\$0.00

2.2306. Priority creditor's name and mailing addressGARCIA, REYNA
7125 N 19AVE
APT 43
PHOENIX AZ 85021**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$42.68

Priority amount

\$42.68

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2307. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
GARCIA, ROCIO 125 CHESHIRE CT WINCHESTER VA 22602		\$137.56	\$137.56
			Nonpriority amount
			\$0.00
Date or dates debt was incurred	Basis for the claim:		
_____	WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset?		
	☐ No		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ Yes		

2.2308. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
GARCIA, ROSEMARY 7518 BECK AVE NORTH HOLLYWOOD CA 91605		\$221.28	\$221.28
			Nonpriority amount
			\$0.00
Date or dates debt was incurred	Basis for the claim:		
_____	WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset?		
	☐ No		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ Yes		

2.2309. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
GARCIA, RUBY 12024 SECOND AVENUE LYNWOOD CA 90262		\$139.80	\$139.80
			Nonpriority amount
			\$0.00
Date or dates debt was incurred	Basis for the claim:		
_____	WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset?		
	☐ No		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2310.	Priority creditor's name and mailing address GARCIA, SARAH 32 RUTHELLEN RD CHELMSFORD MA 01824 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$1,472.32</td></tr></table>	Total claim	\$1,472.32	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$1,472.32</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,472.32	Nonpriority amount	\$0.00
Total claim										
\$1,472.32										
Priority amount										
\$1,472.32										
Nonpriority amount										
\$0.00										
2.2311.	Priority creditor's name and mailing address GARCIA, SHARIK 1480 W 46TH ST APT. 201 HIALEAH FL 33012 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$121.48</td></tr></table>	Total claim	\$121.48	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$121.48</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$121.48	Nonpriority amount	\$0.00
Total claim										
\$121.48										
Priority amount										
\$121.48										
Nonpriority amount										
\$0.00										
2.2312.	Priority creditor's name and mailing address GARCIA, SOCORRO 5244 SOUTH 550 WEST COLUMBUS IN 47201 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$48.80</td></tr></table>	Total claim	\$48.80	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$48.80</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$48.80	Nonpriority amount	\$0.00
Total claim										
\$48.80										
Priority amount										
\$48.80										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2313. Priority creditor's name and mailing address GARCIA, SOL M 445 SULLIVAN LN APT 3 SPARKS NV 89431 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$501.62	Priority amount \$501.62 Nonpriority amount \$0.00
2.2314. Priority creditor's name and mailing address GARCIA, SONYA DOMINIQUE 14676 OLIVE ST. HESPERIA CA 92345 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$226.56	Priority amount \$226.56 Nonpriority amount \$0.00
2.2315. Priority creditor's name and mailing address GARCIA, TANYA J 38 EMERSON CT WESTBURY NY 11590 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$975.74	Priority amount \$975.74 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2316. Priority creditor's name and mailing address GARCIA, TIFFANY C 13 SQUIRE RIDGE RD HAMPSTEAD NH 03841 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$6,501.59	Priority amount \$6,501.59 Nonpriority amount \$0.00
2.2317. Priority creditor's name and mailing address GARCIA, VICTORIA R 2830 OAK MILL SAN ANTONIO TX 78251 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,088.72	Priority amount \$2,088.72 Nonpriority amount \$0.00
2.2318. Priority creditor's name and mailing address GARCIA, YESENIA B 546 N SAN PEDRO LAS CRUCES NM 88001-7427 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,724.25	Priority amount \$1,724.25 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.2319. Priority creditor's name and mailing address**

GARCIA, ZARAH
2244 N CAMINO CASTILE
APT 923
TUCSON AZ 85715

Date or dates debt was incurred**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
☐ Yes

Total claim

\$451.36

Priority amount

\$451.36

Nonpriority amount

\$0.00

2.2320. Priority creditor's name and mailing address

GARCIA-GONZALEZ, SOLINA T
2510 N. BERNARD ST
CHICAGO IL 60647

Date or dates debt was incurred**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
☐ Yes

Total claim

\$194.70

Priority amount

\$194.70

Nonpriority amount

\$0.00

2.2321. Priority creditor's name and mailing address

GARCIA-MYERS, PATRICIA A
4051 W VIKING RD APT 27
LAS VEGAS NV 89103

Date or dates debt was incurred**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
☐ Yes

Total claim

\$132.42

Priority amount

\$132.42

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2322. Priority creditor's name and mailing address GARDNER, CATHERINE D 1302 LOWE. STREET COLUMBIA MO 65203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$66.48</td> </tr> </table>	Total claim	\$66.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$66.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$66.48	Nonpriority amount	\$0.00
Total claim									
\$66.48									
Priority amount									
\$66.48									
Nonpriority amount									
\$0.00									
2.2323. Priority creditor's name and mailing address GARDNER, SKYLAR B 2130 WESTWOOD RD. SMYRNA GA 30080 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$247.69</td> </tr> </table>	Total claim	\$247.69	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$247.69</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$247.69	Nonpriority amount	\$0.00
Total claim									
\$247.69									
Priority amount									
\$247.69									
Nonpriority amount									
\$0.00									
2.2324. Priority creditor's name and mailing address GARDNER, VERONICA 1218 PIEL GROCERY LANE BELVIDERE IL 61008 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$217.03</td> </tr> </table>	Total claim	\$217.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$217.03</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$217.03	Nonpriority amount	\$0.00
Total claim									
\$217.03									
Priority amount									
\$217.03									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.2325. Priority creditor's name and mailing address**GARIBAY, LAURA C
14091 VERNAL SPRING CT
CORONA CA 92880**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$754.38

Priority amount

\$754.38

Nonpriority amount

\$0.00

2.2326. Priority creditor's name and mailing addressGARILLO, BERNIE ANN S
6125 DRACAENA CT
SAN DIEGO CA 92114**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$234.24

Priority amount

\$234.24

Nonpriority amount

\$0.00

2.2327. Priority creditor's name and mailing addressGARLAND INDEPENDENT SCHOOL
DISTRICT
DISTRICT P.O. BOX 461407
GARLAND TX 75046-1407**Date or dates debt was incurred**

VARIOUS

Last 4 digits of account number:**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

TAXES

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Total claim

\$1,639.73

Priority amount

\$1,639.73

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2328. Priority creditor's name and mailing address GARLOCK, ALLYSSA M 2209 S GREENWOOD DR APT 16 JOHNSON CITY TN 37604 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$518.99</td> </tr> </table>	Total claim	\$518.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$518.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$518.99	Nonpriority amount	\$0.00
Total claim									
\$518.99									
Priority amount									
\$518.99									
Nonpriority amount									
\$0.00									
2.2329. Priority creditor's name and mailing address GARNER, DIAMOND R 387 WARWICK AVE. 203 BRUNSWICK BUFFALO NY 14215 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$580.95</td> </tr> </table>	Total claim	\$580.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$580.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$580.95	Nonpriority amount	\$0.00
Total claim									
\$580.95									
Priority amount									
\$580.95									
Nonpriority amount									
\$0.00									
2.2330. Priority creditor's name and mailing address GARNER, MONIQUE 8148 TATE ROAD RUTHER GLEN VA 22546 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$104.34</td> </tr> </table>	Total claim	\$104.34	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$104.34</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$104.34	Nonpriority amount	\$0.00
Total claim									
\$104.34									
Priority amount									
\$104.34									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2331. Priority creditor's name and mailing address GARNETT, JAVEANA R 640 LASALLE AVE BUFFALO NY 14215 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$147.08</td> </tr> </table>	Total claim	\$147.08	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$147.08</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$147.08	Nonpriority amount	\$0.00
Total claim									
\$147.08									
Priority amount									
\$147.08									
Nonpriority amount									
\$0.00									
2.2332. Priority creditor's name and mailing address GARRETSON, TRACEY A 755 BRAVES AVE 1236 LAWRENCEVILLE GA 30043 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$32.00</td> </tr> </table>	Total claim	\$32.00	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$32.00</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$32.00	Nonpriority amount	\$0.00
Total claim									
\$32.00									
Priority amount									
\$32.00									
Nonpriority amount									
\$0.00									
2.2333. Priority creditor's name and mailing address GARRETT, AMANDA 30 GARDEN VILLAGE DR APT 1 CHEEKTOWAGA NY 14227 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$143.85</td> </tr> </table>	Total claim	\$143.85	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$143.85</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$143.85	Nonpriority amount	\$0.00
Total claim									
\$143.85									
Priority amount									
\$143.85									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2334. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
GARRETT, BAYLEE 4555 SUNSWEPT CT FORT WORTH TX 76137		\$184.04	\$184.04
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.2335. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
GARRETT, TAYLOR J 1530 HARDEN ST COLUMBIA SC 29204		\$105.49	\$105.49
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.2336. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
GARRETT-WHITEHEAD, KEIONIA J 5147 CARIBBEAN BOULEVARD 1117 WEST PALM BEACH FL 33407		\$145.60	\$145.60
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2337. Priority creditor's name and mailing address GARRIDO, NATHALIA N CONDOMINIO PLAZA SUCHVILLE APT 126 BAYAMON PR 00959 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$64.54</td> </tr> </table>	Total claim	\$64.54	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$64.54</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$64.54	Nonpriority amount	\$0.00
Total claim									
\$64.54									
Priority amount									
\$64.54									
Nonpriority amount									
\$0.00									
2.2338. Priority creditor's name and mailing address GARROD, MARISSA A 88 BROOKMEADOW N CT SW APT 6 GRANDVILLE MI 49418 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$855.61</td> </tr> </table>	Total claim	\$855.61	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$855.61</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$855.61	Nonpriority amount	\$0.00
Total claim									
\$855.61									
Priority amount									
\$855.61									
Nonpriority amount									
\$0.00									
2.2339. Priority creditor's name and mailing address GARTH, TIANA 14648 APPIAN WAY FONTANA CA 92337 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$189.60</td> </tr> </table>	Total claim	\$189.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$189.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$189.60	Nonpriority amount	\$0.00
Total claim									
\$189.60									
Priority amount									
\$189.60									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2340. Priority creditor's name and mailing address GARY, ZANNIQUA Z 670 HUGH ST ATLANTA GA 30310 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$153.04	Priority amount \$153.04 Nonpriority amount \$0.00
2.2341. Priority creditor's name and mailing address GARZA, AMANDA 15420 LIVINGSTON AVE #2904 LUTZ FL 33559 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$196.01	Priority amount \$196.01 Nonpriority amount \$0.00
2.2342. Priority creditor's name and mailing address GARZA, GUADALUPE 1615 SYCAMORE AVE 248 HUNTSVILLE TX 77340 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$69.11	Priority amount \$69.11 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2343. Priority creditor's name and mailing address GARZA, SELENA 418 MCCANN ROAD ROGERS AR 72758 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$540.36	Priority amount \$540.36 Nonpriority amount \$0.00
2.2344. Priority creditor's name and mailing address GARZA, PATRICIA 14350 HWY 132 SOUTH LYTLE TX 78052 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$185.65	Priority amount \$185.65 Nonpriority amount \$0.00
2.2345. Priority creditor's name and mailing address GASCA, PAIGE M 2401 HIGHWAY 6 E 18-112 IOWA CITY IA 52240 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$426.30	Priority amount \$426.30 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2346. Priority creditor's name and mailing address GASKA, HEATHER 6 NEUBRECH COURT JERICO NY 11753 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,163.80</td> <td style="text-align: center;">\$3,163.80</td> </tr> </table>	Total claim	Priority amount	\$3,163.80	\$3,163.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$3,163.80	\$3,163.80								
Nonpriority amount									
\$0.00									
2.2347. Priority creditor's name and mailing address GASPAR, YESSANIA 1409 EMPIRE ST FAIRFIELD CA 94533-4721 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$462.28</td> <td style="text-align: center;">\$462.28</td> </tr> </table>	Total claim	Priority amount	\$462.28	\$462.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$462.28	\$462.28								
Nonpriority amount									
\$0.00									
2.2348. Priority creditor's name and mailing address GASPARINATOS, ALEXANDRIA 4462 BURWOOD AVE PENNSAUKEN NJ 08109 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$85.41</td> <td style="text-align: center;">\$85.41</td> </tr> </table>	Total claim	Priority amount	\$85.41	\$85.41	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$85.41	\$85.41								
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2349. Priority creditor's name and mailing address GASTELUM, JULIETTA 2624 W CARTER DR.. TEMPE AZ 85282 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,184.79</td> </tr> </table>	Total claim	\$2,184.79	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,184.79</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,184.79	Nonpriority amount	\$0.00
Total claim									
\$2,184.79									
Priority amount									
\$2,184.79									
Nonpriority amount									
\$0.00									
2.2350. Priority creditor's name and mailing address GATES, CHANDRISS Z 20007 LUKER LANE ABERDEEN MS 39730 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$107.82</td> </tr> </table>	Total claim	\$107.82	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$107.82</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$107.82	Nonpriority amount	\$0.00
Total claim									
\$107.82									
Priority amount									
\$107.82									
Nonpriority amount									
\$0.00									
2.2351. Priority creditor's name and mailing address GATES, LAUREN K 108 CITY PARK CIRCLE HATTIESBURG MS 39401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$202.13</td> </tr> </table>	Total claim	\$202.13	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$202.13</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$202.13	Nonpriority amount	\$0.00
Total claim									
\$202.13									
Priority amount									
\$202.13									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2352. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
GATES, MANDY N 9612 ARMLEY AVE WHITTIER CA 90604		\$217.80	\$217.80
			Nonpriority amount
			\$0.00
Date or dates debt was incurred	Basis for the claim:		
_____	WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset?		
	☐ No		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ Yes		

2.2353. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
GATTENBY, CLARA J 13791 MILAN STREET WESTMINSTER CA 92683		\$634.92	\$634.92
			Nonpriority amount
			\$0.00
Date or dates debt was incurred	Basis for the claim:		
_____	WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset?		
	☐ No		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ Yes		

2.2354. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
GAUCK, TAPANGA 5028 W MARKWOOD AVE INDIANAPOLIS IN 46221		\$424.96	\$424.96
			Nonpriority amount
			\$0.00
Date or dates debt was incurred	Basis for the claim:		
_____	WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset?		
	☐ No		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ Yes		

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2.2355. Priority creditor's name and mailing address GAUDETTE, VICTORIA 9 FIFTH AVE 2 WEBSTER MA 01570 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$256.62</td> </tr> </table>	Total claim	\$256.62	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$256.62</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$256.62	Nonpriority amount	\$0.00
Total claim									
\$256.62									
Priority amount									
\$256.62									
Nonpriority amount									
\$0.00									
2.2356. Priority creditor's name and mailing address GAUSIN, BLANCA Y 940 SW 50TH ST OKLAHOMA CITY OK 73109 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$107.75</td> </tr> </table>	Total claim	\$107.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$107.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$107.75	Nonpriority amount	\$0.00
Total claim									
\$107.75									
Priority amount									
\$107.75									
Nonpriority amount									
\$0.00									
2.2357. Priority creditor's name and mailing address GAVIN, KENYA 31 BRAMBLEWOOD LANE W ROCHESTER NY 23504 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$40.16</td> </tr> </table>	Total claim	\$40.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$40.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$40.16	Nonpriority amount	\$0.00
Total claim									
\$40.16									
Priority amount									
\$40.16									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2358. Priority creditor's name and mailing address GAY, ARIEL C 4164 N 81ST STREET MILWAUKEE WI 53222 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$485.63	Priority amount \$485.63 Nonpriority amount \$0.00
2.2359. Priority creditor's name and mailing address GAY, MKAYLA D 49 VERNON PLACE 3 STAMFORD CT 06902 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$147.90	Priority amount \$147.90 Nonpriority amount \$0.00
2.2360. Priority creditor's name and mailing address GAY, SHALEE C 312 TOWNES DRIVE NASHVILLE TN 37211 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,408.23	Priority amount \$3,408.23 Nonpriority amount \$0.00

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2.2361. Priority creditor's name and mailing address GAZDA, BRIANNA 1064 GREEN HOLLY RD CLARKS SUMMIT PA 18411 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$72.28	Priority amount \$72.28 Nonpriority amount \$0.00
2.2362. Priority creditor's name and mailing address GEANGAN, LEIANNE M 1245 BURNSIDE PL DUPONT WA 98327 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$330.36	Priority amount \$330.36 Nonpriority amount \$0.00
2.2363. Priority creditor's name and mailing address GEBAUER, LIBBY 635 SKYWAY DRIVE INDEPENDENCE KY 41051 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$62.62	Priority amount \$62.62 Nonpriority amount \$0.00

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2.2364. Priority creditor's name and mailing address GEBELEIN, BETHANY E 1506 ALHAMBRA CREST DRIVE RUSKIN FL 33570 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$79.27	Priority amount \$79.27 Nonpriority amount \$0.00
2.2365. Priority creditor's name and mailing address GEDNEY, LAUREN E 15026 SKYPARK DRIVE HUNTERSVILLE NC 28078 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$63.72	Priority amount \$63.72 Nonpriority amount \$0.00
2.2366. Priority creditor's name and mailing address GEE, ROBYN 4022 NORTHWEST AVE APT 201 BELLINGHAM WA 98226 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$582.78	Priority amount \$582.78 Nonpriority amount \$0.00

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2.2367. Priority creditor's name and mailing address GEE, SAMANTHA L 717 N GRANT ST SOUTH BLOOMINGTON IN 47408 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$55.27</td> </tr> </table>	Total claim	\$55.27	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$55.27</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$55.27	Nonpriority amount	\$0.00
Total claim									
\$55.27									
Priority amount									
\$55.27									
Nonpriority amount									
\$0.00									
2.2368. Priority creditor's name and mailing address GEIGER, MADDISON P 4720 OAK TREE COURT BRIGHTON MI 48116 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$423.87</td> </tr> </table>	Total claim	\$423.87	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$423.87</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$423.87	Nonpriority amount	\$0.00
Total claim									
\$423.87									
Priority amount									
\$423.87									
Nonpriority amount									
\$0.00									
2.2369. Priority creditor's name and mailing address GELADINO-MOORE, RICCI A 1888 PELORUS AVE SEAL BEACH CA 90740 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$211.56</td> </tr> </table>	Total claim	\$211.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$211.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$211.56	Nonpriority amount	\$0.00
Total claim									
\$211.56									
Priority amount									
\$211.56									
Nonpriority amount									
\$0.00									

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2.2370. Priority creditor's name and mailing address GELETKO, ALEXIE A 1100 BROADWAY AVE. 2 MCKEES ROCKS PA 15136 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$196.84	Priority amount \$196.84 Nonpriority amount \$0.00
2.2371. Priority creditor's name and mailing address GENDRON, LINDSAY M 9825 BAYWINDS DR. APT. 1101 WEST PALM BEACH FL 33411 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,487.09	Priority amount \$2,487.09 Nonpriority amount \$0.00
2.2372. Priority creditor's name and mailing address GENITO, PEYTON J 5918 MILHOUSE CT INDIANAPOLIS IN 46221 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$499.41	Priority amount \$499.41 Nonpriority amount \$0.00

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2.2373. Priority creditor's name and mailing address GENTALA, MAYA 735 E. 17TH AVE. APT. 30 EUGENE OR 97401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$153.30</td> </tr> </table>	Total claim	\$153.30	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$153.30</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$153.30	Nonpriority amount	\$0.00
Total claim									
\$153.30									
Priority amount									
\$153.30									
Nonpriority amount									
\$0.00									
2.2374. Priority creditor's name and mailing address GENTRY, IMANI L 4001 MERIWETHER DR APT M7 DURHAM NC 27704 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$51.68</td> </tr> </table>	Total claim	\$51.68	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$51.68</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$51.68	Nonpriority amount	\$0.00
Total claim									
\$51.68									
Priority amount									
\$51.68									
Nonpriority amount									
\$0.00									
2.2375. Priority creditor's name and mailing address GEORGE, ABBY 6530 INDEPENDENCE AVE APT #277 CANOGA PARK CA 91303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$183.19</td> </tr> </table>	Total claim	\$183.19	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$183.19</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$183.19	Nonpriority amount	\$0.00
Total claim									
\$183.19									
Priority amount									
\$183.19									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2376. Priority creditor's name and mailing address GEORGE, ERICA A 240 TEST ROAD YORK PA 17404 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$87.94	Priority amount \$87.94 Nonpriority amount \$0.00
2.2377. Priority creditor's name and mailing address GEORGE, ERYAH 148 VAUGHN ST OCEANSIDE CA 92058 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$164.52	Priority amount \$164.52 Nonpriority amount \$0.00
2.2378. Priority creditor's name and mailing address GEORGES, JOVANA 749 SCOTLAND APT 7M ORANGE NJ 07050 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$113.01	Priority amount \$113.01 Nonpriority amount \$0.00

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2.2379. Priority creditor's name and mailing address GERALD, LAUREN M 28779 HIGHWAY 1070 FRANKLINTON LA 70438 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$25.14</td> </tr> </table>	Total claim	\$25.14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$25.14</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$25.14	Nonpriority amount	\$0.00
Total claim									
\$25.14									
Priority amount									
\$25.14									
Nonpriority amount									
\$0.00									
2.2380. Priority creditor's name and mailing address GERBAZ, ASHLYN E 2307 ORCHARD AVENUE GRAND JUNCTION CO 81501 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$116.55</td> </tr> </table>	Total claim	\$116.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$116.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$116.55	Nonpriority amount	\$0.00
Total claim									
\$116.55									
Priority amount									
\$116.55									
Nonpriority amount									
\$0.00									
2.2381. Priority creditor's name and mailing address GERBE, OCTAVIEA 1106 SCOUT DRIVE B DURHAM NC 27707 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,035.16</td> </tr> </table>	Total claim	\$1,035.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,035.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,035.16	Nonpriority amount	\$0.00
Total claim									
\$1,035.16									
Priority amount									
\$1,035.16									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2382.	Priority creditor's name and mailing address GERENA, LILLY K 2210 BLUE HAMPTON LANE CHARLOTTE NC 28213 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$251.37</td></tr></table>	Total claim	\$251.37	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$251.37</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$251.37	Nonpriority amount	\$0.00
Total claim										
\$251.37										
Priority amount										
\$251.37										
Nonpriority amount										
\$0.00										
2.2383.	Priority creditor's name and mailing address GERHARTZ, JENNA C 16 CARTER ROAD EAST BRUNSWICK NJ 08816 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$104.16</td></tr></table>	Total claim	\$104.16	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$104.16</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$104.16	Nonpriority amount	\$0.00
Total claim										
\$104.16										
Priority amount										
\$104.16										
Nonpriority amount										
\$0.00										
2.2384.	Priority creditor's name and mailing address GERLOCK, HANNAH M 565 WOODSDALE DRIVE MONROE OH 45050 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$97.49</td></tr></table>	Total claim	\$97.49	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$97.49</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$97.49	Nonpriority amount	\$0.00
Total claim										
\$97.49										
Priority amount										
\$97.49										
Nonpriority amount										
\$0.00										

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2.2385. Priority creditor's name and mailing address GERMANN, HANNAH E 8732 S BECK PL HOMETOWN IL 60456 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$92.18</td> </tr> </table>	Total claim	\$92.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$92.18</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$92.18	Nonpriority amount	\$0.00
Total claim									
\$92.18									
Priority amount									
\$92.18									
Nonpriority amount									
\$0.00									
2.2386. Priority creditor's name and mailing address GHERGOROVICH, ERICA M 1688 LA MADERIA DRIVE PALM BAY FL 32908 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$243.00</td> </tr> </table>	Total claim	\$243.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$243.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$243.00	Nonpriority amount	\$0.00
Total claim									
\$243.00									
Priority amount									
\$243.00									
Nonpriority amount									
\$0.00									
2.2387. Priority creditor's name and mailing address GHOSH, OLLIE 16 WHISPERWOOD CT BROWNSBURG IN 46112 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$97.24</td> </tr> </table>	Total claim	\$97.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$97.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$97.24	Nonpriority amount	\$0.00
Total claim									
\$97.24									
Priority amount									
\$97.24									
Nonpriority amount									
\$0.00									

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2.2388. Priority creditor's name and mailing address GHOUSE, FARHANA 9820 S. PULASKI RD APT 109 OAK LAWN IL 60453 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$298.21</td> </tr> </table>	Total claim	\$298.21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$298.21</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$298.21	Nonpriority amount	\$0.00
Total claim									
\$298.21									
Priority amount									
\$298.21									
Nonpriority amount									
\$0.00									
2.2389. Priority creditor's name and mailing address GIBBS, TRINITI A 4833 LAKE PARK LANE ACWORTH GA 30101 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$532.36</td> </tr> </table>	Total claim	\$532.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$532.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$532.36	Nonpriority amount	\$0.00
Total claim									
\$532.36									
Priority amount									
\$532.36									
Nonpriority amount									
\$0.00									
2.2390. Priority creditor's name and mailing address GIBSON, JA'LEESA 229 HOLLIS RD YATESVILLE GA 31097 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$29.36</td> </tr> </table>	Total claim	\$29.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$29.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$29.36	Nonpriority amount	\$0.00
Total claim									
\$29.36									
Priority amount									
\$29.36									
Nonpriority amount									
\$0.00									

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2.2391. Priority creditor's name and mailing address GIBSON, KARLEY N 2608 W TOLEDO STREET BROKEN ARROW OK 74012 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$1,155.83</td> </tr> </table>	Total claim	\$1,155.83	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$1,155.83</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$1,155.83	Nonpriority amount	\$0.00
Total claim									
\$1,155.83									
Priority amount									
\$1,155.83									
Nonpriority amount									
\$0.00									
2.2392. Priority creditor's name and mailing address GIBSON, SHANIA 105 PAUL MCLENDON ST GREENVILLE NC 27858 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$444.60</td> </tr> </table>	Total claim	\$444.60	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$444.60</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$444.60	Nonpriority amount	\$0.00
Total claim									
\$444.60									
Priority amount									
\$444.60									
Nonpriority amount									
\$0.00									
2.2393. Priority creditor's name and mailing address GIDDENS-MERRITT, ANASTASIA 13 SIXTH STREET WESTBURY NY 11590 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$181.56</td> </tr> </table>	Total claim	\$181.56	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$181.56</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$181.56	Nonpriority amount	\$0.00
Total claim									
\$181.56									
Priority amount									
\$181.56									
Nonpriority amount									
\$0.00									

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2.2394. Priority creditor's name and mailing address GIGLIO, TONI ANN 27 SEATTLE SLEW DR HOWELL NJ 07731 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$114.34	Priority amount \$114.34 Nonpriority amount \$0.00
2.2395. Priority creditor's name and mailing address GIL, JENNIFER E 18024 DORAL DR GL 455 FORT MYERS FL 33967 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,439.03	Priority amount \$1,439.03 Nonpriority amount \$0.00
2.2396. Priority creditor's name and mailing address GILBERT, HALLEY D 5189 COVENTRY LN BARBOURSVILLE VA 22923-1618 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$33.21	Priority amount \$33.21 Nonpriority amount \$0.00

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2.2397. Priority creditor's name and mailing address GILBERT, MARISSA 3206 CITY LIGHTS DRIVE ALISO VIEJO CA 92656 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,053.46	Priority amount \$1,053.46 Nonpriority amount \$0.00
2.2398. Priority creditor's name and mailing address GILES, SIERRA D 2950 TOMAHAWK LN EUGENE OR 97401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$714.00	Priority amount \$714.00 Nonpriority amount \$0.00
2.2399. Priority creditor's name and mailing address GILLEN, SAMANTHA L 6001 UNIVERSITY BLVD MOON PA 15108 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$160.01	Priority amount \$160.01 Nonpriority amount \$0.00

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2.2400.	Priority creditor's name and mailing address GILLIM, BRIANA C 3984 KATHERINE DEARBORN HEIGHTS MI 48125 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$1,611.47</td></tr></table>	Total claim	\$1,611.47	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$1,611.47</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,611.47	Nonpriority amount	\$0.00
Total claim										
\$1,611.47										
Priority amount										
\$1,611.47										
Nonpriority amount										
\$0.00										
2.2401.	Priority creditor's name and mailing address GILLIS, ZIAREY B 3002 NUTMEG LANE GARLAND TX 75044 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$164.16</td></tr></table>	Total claim	\$164.16	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$164.16</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$164.16	Nonpriority amount	\$0.00
Total claim										
\$164.16										
Priority amount										
\$164.16										
Nonpriority amount										
\$0.00										
2.2402.	Priority creditor's name and mailing address GILLUM, JADA F 195 WEST CHERRYWOOD LANE PEARL RIVER LA 70452 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$58.65</td></tr></table>	Total claim	\$58.65	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$58.65</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$58.65	Nonpriority amount	\$0.00
Total claim										
\$58.65										
Priority amount										
\$58.65										
Nonpriority amount										
\$0.00										

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2.2403. Priority creditor's name and mailing address GILMORE, CHARITY R 208 CARSWELL ST WACO TX 76705 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$59.39	Priority amount \$59.39 Nonpriority amount \$0.00
2.2404. Priority creditor's name and mailing address GILMORE, ROSLYN M 609 EASTERY COURT TOLEDO OH 43605 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$63.44	Priority amount \$63.44 Nonpriority amount \$0.00
2.2405. Priority creditor's name and mailing address GILNER, KHADIJAH J 7285 WOOLMARKET RD. H153 BILOXI MS 39532 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$216.61	Priority amount \$216.61 Nonpriority amount \$0.00

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2.2406.	Priority creditor's name and mailing address GILPIN, CANDACE C 404 ROLAND HILLS DRIVE MOGADORE OH 44260 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,307.80</td> </tr> </table>	Total claim	\$1,307.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,307.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,307.80	Nonpriority amount	\$0.00
Total claim										
\$1,307.80										
Priority amount										
\$1,307.80										
Nonpriority amount										
\$0.00										
2.2407.	Priority creditor's name and mailing address GILPIN, KYLEA J 1900 WHEATVILLE ST CHULA VISTA CA 91913 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$216.48</td> </tr> </table>	Total claim	\$216.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$216.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$216.48	Nonpriority amount	\$0.00
Total claim										
\$216.48										
Priority amount										
\$216.48										
Nonpriority amount										
\$0.00										
2.2408.	Priority creditor's name and mailing address GILSDORF, ERIN 15717 JACKSON DR OMAHA NE 68118-2105 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,992.57</td> </tr> </table>	Total claim	\$2,992.57	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,992.57</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,992.57	Nonpriority amount	\$0.00
Total claim										
\$2,992.57										
Priority amount										
\$2,992.57										
Nonpriority amount										
\$0.00										

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2.2409.	Priority creditor's name and mailing address GIORDANO, ASHLEY L 110 MADISON AVE ROCHELLE PARK NJ 07662 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$43.98</td> </tr> </table>	Total claim	\$43.98	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$43.98</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$43.98	Nonpriority amount	\$0.00
Total claim										
\$43.98										
Priority amount										
\$43.98										
Nonpriority amount										
\$0.00										
2.2410.	Priority creditor's name and mailing address GIPSON, JAYLYNN A 277 BRISTOL WAY BOLINGBROOK IL 60440 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$24.34</td> </tr> </table>	Total claim	\$24.34	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$24.34</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$24.34	Nonpriority amount	\$0.00
Total claim										
\$24.34										
Priority amount										
\$24.34										
Nonpriority amount										
\$0.00										
2.2411.	Priority creditor's name and mailing address GIPSON, MERCEDES 309 GOVERNMENT ST. TUPELO MS 38801 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$62.33</td> </tr> </table>	Total claim	\$62.33	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$62.33</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$62.33	Nonpriority amount	\$0.00
Total claim										
\$62.33										
Priority amount										
\$62.33										
Nonpriority amount										
\$0.00										

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2.2412. Priority creditor's name and mailing address GIRON, BIANCA M 2805 COTTAGE GROVE AVE 3 DES MOINES IA 50311 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$216.74	Priority amount \$216.74 Nonpriority amount \$0.00
2.2413. Priority creditor's name and mailing address GIRON, KIANA TRINIMAE G 267 EDWIN WAY HAYWARD CA 94544 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$179.64	Priority amount \$179.64 Nonpriority amount \$0.00
2.2414. Priority creditor's name and mailing address GISSENTANNA, LAUREN 161 MAXSON AVE. FREEPORT NY 11520 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$127.32	Priority amount \$127.32 Nonpriority amount \$0.00

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2.2415. Priority creditor's name and mailing address GIST, ANDREA M 100 JANET DRIVE WARWICK RI 02886 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$158.14	Priority amount \$158.14 Nonpriority amount \$0.00
2.2416. Priority creditor's name and mailing address GIVAN, SHAWN C 1920 NE 30TH ST OKLAHOMA CITY OK 73111-4202 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$521.35	Priority amount \$521.35 Nonpriority amount \$0.00
2.2417. Priority creditor's name and mailing address GIVENS, TATIERRA M 83 SWEET GUM LANE 118 COLLEGE DR COLUMBUS MS 39705 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$37.73	Priority amount \$37.73 Nonpriority amount \$0.00

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2.2418. Priority creditor's name and mailing address GLADDEN, NYTAGEIA 100 TURTLE CREEK DRIVE A9 GREENVILLE SC 29615 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$148.16</td> </tr> </table>	Total claim	\$148.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$148.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$148.16	Nonpriority amount	\$0.00
Total claim									
\$148.16									
Priority amount									
\$148.16									
Nonpriority amount									
\$0.00									
2.2419. Priority creditor's name and mailing address GLASGOW, EMILY E 3810 ALABAMA AV NORTHEAST ST PETERSBURG FL 33703 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$233.75</td> </tr> </table>	Total claim	\$233.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$233.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$233.75	Nonpriority amount	\$0.00
Total claim									
\$233.75									
Priority amount									
\$233.75									
Nonpriority amount									
\$0.00									
2.2420. Priority creditor's name and mailing address GLEASON, JESSICA M 1 ALFREDSON LANE SHERMAN CT 06784 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$351.75</td> </tr> </table>	Total claim	\$351.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$351.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$351.75	Nonpriority amount	\$0.00
Total claim									
\$351.75									
Priority amount									
\$351.75									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2421. Priority creditor's name and mailing address GLENN, CRYSTAL D 2821 GLENNCREST LANE TALLAHASSEE FL 32308 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,846.86</td> </tr> </table>	Total claim	\$2,846.86	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,846.86</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,846.86	Nonpriority amount	\$0.00
Total claim									
\$2,846.86									
Priority amount									
\$2,846.86									
Nonpriority amount									
\$0.00									
2.2422. Priority creditor's name and mailing address GLENN, RUTH 6570 RIVER RUN COLUMBIA MD 21044 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$35.86</td> </tr> </table>	Total claim	\$35.86	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$35.86</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$35.86	Nonpriority amount	\$0.00
Total claim									
\$35.86									
Priority amount									
\$35.86									
Nonpriority amount									
\$0.00									
2.2423. Priority creditor's name and mailing address GLOVER, ANGELA 1025 ROSY BILLED DRIVE APT 101 CHARLOTTE NC 28262 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$71.66</td> </tr> </table>	Total claim	\$71.66	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$71.66</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$71.66	Nonpriority amount	\$0.00
Total claim									
\$71.66									
Priority amount									
\$71.66									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2424. Priority creditor's name and mailing address GLOVER, JANEISHA A 1963 CORNERS CIRCLE LITHONIA GA 30058 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$506.31	Priority amount \$506.31 Nonpriority amount \$0.00
2.2425. Priority creditor's name and mailing address GLOVER, KAILA M 143 S PURCELL AVE WINCHESTER VA 22601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,949.46	Priority amount \$1,949.46 Nonpriority amount \$0.00
2.2426. Priority creditor's name and mailing address GLOVER, NATREANA 2420 APPLE WAY MIDWEST CITY OK 73130-7146 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,984.06	Priority amount \$2,984.06 Nonpriority amount \$0.00

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2.2427. Priority creditor's name and mailing address GLOVER, NICHOLE A 7908 PALO DURO AVE NE ALBUQUERQUE NM 87110 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$138.82</td> </tr> </table>	Total claim	\$138.82	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$138.82</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$138.82	Nonpriority amount	\$0.00
Total claim									
\$138.82									
Priority amount									
\$138.82									
Nonpriority amount									
\$0.00									
2.2428. Priority creditor's name and mailing address GLOVER, NIKIAH A 4300 ROMAINE STREET GREENSBORO NC 27407 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$101.21</td> </tr> </table>	Total claim	\$101.21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$101.21</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$101.21	Nonpriority amount	\$0.00
Total claim									
\$101.21									
Priority amount									
\$101.21									
Nonpriority amount									
\$0.00									
2.2429. Priority creditor's name and mailing address GOFF, ALICIA 213 DOMAIN DR MORGANTOWN WV 26501 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$74.11</td> </tr> </table>	Total claim	\$74.11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$74.11</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$74.11	Nonpriority amount	\$0.00
Total claim									
\$74.11									
Priority amount									
\$74.11									
Nonpriority amount									
\$0.00									

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2.2430. Priority creditor's name and mailing address GOFORTH, JADA T 80 WEST DEDHAM 1009 BOSTON MA 02118 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$437.28</td> </tr> </table>	Total claim	\$437.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$437.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$437.28	Nonpriority amount	\$0.00
Total claim									
\$437.28									
Priority amount									
\$437.28									
Nonpriority amount									
\$0.00									
2.2431. Priority creditor's name and mailing address GOLDEN, CHASITY J 3845 N VERONICA AVE RIALTO CA 92377 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$530.16</td> </tr> </table>	Total claim	\$530.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$530.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$530.16	Nonpriority amount	\$0.00
Total claim									
\$530.16									
Priority amount									
\$530.16									
Nonpriority amount									
\$0.00									
2.2432. Priority creditor's name and mailing address GOLDSTEIN, EBONY S 5608 ROSSLYN AVE INDIANAPOLIS IN 46220 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$33.30</td> </tr> </table>	Total claim	\$33.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$33.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$33.30	Nonpriority amount	\$0.00
Total claim									
\$33.30									
Priority amount									
\$33.30									
Nonpriority amount									
\$0.00									

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2.2433. Priority creditor's name and mailing address GOLDSTEIN, JORDANA M 3541 ORIOLE DR HUNTINGDON VALLEY PA 19006 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$201.14</td> </tr> </table>	Total claim	\$201.14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$201.14</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$201.14	Nonpriority amount	\$0.00
Total claim									
\$201.14									
Priority amount									
\$201.14									
Nonpriority amount									
\$0.00									
2.2434. Priority creditor's name and mailing address GOLEMME, TALIA R 83 COLCHESTER DRIVE PLYMOUTH MA 02360 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$36.00</td> </tr> </table>	Total claim	\$36.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$36.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$36.00	Nonpriority amount	\$0.00
Total claim									
\$36.00									
Priority amount									
\$36.00									
Nonpriority amount									
\$0.00									
2.2435. Priority creditor's name and mailing address GOLOMB, MAKENZY J 26 MYERS ST FORTY FORT PA 18704 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$261.94</td> </tr> </table>	Total claim	\$261.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$261.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$261.94	Nonpriority amount	\$0.00
Total claim									
\$261.94									
Priority amount									
\$261.94									
Nonpriority amount									
\$0.00									

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2.2436. Priority creditor's name and mailing address GOMEZ, ALYSSA 3466 WILLOW PASS ROAD SPACE 35 CONCORD CA 94519 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$297.12</td> </tr> </table>	Total claim	\$297.12	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$297.12</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$297.12	Nonpriority amount	\$0.00
Total claim									
\$297.12									
Priority amount									
\$297.12									
Nonpriority amount									
\$0.00									
2.2437. Priority creditor's name and mailing address GOMEZ, DAISY 4727 N CENTRAL PARK AVE CHICAGO IL 60625-5811 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$56.06</td> </tr> </table>	Total claim	\$56.06	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$56.06</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$56.06	Nonpriority amount	\$0.00
Total claim									
\$56.06									
Priority amount									
\$56.06									
Nonpriority amount									
\$0.00									
2.2438. Priority creditor's name and mailing address GOMEZ, DESTINY 335 E PACIFIC AVE LA HABRA CA 90631 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$663.04</td> </tr> </table>	Total claim	\$663.04	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$663.04</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$663.04	Nonpriority amount	\$0.00
Total claim									
\$663.04									
Priority amount									
\$663.04									
Nonpriority amount									
\$0.00									

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2.2439. Priority creditor's name and mailing address GOMEZ, EVELYN 7438 N WOLCOTT AVE CHICAGO IL 60626 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$464.20</td> </tr> </table>	Total claim	\$464.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$464.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$464.20	Nonpriority amount	\$0.00
Total claim									
\$464.20									
Priority amount									
\$464.20									
Nonpriority amount									
\$0.00									
2.2440. Priority creditor's name and mailing address GOMEZ, GRACE C 320 STEWART DR. EL PASO TX 79915 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$136.20</td> </tr> </table>	Total claim	\$136.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$136.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$136.20	Nonpriority amount	\$0.00
Total claim									
\$136.20									
Priority amount									
\$136.20									
Nonpriority amount									
\$0.00									
2.2441. Priority creditor's name and mailing address GOMEZ, JAMIE 2915 N MARSHALL ST. PHILA PA 19133-2406 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,405.79</td> </tr> </table>	Total claim	\$1,405.79	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,405.79</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,405.79	Nonpriority amount	\$0.00
Total claim									
\$1,405.79									
Priority amount									
\$1,405.79									
Nonpriority amount									
\$0.00									

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2.2442. Priority creditor's name and mailing address GOMEZ, JAZMIN A 2061 PINERCREST DRIVE SANTA ROSA CA 95403 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$624.10</td> </tr> </table>	Total claim	\$624.10	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$624.10</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$624.10	Nonpriority amount	\$0.00
Total claim									
\$624.10									
Priority amount									
\$624.10									
Nonpriority amount									
\$0.00									
2.2443. Priority creditor's name and mailing address GOMEZ, JOSE MARIA 1990 NW 2ND CT BOYNTON BEACH FL 33435 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$268.44</td> </tr> </table>	Total claim	\$268.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$268.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$268.44	Nonpriority amount	\$0.00
Total claim									
\$268.44									
Priority amount									
\$268.44									
Nonpriority amount									
\$0.00									
2.2444. Priority creditor's name and mailing address GOMEZ, KARINA 5831 NEWCOMB ST SAN BERNARDINO CA 92404 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$360.24</td> </tr> </table>	Total claim	\$360.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$360.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$360.24	Nonpriority amount	\$0.00
Total claim									
\$360.24									
Priority amount									
\$360.24									
Nonpriority amount									
\$0.00									

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2.2445. Priority creditor's name and mailing address GOMEZ, KAZANDRA 86 ROBERTS STREET SHELTON CT 06484 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$461.04	Priority amount \$461.04 Nonpriority amount \$0.00
2.2446. Priority creditor's name and mailing address GOMEZ, KIMBERLY I 8334 CADDO RD HOUSTON TX 77078 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$152.48	Priority amount \$152.48 Nonpriority amount \$0.00
2.2447. Priority creditor's name and mailing address GOMEZ, LESLIE J 935 NE 42ND TER HOMESTEAD FL 33033 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$25.21	Priority amount \$25.21 Nonpriority amount \$0.00

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2.2448. Priority creditor's name and mailing address GOMEZ, LISA M 27 GLOSSUP ST NORTH PROVIDENCE RI 02911 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,815.58	Priority amount \$3,815.58 Nonpriority amount \$0.00
2.2449. Priority creditor's name and mailing address GOMEZ, LISA M 21-12 MENAHAN STREET 3 RIDGEWOOD NY 11385 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$429.00	Priority amount \$429.00 Nonpriority amount \$0.00
2.2450. Priority creditor's name and mailing address GOMEZ, MANCILLA BRENDA 1695 MARY JANE DR. APT. #112 LAS VEGAS NV 89030 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$492.14	Priority amount \$492.14 Nonpriority amount \$0.00

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2.2451. Priority creditor's name and mailing address GOMEZ, MELISSA 12630 MINT FLD HOUSTON TX 77066 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$62.74</td> </tr> </table>	Total claim	\$62.74	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$62.74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$62.74	Nonpriority amount	\$0.00
Total claim									
\$62.74									
Priority amount									
\$62.74									
Nonpriority amount									
\$0.00									
2.2452. Priority creditor's name and mailing address GOMEZ, NICOLE A 6800 BURR OAK DR PLANO TX 75023 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$89.20</td> </tr> </table>	Total claim	\$89.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$89.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$89.20	Nonpriority amount	\$0.00
Total claim									
\$89.20									
Priority amount									
\$89.20									
Nonpriority amount									
\$0.00									
2.2453. Priority creditor's name and mailing address GOMEZ, ROJAS AMALFY A 1980 SW 33 AVENUE MIAMI FL 33145 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$232.83</td> </tr> </table>	Total claim	\$232.83	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$232.83</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$232.83	Nonpriority amount	\$0.00
Total claim									
\$232.83									
Priority amount									
\$232.83									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2454. Priority creditor's name and mailing address GOMEZ, TATIANA S 15135 KIMBERLY DR. U102 VICTORVILLE CA 92394 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$130.80</td> </tr> </table>	Total claim	\$130.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$130.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$130.80	Nonpriority amount	\$0.00
Total claim									
\$130.80									
Priority amount									
\$130.80									
Nonpriority amount									
\$0.00									
2.2455. Priority creditor's name and mailing address GONCALVES, MELISSA 11 AMANDA LN ACUSHNET MA 02743-5113 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$44.76</td> </tr> </table>	Total claim	\$44.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$44.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$44.76	Nonpriority amount	\$0.00
Total claim									
\$44.76									
Priority amount									
\$44.76									
Nonpriority amount									
\$0.00									
2.2456. Priority creditor's name and mailing address GONDER, DESTINY A 694 N. 3RD STREET APT B12 BRAWLEY CA 92227 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$143.40</td> </tr> </table>	Total claim	\$143.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$143.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$143.40	Nonpriority amount	\$0.00
Total claim									
\$143.40									
Priority amount									
\$143.40									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2457. Priority creditor's name and mailing address GONGAWARE, RACHEL E 566 RELIANCE RD MIDDLETOWN VA 22645 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$125.83	Priority amount \$125.83 Nonpriority amount \$0.00
2.2458. Priority creditor's name and mailing address GONZALES, ANNIE M 15435 SCHAFER AVE BATON ROUGE LA 70816 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$126.00	Priority amount \$126.00 Nonpriority amount \$0.00
2.2459. Priority creditor's name and mailing address GONZALES, BEATRICE A 255 MORAIMA SAN ANTONIO TX 78237 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$166.70	Priority amount \$166.70 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2460.	Priority creditor's name and mailing address GONZALES, NICOLE 1138NW 125TH PATH MIAMI FL 33182 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$168.81</td> </tr> </table>	Total claim	\$168.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$168.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$168.81	Nonpriority amount	\$0.00
Total claim										
\$168.81										
Priority amount										
\$168.81										
Nonpriority amount										
\$0.00										
2.2461.	Priority creditor's name and mailing address GONZALES, PAULINA 2501 WEBB CHAPEL EXT. APT. #8208 DALLAS TX 75220 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$100.35</td> </tr> </table>	Total claim	\$100.35	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$100.35</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$100.35	Nonpriority amount	\$0.00
Total claim										
\$100.35										
Priority amount										
\$100.35										
Nonpriority amount										
\$0.00										
2.2462.	Priority creditor's name and mailing address GONZALES, ROBERT 81 DAISY SPRINGS CT LAS VEGAS NV 89148 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$6,203.01</td> </tr> </table>	Total claim	\$6,203.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$6,203.01</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$6,203.01	Nonpriority amount	\$0.00
Total claim										
\$6,203.01										
Priority amount										
\$6,203.01										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2463. Priority creditor's name and mailing address GONZALES, SELENA N 3435 3RD AVE N 113 SAINT PETERSBURG FL 33713 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$259.38	Priority amount \$259.38 Nonpriority amount \$0.00
2.2464. Priority creditor's name and mailing address GONZALEZ, AILEEN 6356 WEST GOWAN ROAD LAS VEGAS NV 89108 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$76.37	Priority amount \$76.37 Nonpriority amount \$0.00
2.2465. Priority creditor's name and mailing address GONZALEZ, ALEXIS 146 DARTMOUTH ST HEMPSTEAD NY 11550-2715 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$312.72	Priority amount \$312.72 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.2466. Priority creditor's name and mailing address**GONZALEZ, BRITO ELIANDRA
1166 CALL E 4 SE, URB. CAPARRA
SAN JUAN PR 00921**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$328.57

Priority amount

\$328.57

Nonpriority amount

\$0.00

2.2467. Priority creditor's name and mailing addressGONZALEZ, CARLA
3911 31ST AVE
KENOSHA WI 53144**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$69.72

Priority amount

\$69.72

Nonpriority amount

\$0.00

2.2468. Priority creditor's name and mailing addressGONZALEZ, CAROLINA
143 EUCLID AVE
SPRINGFIELD MA 01108**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$427.08

Priority amount

\$427.08

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2469. Priority creditor's name and mailing address GONZALEZ, DANIELLE V 5402 SUNSEEKER BLVD GREENACRES FL 33463 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$181.21</td> </tr> </table>	Total claim	\$181.21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$181.21</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$181.21	Nonpriority amount	\$0.00
Total claim									
\$181.21									
Priority amount									
\$181.21									
Nonpriority amount									
\$0.00									
2.2470. Priority creditor's name and mailing address GONZALEZ, DARLENE C 56 ARMINGTON AVE PROVIDENCE RI 03908 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$104.90</td> </tr> </table>	Total claim	\$104.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$104.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$104.90	Nonpriority amount	\$0.00
Total claim									
\$104.90									
Priority amount									
\$104.90									
Nonpriority amount									
\$0.00									
2.2471. Priority creditor's name and mailing address GONZALEZ, DAYSE F 12338 KENTON CT. ORLANDO FL 32837-6500 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$244.79</td> </tr> </table>	Total claim	\$244.79	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$244.79</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$244.79	Nonpriority amount	\$0.00
Total claim									
\$244.79									
Priority amount									
\$244.79									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.2472. Priority creditor's name and mailing address**GONZALEZ, DEISY
6552 S KEDVALE AVENUE
CHICAGO IL 60629**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$1,269.26

Priority amount

\$1,269.26

Nonpriority amount

\$0.00

2.2473. Priority creditor's name and mailing addressGONZALEZ, DESIRETH M
511 MARTINGALE DR
STROUDSBURG PA 18360**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$36.80

Priority amount

\$36.80

Nonpriority amount

\$0.00

2.2474. Priority creditor's name and mailing addressGONZALEZ, DIANA
21817 LANARK ST.
29
CANOGA PARK CA 91304**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$260.76

Priority amount

\$260.76

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2475. Priority creditor's name and mailing address GONZALEZ, DULCE 9430 CONCOURSE DR HOUSTON TX 77036 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$100.30</td> <td>\$100.30</td> </tr> </table>	Total claim	Priority amount	\$100.30	\$100.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$100.30	\$100.30								
Nonpriority amount									
\$0.00									
2.2476. Priority creditor's name and mailing address GONZALEZ, ELIZABETH 1515 SOUTH PROSPECT STREET APT 36 WHEATON IL 60189 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$4,825.62</td> <td>\$4,825.62</td> </tr> </table>	Total claim	Priority amount	\$4,825.62	\$4,825.62	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$4,825.62	\$4,825.62								
Nonpriority amount									
\$0.00									
2.2477. Priority creditor's name and mailing address GONZALEZ, ELMER G 20703 CRYSTAL HILL CIR APT D GERMANTOWN MD 20874 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$297.93</td> <td>\$297.93</td> </tr> </table>	Total claim	Priority amount	\$297.93	\$297.93	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$297.93	\$297.93								
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2478. Priority creditor's name and mailing address GONZALEZ, FLORYS M 10581 SW 155TH PL 1610 MIAMI FL 33196 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$579.03	Priority amount \$579.03 Nonpriority amount \$0.00
2.2479. Priority creditor's name and mailing address GONZALEZ, GABRIELA 6044 KAUFFMAN AVE TEMPLE CITY CA 91780-1741 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$563.38	Priority amount \$563.38 Nonpriority amount \$0.00
2.2480. Priority creditor's name and mailing address GONZALEZ, GONZALEZ MARIA TERESA 216 OCCOQUAN TER SW LEESBURG VA 20175 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$321.50	Priority amount \$321.50 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2481. Priority creditor's name and mailing address GONZALEZ, IVANA R 1208 FERNDAL CT VIRGINIA BEACH VA 23464 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$516.89</td> </tr> </table>	Total claim	\$516.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$516.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$516.89	Nonpriority amount	\$0.00
Total claim									
\$516.89									
Priority amount									
\$516.89									
Nonpriority amount									
\$0.00									
2.2482. Priority creditor's name and mailing address GONZALEZ, JASMINE A 1407 KILDEER DR ROUND LAKE BEACH IL 60073 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$663.87</td> </tr> </table>	Total claim	\$663.87	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$663.87</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$663.87	Nonpriority amount	\$0.00
Total claim									
\$663.87									
Priority amount									
\$663.87									
Nonpriority amount									
\$0.00									
2.2483. Priority creditor's name and mailing address GONZALEZ, JENNIFER 421 SWEEZY AVE RIVERHEAD NY 11901 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$525.46</td> </tr> </table>	Total claim	\$525.46	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$525.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$525.46	Nonpriority amount	\$0.00
Total claim									
\$525.46									
Priority amount									
\$525.46									
Nonpriority amount									
\$0.00									

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2.2484.	Priority creditor's name and mailing address GONZALEZ, JENNIFER 13526 BONWAY DR HOUSTON TX 77045 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$23.38</td></tr></table>	Total claim	\$23.38	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$23.38</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$23.38	Nonpriority amount	\$0.00
Total claim										
\$23.38										
Priority amount										
\$23.38										
Nonpriority amount										
\$0.00										
2.2485.	Priority creditor's name and mailing address GONZALEZ, JENNIFER W 14243 PERHAM CT MORENO VALLEY CA 92553 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$504.10</td></tr></table>	Total claim	\$504.10	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$504.10</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$504.10	Nonpriority amount	\$0.00
Total claim										
\$504.10										
Priority amount										
\$504.10										
Nonpriority amount										
\$0.00										
2.2486.	Priority creditor's name and mailing address GONZALEZ, JENNY 156 POND PL APT.14 VISTA CA 92083 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$59.76</td></tr></table>	Total claim	\$59.76	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$59.76</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$59.76	Nonpriority amount	\$0.00
Total claim										
\$59.76										
Priority amount										
\$59.76										
Nonpriority amount										
\$0.00										

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2.2487. Priority creditor's name and mailing address GONZALEZ, JOCELYN 15515 CALIFORNIA AVE PARAMOUNT CA 90723 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td>\$232.20</td> </tr> </table>	Total claim	\$232.20	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td>\$232.20</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$232.20	Nonpriority amount	\$0.00
Total claim									
\$232.20									
Priority amount									
\$232.20									
Nonpriority amount									
\$0.00									
2.2488. Priority creditor's name and mailing address GONZALEZ, JOSE 8111 REMMET AVE 1 CANOGA PARK CA 91304 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td>\$264.61</td> </tr> </table>	Total claim	\$264.61	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td>\$264.61</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$264.61	Nonpriority amount	\$0.00
Total claim									
\$264.61									
Priority amount									
\$264.61									
Nonpriority amount									
\$0.00									
2.2489. Priority creditor's name and mailing address GONZALEZ, JULIA R 611 REEVES LN KENNEDALE TX 76060 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td>\$227.05</td> </tr> </table>	Total claim	\$227.05	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td>\$227.05</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$227.05	Nonpriority amount	\$0.00
Total claim									
\$227.05									
Priority amount									
\$227.05									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2490. Priority creditor's name and mailing address GONZALEZ, KARLA 14374 AMAR RD APT K LA PUENTE CA 91744 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$250.80</td> </tr> </table>	Total claim	\$250.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$250.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$250.80	Nonpriority amount	\$0.00
Total claim									
\$250.80									
Priority amount									
\$250.80									
Nonpriority amount									
\$0.00									
2.2491. Priority creditor's name and mailing address GONZALEZ, LIZBETH A 177 SHERMAN ST. PERTH AMBOY NJ 08861 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$75.40</td> </tr> </table>	Total claim	\$75.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$75.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$75.40	Nonpriority amount	\$0.00
Total claim									
\$75.40									
Priority amount									
\$75.40									
Nonpriority amount									
\$0.00									
2.2492. Priority creditor's name and mailing address GONZALEZ, MARIA A 17848 DEERFIELD DR LUTZ FL 33558 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$40.86</td> </tr> </table>	Total claim	\$40.86	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$40.86</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$40.86	Nonpriority amount	\$0.00
Total claim									
\$40.86									
Priority amount									
\$40.86									
Nonpriority amount									
\$0.00									

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2.2493. Priority creditor's name and mailing address GONZALEZ, MARIA F 12631 OAKWOOD DR WOODBRIDGE VA 22912 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$63.06</td> </tr> </table>	Total claim	\$63.06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$63.06</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$63.06	Nonpriority amount	\$0.00
Total claim									
\$63.06									
Priority amount									
\$63.06									
Nonpriority amount									
\$0.00									
2.2494. Priority creditor's name and mailing address GONZALEZ, MARIBEL 4017 STERLING CT MODESTO CA 95357 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$396.32</td> </tr> </table>	Total claim	\$396.32	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$396.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$396.32	Nonpriority amount	\$0.00
Total claim									
\$396.32									
Priority amount									
\$396.32									
Nonpriority amount									
\$0.00									
2.2495. Priority creditor's name and mailing address GONZALEZ, MARLEN J 13385 270TH ST ADRIAN MN 56110 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$284.65</td> </tr> </table>	Total claim	\$284.65	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$284.65</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$284.65	Nonpriority amount	\$0.00
Total claim									
\$284.65									
Priority amount									
\$284.65									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2496. Priority creditor's name and mailing address GONZALEZ, MARTELL JENNIFER 6613 NE 17TH AVE 97211 PORTLAND OR 97211 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$282.06</td> </tr> </table>	Total claim	\$282.06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$282.06</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$282.06	Nonpriority amount	\$0.00
Total claim									
\$282.06									
Priority amount									
\$282.06									
Nonpriority amount									
\$0.00									
2.2497. Priority creditor's name and mailing address GONZALEZ, MELINA 5053 N US 31 COLUMBUS IN 47201 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$35.95</td> </tr> </table>	Total claim	\$35.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$35.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$35.95	Nonpriority amount	\$0.00
Total claim									
\$35.95									
Priority amount									
\$35.95									
Nonpriority amount									
\$0.00									
2.2498. Priority creditor's name and mailing address GONZALEZ, NATALIE 2101 TANGERINE ST BAKERSFIELD CA 93306 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$64.44</td> </tr> </table>	Total claim	\$64.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$64.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$64.44	Nonpriority amount	\$0.00
Total claim									
\$64.44									
Priority amount									
\$64.44									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2499. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
GONZALEZ, NATALIE A 12 WESTMINSTER DR JACKSON NJ 08527-2623		\$60.89	\$60.89
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		Nonpriority amount
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		\$0.00
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.2500. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
GONZALEZ, NUVIA Y 515 E 88TH AVE 408 THORNTON CO 80229		\$163.40	\$163.40
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		Nonpriority amount
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		\$0.00
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.2501. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
GONZALEZ, OLADIS I 1117 EUBANKS AVE BAKERSFIELD CA 93307		\$185.40	\$185.40
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		Nonpriority amount
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		\$0.00
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2502. Priority creditor's name and mailing address GONZALEZ, ROLANDO 1921 KING AVE HARLINGEN TX 78552-7528 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$132.60</td> </tr> </table>	Total claim	\$132.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$132.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$132.60	Nonpriority amount	\$0.00
Total claim									
\$132.60									
Priority amount									
\$132.60									
Nonpriority amount									
\$0.00									
2.2503. Priority creditor's name and mailing address GONZALEZ, SANDRA 525 GLENBRIAR CIRCLE TRACY CA 95377 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$230.04</td> </tr> </table>	Total claim	\$230.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$230.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$230.04	Nonpriority amount	\$0.00
Total claim									
\$230.04									
Priority amount									
\$230.04									
Nonpriority amount									
\$0.00									
2.2504. Priority creditor's name and mailing address GONZALEZ, SONIELYZ 495 LAUREL HILL RD APT 11P NORWICH CT 06360-7212 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$704.09</td> </tr> </table>	Total claim	\$704.09	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$704.09</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$704.09	Nonpriority amount	\$0.00
Total claim									
\$704.09									
Priority amount									
\$704.09									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2505. Priority creditor's name and mailing address GONZALEZ, SOTO GISELLE CALLE 4 D-18 URB LOMA ALTA CAROLINA PR 00987 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$40.25</td> </tr> </table>	Total claim	\$40.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$40.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$40.25	Nonpriority amount	\$0.00
Total claim									
\$40.25									
Priority amount									
\$40.25									
Nonpriority amount									
\$0.00									
2.2506. Priority creditor's name and mailing address GONZALEZ, STEPHANIE 6070 LARCHMONT DR SAN JOSE CA 95123-4419 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,593.16</td> </tr> </table>	Total claim	\$1,593.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,593.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,593.16	Nonpriority amount	\$0.00
Total claim									
\$1,593.16									
Priority amount									
\$1,593.16									
Nonpriority amount									
\$0.00									
2.2507. Priority creditor's name and mailing address GONZALEZ, TATYANA L 1930 N FRANKLIN PHILADELPHIA PA 19122 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$128.94</td> </tr> </table>	Total claim	\$128.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$128.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$128.94	Nonpriority amount	\$0.00
Total claim									
\$128.94									
Priority amount									
\$128.94									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2508.	Priority creditor's name and mailing address GONZALEZ, TERESA 4313 CLAYTON ST DENVER CO 80216 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$111.00</td></tr></table>	Total claim	\$111.00	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$111.00</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$111.00	Nonpriority amount	\$0.00
Total claim										
\$111.00										
Priority amount										
\$111.00										
Nonpriority amount										
\$0.00										
2.2509.	Priority creditor's name and mailing address GONZALEZ, VANESSA 1371 BLACKBURN CIR. DALLAS TX 75217 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$75.90</td></tr></table>	Total claim	\$75.90	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$75.90</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$75.90	Nonpriority amount	\$0.00
Total claim										
\$75.90										
Priority amount										
\$75.90										
Nonpriority amount										
\$0.00										
2.2510.	Priority creditor's name and mailing address GONZALEZ, VERONICA 25 SOUTH LADOW AVE APT 9G MILLVILLE NJ 08332 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$1,315.21</td></tr></table>	Total claim	\$1,315.21	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$1,315.21</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,315.21	Nonpriority amount	\$0.00
Total claim										
\$1,315.21										
Priority amount										
\$1,315.21										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2511. Priority creditor's name and mailing address GONZALEZ, WENDY I 12 AURORA WAY ATHENS GA 30601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$132.08	Priority amount \$132.08 Nonpriority amount \$0.00
2.2512. Priority creditor's name and mailing address GONZALEZ-CASTRO, ERIKA 5252 ORANGE AVE 233 SAN DIEGO CA 92115 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,740.64	Priority amount \$2,740.64 Nonpriority amount \$0.00
2.2513. Priority creditor's name and mailing address GONZALEZ-GARCIA, ASHLEY M 46-350 TOWNE ST 9 INDIO CA 92201 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$217.80	Priority amount \$217.80 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2514. Priority creditor's name and mailing address GONZALEZ-GUZMAN, MICHELLE 276 MICHELE CIRCLE MILLERSVILLE MD 21108 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$202.01</td> </tr> </table>	Total claim	\$202.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$202.01</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$202.01	Nonpriority amount	\$0.00
Total claim									
\$202.01									
Priority amount									
\$202.01									
Nonpriority amount									
\$0.00									
2.2515. Priority creditor's name and mailing address GONZALEZ-MEDINA, ANA R 3103 MURRAY FARMS RD PLANT CITY FL 33566 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$65.15</td> </tr> </table>	Total claim	\$65.15	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$65.15</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$65.15	Nonpriority amount	\$0.00
Total claim									
\$65.15									
Priority amount									
\$65.15									
Nonpriority amount									
\$0.00									
2.2516. Priority creditor's name and mailing address GOODMAN, ALLISEN M 11005 56TH AVE ALLENDALE MI 49401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$286.75</td> </tr> </table>	Total claim	\$286.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$286.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$286.75	Nonpriority amount	\$0.00
Total claim									
\$286.75									
Priority amount									
\$286.75									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2517. Priority creditor's name and mailing address GOODMAN, KENICIA E 507 SOURGHUM CT JOPPA MD 21085 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$50.29	Priority amount \$50.29 Nonpriority amount \$0.00
2.2518. Priority creditor's name and mailing address GOODMAN, TAYLOR TEA C 2006 PRINCETON AVE CAMP HILL PA 17011 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$164.21	Priority amount \$164.21 Nonpriority amount \$0.00
2.2519. Priority creditor's name and mailing address GOODRICH, STEPHANIE 601 BILL FRANCE BOULEVARD APT 1707 DAYTONA BEACH FL 32114 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$177.66	Priority amount \$177.66 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2520. Priority creditor's name and mailing address GOODSPEED, DAPHNIE B 890 E OLD 56 HWY 222 OLATHE KS 66061 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$177.42</td> </tr> </table>	Total claim	\$177.42	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$177.42</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$177.42	Nonpriority amount	\$0.00
Total claim									
\$177.42									
Priority amount									
\$177.42									
Nonpriority amount									
\$0.00									
2.2521. Priority creditor's name and mailing address GOODWIN, RICKIESHA F 100 FOREST AVE 1-1201-D BUFFALO NY 14213 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$116.88</td> </tr> </table>	Total claim	\$116.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$116.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$116.88	Nonpriority amount	\$0.00
Total claim									
\$116.88									
Priority amount									
\$116.88									
Nonpriority amount									
\$0.00									
2.2522. Priority creditor's name and mailing address GORDON, CHANTEL A 245-33 147 ROAD ROSEDALE NY 11422 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$44.40</td> </tr> </table>	Total claim	\$44.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$44.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$44.40	Nonpriority amount	\$0.00
Total claim									
\$44.40									
Priority amount									
\$44.40									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2523.	Priority creditor's name and mailing address GORDON, LILIANA M 1754 GRANGE AVE 204 RACINE WI 53403 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$249.91</td></tr></table>	Total claim	\$249.91	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$249.91</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$249.91	Nonpriority amount	\$0.00
Total claim										
\$249.91										
Priority amount										
\$249.91										
Nonpriority amount										
\$0.00										
2.2524.	Priority creditor's name and mailing address GORDON, SAMANTHA M 55 PARKWAY AVE AMITYVILLE NY 11701-1308 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$184.20</td></tr></table>	Total claim	\$184.20	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$184.20</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$184.20	Nonpriority amount	\$0.00
Total claim										
\$184.20										
Priority amount										
\$184.20										
Nonpriority amount										
\$0.00										
2.2525.	Priority creditor's name and mailing address GORDON, SARA C 515 CAMINO REAL COURT F BRANDON FL 33510 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$81.55</td></tr></table>	Total claim	\$81.55	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$81.55</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$81.55	Nonpriority amount	\$0.00
Total claim										
\$81.55										
Priority amount										
\$81.55										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2526. Priority creditor's name and mailing address GORDON, SOMMER J 105 RODEO CIRCLE LOUISVILLE OH 44641 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$105.17</td> </tr> </table>	Total claim	\$105.17	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$105.17</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$105.17	Nonpriority amount	\$0.00
Total claim									
\$105.17									
Priority amount									
\$105.17									
Nonpriority amount									
\$0.00									
2.2527. Priority creditor's name and mailing address GORHAM, ANGELA 1214 SAVIN LANDING KNIGHTDALE NC 27545 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,481.20</td> </tr> </table>	Total claim	\$2,481.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,481.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,481.20	Nonpriority amount	\$0.00
Total claim									
\$2,481.20									
Priority amount									
\$2,481.20									
Nonpriority amount									
\$0.00									
2.2528. Priority creditor's name and mailing address GOROSPE, MARIA LOURDES I 1045 NW 90TH WAY PLANTATION FL 33322 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$60.83</td> </tr> </table>	Total claim	\$60.83	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$60.83</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$60.83	Nonpriority amount	\$0.00
Total claim									
\$60.83									
Priority amount									
\$60.83									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2529.	Priority creditor's name and mailing address GOSE, SYDNEY L 4777 LA MESA COURT FREMONT CA 94536 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$84.84</td></tr></table>	Total claim	\$84.84	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$84.84</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$84.84	Nonpriority amount	\$0.00
Total claim										
\$84.84										
Priority amount										
\$84.84										
Nonpriority amount										
\$0.00										
2.2530.	Priority creditor's name and mailing address GOSSELIN, KASEY O 479 CILLEY ROAD 1 MANCHESTER NH 03103 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$212.40</td></tr></table>	Total claim	\$212.40	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$212.40</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$212.40	Nonpriority amount	\$0.00
Total claim										
\$212.40										
Priority amount										
\$212.40										
Nonpriority amount										
\$0.00										
2.2531.	Priority creditor's name and mailing address GOTHRO, AMANDA L 1896 S. GREGORY RD FOWLerville MI 48836 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$221.08</td></tr></table>	Total claim	\$221.08	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$221.08</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$221.08	Nonpriority amount	\$0.00
Total claim										
\$221.08										
Priority amount										
\$221.08										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2532. Priority creditor's name and mailing address GOUGH, CHERYL K 4421 S. KAILER DR. WICHITA KS 67217 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$52.10</td> </tr> </table>	Total claim	\$52.10	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$52.10</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$52.10	Nonpriority amount	\$0.00
Total claim									
\$52.10									
Priority amount									
\$52.10									
Nonpriority amount									
\$0.00									
2.2533. Priority creditor's name and mailing address GOULBOURNE, BRIANNA M 177 WAYPOINT DR STOCKBRIDGE GA 30281 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$370.97</td> </tr> </table>	Total claim	\$370.97	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$370.97</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$370.97	Nonpriority amount	\$0.00
Total claim									
\$370.97									
Priority amount									
\$370.97									
Nonpriority amount									
\$0.00									
2.2534. Priority creditor's name and mailing address GOULD, NAJJA O 4902 SHUMARD DR KILLEEN TX 76542 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,284.65</td> </tr> </table>	Total claim	\$1,284.65	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,284.65</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,284.65	Nonpriority amount	\$0.00
Total claim									
\$1,284.65									
Priority amount									
\$1,284.65									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2535. Priority creditor's name and mailing address GOULD, TERESA R 13632 BELLEROSE DRIVE CHANTILLY VA 20151 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$1,493.21</td> </tr> </table>	Total claim	\$1,493.21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$1,493.21</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,493.21	Nonpriority amount	\$0.00
Total claim									
\$1,493.21									
Priority amount									
\$1,493.21									
Nonpriority amount									
\$0.00									
2.2536. Priority creditor's name and mailing address GOULDINE, DESTINY M 828 ESTURARY DR 828 ALPHARETTA GA 30005 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$121.44</td> </tr> </table>	Total claim	\$121.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$121.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$121.44	Nonpriority amount	\$0.00
Total claim									
\$121.44									
Priority amount									
\$121.44									
Nonpriority amount									
\$0.00									
2.2537. Priority creditor's name and mailing address GOZARI, MAKIYAL 627 BROOKHURST BLVD. LATHROP CA 95330 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$97.20</td> </tr> </table>	Total claim	\$97.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$97.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$97.20	Nonpriority amount	\$0.00
Total claim									
\$97.20									
Priority amount									
\$97.20									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2538. Priority creditor's name and mailing address GRABINA, STACI R 2 ETNA PLACE NANUET NY 10954 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$551.78</td> </tr> </table>	Total claim	\$551.78	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$551.78</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$551.78	Nonpriority amount	\$0.00
Total claim									
\$551.78									
Priority amount									
\$551.78									
Nonpriority amount									
\$0.00									
2.2539. Priority creditor's name and mailing address GRACIA, CRYSTAL A 590 COHANNET ST TAUNTON MA 02780 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$519.30</td> </tr> </table>	Total claim	\$519.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$519.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$519.30	Nonpriority amount	\$0.00
Total claim									
\$519.30									
Priority amount									
\$519.30									
Nonpriority amount									
\$0.00									
2.2540. Priority creditor's name and mailing address GRACIANO, DENISSE 638 GARRETT ST BRAWLEY CA 92227 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$182.40</td> </tr> </table>	Total claim	\$182.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$182.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$182.40	Nonpriority amount	\$0.00
Total claim									
\$182.40									
Priority amount									
\$182.40									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2541. Priority creditor's name and mailing address GRADO, CLAUDIA D 9820 SAINT GEORGE ST. SPRING VALLEY CA 91977 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$416.52	Priority amount \$416.52 Nonpriority amount \$0.00
2.2542. Priority creditor's name and mailing address GRADO, SAVANNAH L 320 E. UNION 1332 LAS CRUCES NM 88001 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$164.22	Priority amount \$164.22 Nonpriority amount \$0.00
2.2543. Priority creditor's name and mailing address GRAEFF, ABIGAIL S 306 LAKEVIEW DRIVE RIDLEY PARK PA 19078 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$459.14	Priority amount \$459.14 Nonpriority amount \$0.00

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2.2544. Priority creditor's name and mailing address GRAHAM, ASIA 5211 CROSSWOOD WAY 303 RALEIGH NC 27616 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$561.44	Priority amount \$561.44 Nonpriority amount \$0.00
2.2545. Priority creditor's name and mailing address GRAHAM, SUNDIATA 3031 HARRELL DR APT 118 GRAND PRAIRIE TX 75052 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$500.17	Priority amount \$500.17 Nonpriority amount \$0.00
2.2546. Priority creditor's name and mailing address GRAHAM, TARA R 7538 AUTUMN PARK SAN ANTONIO TX 78249-4235 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$432.84	Priority amount \$432.84 Nonpriority amount \$0.00

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2.2547. Priority creditor's name and mailing address GRAIG, ELEXIS D 570 MALABAR RD SW APT 206 PALM BAY FL 32907 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$371.45	Priority amount \$371.45 Nonpriority amount \$0.00
2.2548. Priority creditor's name and mailing address GRAJEDA, KEILA G 1008 ROSEMONT AVE. 102 LOS ANGELES CA 90026 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$37.44	Priority amount \$37.44 Nonpriority amount \$0.00
2.2549. Priority creditor's name and mailing address GRANDON, GABRIELA G 6054 FARMDALE AVE 4 NORTH HOLLYWOOD CA 91606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$693.26	Priority amount \$693.26 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2550.	Priority creditor's name and mailing address GRANILLO, JOSELYNE 11317 E. MARGUERITE AVE. MESA AZ 85208 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$512.68</td></tr></table>	Total claim	\$512.68	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$512.68</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$512.68	Nonpriority amount	\$0.00
Total claim										
\$512.68										
Priority amount										
\$512.68										
Nonpriority amount										
\$0.00										
2.2551.	Priority creditor's name and mailing address GRANITZSKI, MEGAN E 305 HOPE GREAT MEADOWS ROAD GREAT MEADOWS NJ 07838 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$166.82</td></tr></table>	Total claim	\$166.82	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$166.82</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$166.82	Nonpriority amount	\$0.00
Total claim										
\$166.82										
Priority amount										
\$166.82										
Nonpriority amount										
\$0.00										
2.2552.	Priority creditor's name and mailing address GRANT, DANIELLE N 255 JEAN WELLS DR GOOSE CREEK SC 29445 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$428.30</td></tr></table>	Total claim	\$428.30	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$428.30</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$428.30	Nonpriority amount	\$0.00
Total claim										
\$428.30										
Priority amount										
\$428.30										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2553. Priority creditor's name and mailing address GRANT-WILLIAMS, KARIA T 2614 W TENNESSEE ST APT 8106C TALLAHASSEE FL 32304 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$369.00</td> </tr> </table>	Total claim	\$369.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$369.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$369.00	Nonpriority amount	\$0.00
Total claim									
\$369.00									
Priority amount									
\$369.00									
Nonpriority amount									
\$0.00									
2.2554. Priority creditor's name and mailing address GRANVILLE, KEREEN 8521 MONTICELLO AVE SKOKIE IL 60076 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,561.70</td> </tr> </table>	Total claim	\$1,561.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,561.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,561.70	Nonpriority amount	\$0.00
Total claim									
\$1,561.70									
Priority amount									
\$1,561.70									
Nonpriority amount									
\$0.00									
2.2555. Priority creditor's name and mailing address GRAPEVINE/COLLEYVILLE I.S.D. 3072 MUSTANG DRIVE GRAPEVINE TX 76051 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,465.88</td> </tr> </table>	Total claim	\$3,465.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,465.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,465.88	Nonpriority amount	\$0.00
Total claim									
\$3,465.88									
Priority amount									
\$3,465.88									
Nonpriority amount									
\$0.00									

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2.2556. Priority creditor's name and mailing address GRAUL, COURTNEY 14777 WUNDERLICH DR APT 2604 HOUSTON TX 77069 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$513.83</td> </tr> </table>	Total claim	\$513.83	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$513.83</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$513.83	Nonpriority amount	\$0.00
Total claim									
\$513.83									
Priority amount									
\$513.83									
Nonpriority amount									
\$0.00									
2.2557. Priority creditor's name and mailing address GRAVELIN, LYNDSEY 1642 CHARLOTTE CIRCLE MARTINSVILLE IN 46151 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$836.60</td> </tr> </table>	Total claim	\$836.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$836.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$836.60	Nonpriority amount	\$0.00
Total claim									
\$836.60									
Priority amount									
\$836.60									
Nonpriority amount									
\$0.00									
2.2558. Priority creditor's name and mailing address GRAVES, KAITLIN 3648 COUNTY ROAD 61 COLUMBIA AL 36319 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$245.86</td> </tr> </table>	Total claim	\$245.86	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$245.86</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$245.86	Nonpriority amount	\$0.00
Total claim									
\$245.86									
Priority amount									
\$245.86									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2559.	Priority creditor's name and mailing address GRAVES, PATRICIA 9113 SIERRA ALTA WAY EL CAJON CA 92021 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$289.80</td> </tr> </table>	Total claim	\$289.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$289.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$289.80	Nonpriority amount	\$0.00
Total claim										
\$289.80										
Priority amount										
\$289.80										
Nonpriority amount										
\$0.00										
2.2560.	Priority creditor's name and mailing address GRAY, ALEEA G 902 34TH STREET VIENNA WV 26105 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$258.75</td> </tr> </table>	Total claim	\$258.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$258.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$258.75	Nonpriority amount	\$0.00
Total claim										
\$258.75										
Priority amount										
\$258.75										
Nonpriority amount										
\$0.00										
2.2561.	Priority creditor's name and mailing address GRAY, EMILEE J 9618 LITTLE HARBOR COURT ELK GROVE CA 95624 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$348.96</td> </tr> </table>	Total claim	\$348.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$348.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$348.96	Nonpriority amount	\$0.00
Total claim										
\$348.96										
Priority amount										
\$348.96										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2562. Priority creditor's name and mailing address GRAY, JADE C 8671 PINE CT YPSILANTI MI 48198 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$178.25</td> </tr> </table>	Total claim	\$178.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$178.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$178.25	Nonpriority amount	\$0.00
Total claim									
\$178.25									
Priority amount									
\$178.25									
Nonpriority amount									
\$0.00									
2.2563. Priority creditor's name and mailing address GRAY, JENNA E 1652 OTOE ST. LINCOLN NE 68502 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$373.67</td> </tr> </table>	Total claim	\$373.67	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$373.67</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$373.67	Nonpriority amount	\$0.00
Total claim									
\$373.67									
Priority amount									
\$373.67									
Nonpriority amount									
\$0.00									
2.2564. Priority creditor's name and mailing address GRAY, JILLIAN D 2928 PRAIRIE OAK BLVD GRAND PRAIRIE TX 75052 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$215.84</td> </tr> </table>	Total claim	\$215.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$215.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$215.84	Nonpriority amount	\$0.00
Total claim									
\$215.84									
Priority amount									
\$215.84									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2565. Priority creditor's name and mailing address GRAY, MALLORY J 4362 MCWHINNEY BLVD. #718 LOVELAND CO 80538 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$61.28	Priority amount \$61.28 Nonpriority amount \$0.00
2.2566. Priority creditor's name and mailing address GRAY, SHYRENE M 6512 W DESERT COVE AVE GLENDALE AZ 85304 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$32.67	Priority amount \$32.67 Nonpriority amount \$0.00
2.2567. Priority creditor's name and mailing address GRAYBILL, HEIDI J 6291 LEAR AVENUE TWENTYNINE PALMS CA 92277 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$4,102.22	Priority amount \$4,102.22 Nonpriority amount \$0.00

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2.2568.	Priority creditor's name and mailing address GREAGER, ALEXA R 90 SOUTH GARDEN BLVD EDGEWATER PARK NJ 08010 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$157.97</td> </tr> </table>	Total claim	\$157.97	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$157.97</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$157.97	Nonpriority amount	\$0.00
Total claim										
\$157.97										
Priority amount										
\$157.97										
Nonpriority amount										
\$0.00										
2.2569.	Priority creditor's name and mailing address GREASER, SHELBY 238 WINEBERRY DR CHESWICK PA 15024 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$170.89</td> </tr> </table>	Total claim	\$170.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$170.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$170.89	Nonpriority amount	\$0.00
Total claim										
\$170.89										
Priority amount										
\$170.89										
Nonpriority amount										
\$0.00										
2.2570.	Priority creditor's name and mailing address GREBER, MEGAN N 18 DARLA DRIVE WINFIELD MO 63389 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$199.09</td> </tr> </table>	Total claim	\$199.09	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$199.09</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$199.09	Nonpriority amount	\$0.00
Total claim										
\$199.09										
Priority amount										
\$199.09										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2571. Priority creditor's name and mailing address GREELY, JULIA A 786 OAK BEND RD KAISER MO 65047 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$653.89	Priority amount \$653.89 Nonpriority amount \$0.00
2.2572. Priority creditor's name and mailing address GREEN, ASHLEY J 6356 FOREST AVE 3R RIDGEWOOD NY 11385 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$678.30	Priority amount \$678.30 Nonpriority amount \$0.00
2.2573. Priority creditor's name and mailing address GREEN, BIANCA A 717 JOHN TERRACE NEPTUNE NJ 07753 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$190.81	Priority amount \$190.81 Nonpriority amount \$0.00

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2.2574. Priority creditor's name and mailing address GREEN, CAMARY 704 MYRTLE STREET HATTIESBURG MS 39401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$545.30	Priority amount \$545.30 Nonpriority amount \$0.00
2.2575. Priority creditor's name and mailing address GREEN, CHRYSETTE M 3417 CEDARGLEN RD. ONTARIO CA 91761 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,004.54	Priority amount \$2,004.54 Nonpriority amount \$0.00
2.2576. Priority creditor's name and mailing address GREEN, JADE A 3030 RESIDENCE DR 3105 A TOLEDO OH 43606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$89.59	Priority amount \$89.59 Nonpriority amount \$0.00

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2.2577. Priority creditor's name and mailing address GREEN, JAMILLAH R 601 OCEAN AVE APT #2 JERSEY CITY NJ 07305 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$121.69</td> </tr> </table>	Total claim	\$121.69	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$121.69</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$121.69	Nonpriority amount	\$0.00
Total claim									
\$121.69									
Priority amount									
\$121.69									
Nonpriority amount									
\$0.00									
2.2578. Priority creditor's name and mailing address GREEN, JAYDA 2215 DUPONT AVE. N MINNEAPOLIS MN 55411 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$154.31</td> </tr> </table>	Total claim	\$154.31	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$154.31</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$154.31	Nonpriority amount	\$0.00
Total claim									
\$154.31									
Priority amount									
\$154.31									
Nonpriority amount									
\$0.00									
2.2579. Priority creditor's name and mailing address GREEN, JULIEANN 4120 W MAULE AVE LAS VEGAS NV 89118-4410 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$5,445.43</td> </tr> </table>	Total claim	\$5,445.43	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$5,445.43</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$5,445.43	Nonpriority amount	\$0.00
Total claim									
\$5,445.43									
Priority amount									
\$5,445.43									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2580.	Priority creditor's name and mailing address GREEN, MAKAYLA A 2028 N MITCHELL DR MIDWEST CITY OK 73110 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$1,173.16</td> </tr> </table>	Total claim	\$1,173.16	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$1,173.16</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	Priority amount	\$1,173.16	Nonpriority amount	\$0.00
Total claim										
\$1,173.16										
Priority amount										
\$1,173.16										
Nonpriority amount										
\$0.00										
2.2581.	Priority creditor's name and mailing address GREEN, MEGAN 14330 SUMMER PLACE DR. GONZALES LA 70737 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$152.16</td> </tr> </table>	Total claim	\$152.16	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$152.16</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	Priority amount	\$152.16	Nonpriority amount	\$0.00
Total claim										
\$152.16										
Priority amount										
\$152.16										
Nonpriority amount										
\$0.00										
2.2582.	Priority creditor's name and mailing address GREEN, MORGAN Y 830 PEACHERS MILL RD L140 CLARKSVILLE TN 37042 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$133.85</td> </tr> </table>	Total claim	\$133.85	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$133.85</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	Priority amount	\$133.85	Nonpriority amount	\$0.00
Total claim										
\$133.85										
Priority amount										
\$133.85										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2583. Priority creditor's name and mailing address GREEN, NAYTONIYAN T 8100 GARNERS FERRY ROAD APT 14 COLUMBIA SC 29209 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$37.34</td> </tr> </table>	Total claim	\$37.34	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$37.34</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$37.34	Nonpriority amount	\$0.00
Total claim									
\$37.34									
Priority amount									
\$37.34									
Nonpriority amount									
\$0.00									
2.2584. Priority creditor's name and mailing address GREEN, TAYLOR A 2825 EGRET WAY COOPER CITY FL 33026 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$166.66</td> </tr> </table>	Total claim	\$166.66	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$166.66</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$166.66	Nonpriority amount	\$0.00
Total claim									
\$166.66									
Priority amount									
\$166.66									
Nonpriority amount									
\$0.00									
2.2585. Priority creditor's name and mailing address GREEN, VICTORIA 3436 FREDERICK DR TOANO VA 23168 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$6.00</td> </tr> </table>	Total claim	\$6.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$6.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$6.00	Nonpriority amount	\$0.00
Total claim									
\$6.00									
Priority amount									
\$6.00									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2586. Priority creditor's name and mailing address GREENAWALT, KAYLEIGH B 1750 WORTHINGTON COURT FREDERICK MD 21702 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$614.28</td> </tr> </table>	Total claim	\$614.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$614.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$614.28	Nonpriority amount	\$0.00
Total claim									
\$614.28									
Priority amount									
\$614.28									
Nonpriority amount									
\$0.00									
2.2587. Priority creditor's name and mailing address GREENBERG, CATHERINE A 26 IDAHO LN ABERDEEN NJ 07747-1504 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$35.67</td> </tr> </table>	Total claim	\$35.67	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$35.67</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$35.67	Nonpriority amount	\$0.00
Total claim									
\$35.67									
Priority amount									
\$35.67									
Nonpriority amount									
\$0.00									
2.2588. Priority creditor's name and mailing address GREENE, AMALIA I 2895 S CONWAY RD ORLANDO FL 32812-5900 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$234.00</td> </tr> </table>	Total claim	\$234.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$234.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$234.00	Nonpriority amount	\$0.00
Total claim									
\$234.00									
Priority amount									
\$234.00									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2589.	Priority creditor's name and mailing address GREENE, ELISABETH 404 MIDNIGHT DR RICHLANDS NC 28574 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$103.46</td> </tr> </table>	Total claim	\$103.46	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$103.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$103.46	Nonpriority amount	\$0.00
Total claim										
\$103.46										
Priority amount										
\$103.46										
Nonpriority amount										
\$0.00										
2.2590.	Priority creditor's name and mailing address GREENE, JASMINE 2153 CLIFFVALE DRIVE HIGH POINT NC 27262 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$223.73</td> </tr> </table>	Total claim	\$223.73	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$223.73</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$223.73	Nonpriority amount	\$0.00
Total claim										
\$223.73										
Priority amount										
\$223.73										
Nonpriority amount										
\$0.00										
2.2591.	Priority creditor's name and mailing address GREENE, SUNDAI K 7503 GRAND LAKE DR. SEVEN VALLEYS PA 17360 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$151.96</td> </tr> </table>	Total claim	\$151.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$151.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$151.96	Nonpriority amount	\$0.00
Total claim										
\$151.96										
Priority amount										
\$151.96										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2592. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
GREENFIELD, JESSICA L 34 WOLFINGER WAY BINGHAMTON NY 13904	☐ Contingent	\$225.67	\$225.67
	☐ Unliquidated		Nonpriority amount
	☐ Disputed		\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ No ☐ Yes		

2.2593. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
GREENFIELD-ESARCO, LAURIE A 281A POTTERSTOWN ROAD LEBANON NJ 08833	☐ Contingent	\$8,759.44	\$8,759.44
	☐ Unliquidated		Nonpriority amount
	☐ Disputed		\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ No ☐ Yes		

2.2594. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
GREER, CASSIE 45111 WAIKAPOKI RD E KANE OHE HI 96744	☐ Contingent	\$291.92	\$291.92
	☐ Unliquidated		Nonpriority amount
	☐ Disputed		\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ No ☐ Yes		

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2.2595. Priority creditor's name and mailing address GREER, CONSTANCE 5780 GRANDVIEW DR INDIANAPOLIS IN 46228 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$93.47</td> </tr> </table>	Total claim	\$93.47	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$93.47</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$93.47	Nonpriority amount	\$0.00
Total claim									
\$93.47									
Priority amount									
\$93.47									
Nonpriority amount									
\$0.00									
2.2596. Priority creditor's name and mailing address GREER, KIARA K 124 REDMOND LN CAMDEN DE 19934 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$190.31</td> </tr> </table>	Total claim	\$190.31	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$190.31</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$190.31	Nonpriority amount	\$0.00
Total claim									
\$190.31									
Priority amount									
\$190.31									
Nonpriority amount									
\$0.00									
2.2597. Priority creditor's name and mailing address GREGORIO, STEPHANIE M 47 NORTH AVE REVERE MA 02151-2328 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$521.94</td> </tr> </table>	Total claim	\$521.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$521.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$521.94	Nonpriority amount	\$0.00
Total claim									
\$521.94									
Priority amount									
\$521.94									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2598. Priority creditor's name and mailing address GREGORY, JETTIE 217 RIVERSIDE DR FREEPORT PA 16229 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$33.58</td> </tr> </table>	Total claim	\$33.58	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$33.58</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$33.58	Nonpriority amount	\$0.00
Total claim									
\$33.58									
Priority amount									
\$33.58									
Nonpriority amount									
\$0.00									
2.2599. Priority creditor's name and mailing address GREIF, MACY M 4021 WEST STATE ST. APT# 103 BOISE ID 83703 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$138.70</td> </tr> </table>	Total claim	\$138.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$138.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$138.70	Nonpriority amount	\$0.00
Total claim									
\$138.70									
Priority amount									
\$138.70									
Nonpriority amount									
\$0.00									
2.2600. Priority creditor's name and mailing address GRIDER, DEBORAH R 1011 VIZCAYA LAKES RD APT 108 OCOEE FL 34761 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,679.06</td> </tr> </table>	Total claim	\$1,679.06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,679.06</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,679.06	Nonpriority amount	\$0.00
Total claim									
\$1,679.06									
Priority amount									
\$1,679.06									
Nonpriority amount									
\$0.00									

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2.2601. Priority creditor's name and mailing address GRIFFIN, CANADA A 4761 COUNTRY LANE E48 ORANGE OH 44126 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,462.18	Priority amount \$2,462.18 Nonpriority amount \$0.00
2.2602. Priority creditor's name and mailing address GRIFFIN, DARLA R 2073 S IDALIA STREET AURORA CO 80013 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$242.97	Priority amount \$242.97 Nonpriority amount \$0.00
2.2603. Priority creditor's name and mailing address GRIFFIN, HEAVEN A 5443 RIVERBREEZE COURT JACKSONVILLE FL 32277 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$577.28	Priority amount \$577.28 Nonpriority amount \$0.00

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2.2604.	Priority creditor's name and mailing address GRIFFIN, PAZAZZ 1055 CHICAGO AVE CINCINNATI OH 45215 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$268.13</td> </tr> </table>	Total claim	\$268.13	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$268.13</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$268.13	Nonpriority amount	\$0.00
Total claim										
\$268.13										
Priority amount										
\$268.13										
Nonpriority amount										
\$0.00										
2.2605.	Priority creditor's name and mailing address GRIFFIN, TANISHA 76 GRETNA WOODS RD PLEASANT VALLEY NY 12569 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$93.57</td> </tr> </table>	Total claim	\$93.57	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$93.57</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$93.57	Nonpriority amount	\$0.00
Total claim										
\$93.57										
Priority amount										
\$93.57										
Nonpriority amount										
\$0.00										
2.2606.	Priority creditor's name and mailing address GRIFFITH, ELAINA C 9226D GENERAL BROWN LOOP FORT DRUM NY 13603 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$160.40</td> </tr> </table>	Total claim	\$160.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$160.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$160.40	Nonpriority amount	\$0.00
Total claim										
\$160.40										
Priority amount										
\$160.40										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2607. Priority creditor's name and mailing address GRIFFITH, JARI A 2105 STELLA ST. 105 DENTON TX 76201 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$595.15	Priority amount \$595.15 Nonpriority amount \$0.00
2.2608. Priority creditor's name and mailing address GRIGGS, KELLY T 145 HARMONY ROAD APARTMENT 1624 SLIPPERY ROCK PA 16057 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$36.96	Priority amount \$36.96 Nonpriority amount \$0.00
2.2609. Priority creditor's name and mailing address GRIGSBY, EMILY R 232 MARBLE CLIFF FORT MICHELL KY 41017 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$71.15	Priority amount \$71.15 Nonpriority amount \$0.00

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2.2610.	Priority creditor's name and mailing address GRIJALVA, YAJAIRA 4333 E BELLEVUE ST UNIT 3 TUCSON AZ 85712 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$121.00</td> </tr> </table>	Total claim	\$121.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$121.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$121.00	Nonpriority amount	\$0.00
Total claim										
\$121.00										
Priority amount										
\$121.00										
Nonpriority amount										
\$0.00										
2.2611.	Priority creditor's name and mailing address GRIMALDI, CRYSTAL M 16 SCOUT TRAIL RIDGE NY 11961 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,599.07</td> </tr> </table>	Total claim	\$2,599.07	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,599.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,599.07	Nonpriority amount	\$0.00
Total claim										
\$2,599.07										
Priority amount										
\$2,599.07										
Nonpriority amount										
\$0.00										
2.2612.	Priority creditor's name and mailing address GRINBERG, ROCHELLE P 11800 SUNSET HILLS RD UNIT 620 RESTON VA 20190 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$760.26</td> </tr> </table>	Total claim	\$760.26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$760.26</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$760.26	Nonpriority amount	\$0.00
Total claim										
\$760.26										
Priority amount										
\$760.26										
Nonpriority amount										
\$0.00										

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2.2613. Priority creditor's name and mailing address GROAH, JAZMIN 7906 POINSETTIA DR LOUISVILLE KY 40258-2452 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,466.10</td> </tr> </table>	Total claim	\$1,466.10	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,466.10</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,466.10	Nonpriority amount	\$0.00
Total claim									
\$1,466.10									
Priority amount									
\$1,466.10									
Nonpriority amount									
\$0.00									
2.2614. Priority creditor's name and mailing address GROHN, RACHEL J E13750 STELTER RD FALL CREEK WI 54742 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$199.96</td> </tr> </table>	Total claim	\$199.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$199.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$199.96	Nonpriority amount	\$0.00
Total claim									
\$199.96									
Priority amount									
\$199.96									
Nonpriority amount									
\$0.00									
2.2615. Priority creditor's name and mailing address GROSS, DENAYA B 7350 ALPINE DR NW RAMSEY MN 55303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$24.65</td> </tr> </table>	Total claim	\$24.65	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$24.65</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$24.65	Nonpriority amount	\$0.00
Total claim									
\$24.65									
Priority amount									
\$24.65									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2616. Priority creditor's name and mailing address GROSS, SHARRON R 2515 ALABAMA AVENUE SE APT 401 WASHINGTON DC 20020 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$81.55</td></tr></table>	Total claim	\$81.55	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$81.55</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$81.55	Nonpriority amount	\$0.00
Total claim									
\$81.55									
Priority amount									
\$81.55									
Nonpriority amount									
\$0.00									
2.2617. Priority creditor's name and mailing address GROSVENTRE, JASMINE 6960 HYDE PARK DR SAN DIEGO CA 92119 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$215.64</td></tr></table>	Total claim	\$215.64	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$215.64</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$215.64	Nonpriority amount	\$0.00
Total claim									
\$215.64									
Priority amount									
\$215.64									
Nonpriority amount									
\$0.00									
2.2618. Priority creditor's name and mailing address GROTEBERG, BEATRIZ 7 RABBIT RUN PLACE THE WOODLANDS TX 77382 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$8,322.53</td></tr></table>	Total claim	\$8,322.53	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$8,322.53</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$8,322.53	Nonpriority amount	\$0.00
Total claim									
\$8,322.53									
Priority amount									
\$8,322.53									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2619. Priority creditor's name and mailing address GRUBB, DEVANIQUE D 3432 MICHAEL CT COLUMBUS OH 43204 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$870.65</td> <td style="text-align: center;">\$870.65</td> </tr> </table>	Total claim	Priority amount	\$870.65	\$870.65	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$870.65	\$870.65								
Nonpriority amount									
\$0.00									
2.2620. Priority creditor's name and mailing address GRZYMSKI, JAYCIE M 105 SPITBROOK ROAD 13C NASHUA NH 03062 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$175.11</td> <td style="text-align: center;">\$175.11</td> </tr> </table>	Total claim	Priority amount	\$175.11	\$175.11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$175.11	\$175.11								
Nonpriority amount									
\$0.00									
2.2621. Priority creditor's name and mailing address GUADAGNO, MARIA A 1113 CHARLES VIEW WAY TOWSON MD 21204 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$372.17</td> <td style="text-align: center;">\$372.17</td> </tr> </table>	Total claim	Priority amount	\$372.17	\$372.17	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$372.17	\$372.17								
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2622. Priority creditor's name and mailing address GUBALLA, AMALIA E 4224 WINDSONG ST. SACRAMENTO CA 95834 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$193.80</td> </tr> </table>	Total claim	\$193.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$193.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$193.80	Nonpriority amount	\$0.00
Total claim									
\$193.80									
Priority amount									
\$193.80									
Nonpriority amount									
\$0.00									
2.2623. Priority creditor's name and mailing address GUEL, SADY 5327 4TH ST CT E BRADENTON FL 34203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$338.13</td> </tr> </table>	Total claim	\$338.13	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$338.13</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$338.13	Nonpriority amount	\$0.00
Total claim									
\$338.13									
Priority amount									
\$338.13									
Nonpriority amount									
\$0.00									
2.2624. Priority creditor's name and mailing address GUERECA, NORMA P 740 CALLA AVE B IMPERIAL BEACH CA 91932 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$772.07</td> </tr> </table>	Total claim	\$772.07	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$772.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$772.07	Nonpriority amount	\$0.00
Total claim									
\$772.07									
Priority amount									
\$772.07									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2625. Priority creditor's name and mailing address GUERRA, FAVIOLA 1109 SW 53ST OKLAHOMA CITY OK 73109 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$165.04</td> </tr> </table>	Total claim	\$165.04	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$165.04</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$165.04	Nonpriority amount	\$0.00
Total claim									
\$165.04									
Priority amount									
\$165.04									
Nonpriority amount									
\$0.00									
2.2626. Priority creditor's name and mailing address GUERRA, FRANCIS E 3808 SE 36TH AVE AMARILLO TX 79103 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$179.91</td> </tr> </table>	Total claim	\$179.91	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$179.91</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$179.91	Nonpriority amount	\$0.00
Total claim									
\$179.91									
Priority amount									
\$179.91									
Nonpriority amount									
\$0.00									
2.2627. Priority creditor's name and mailing address GUERRERO, ARLYN A 27 ALEXANDER AVE SPRING VALLEY NY 10977 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$90.14</td> </tr> </table>	Total claim	\$90.14	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$90.14</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$90.14	Nonpriority amount	\$0.00
Total claim									
\$90.14									
Priority amount									
\$90.14									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2628. Priority creditor's name and mailing address GUERRERO, BRENDA 2439 DES PLAINES AVE #1S NORTH RIVERSIDE IL 60546 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$213.01</td> </tr> </table>	Total claim	\$213.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$213.01</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$213.01	Nonpriority amount	\$0.00
Total claim									
\$213.01									
Priority amount									
\$213.01									
Nonpriority amount									
\$0.00									
2.2629. Priority creditor's name and mailing address GUERRERO, JESSICA N 839 FARM DR 3 SAN JOSE CA 95136 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$781.61</td> </tr> </table>	Total claim	\$781.61	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$781.61</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$781.61	Nonpriority amount	\$0.00
Total claim									
\$781.61									
Priority amount									
\$781.61									
Nonpriority amount									
\$0.00									
2.2630. Priority creditor's name and mailing address GUERRERO, MARIAH N 4627 N 100TH AVE PHOENIX AZ 85037-5263 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$580.81</td> </tr> </table>	Total claim	\$580.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$580.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$580.81	Nonpriority amount	\$0.00
Total claim									
\$580.81									
Priority amount									
\$580.81									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2631. Priority creditor's name and mailing address GUERRERO, SAMANTHA 550 RIVERSTONE PKWY APT A109 CANTON GA 30114 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$176.03</td> </tr> </table>	Total claim	\$176.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$176.03</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$176.03	Nonpriority amount	\$0.00
Total claim									
\$176.03									
Priority amount									
\$176.03									
Nonpriority amount									
\$0.00									
2.2632. Priority creditor's name and mailing address GUERRERO, SARAH I 40979 BELLERAY AVE. MURRIETA CA 92562 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$531.98</td> </tr> </table>	Total claim	\$531.98	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$531.98</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$531.98	Nonpriority amount	\$0.00
Total claim									
\$531.98									
Priority amount									
\$531.98									
Nonpriority amount									
\$0.00									
2.2633. Priority creditor's name and mailing address GUEST, KALEI A 9851 HWY 172 COMER GA 30629 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$407.55</td> </tr> </table>	Total claim	\$407.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$407.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$407.55	Nonpriority amount	\$0.00
Total claim									
\$407.55									
Priority amount									
\$407.55									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2634. Priority creditor's name and mailing address GUEVARA, DELMY N 3824 S HOBART BLVD. LOS ANGELES CA 90062 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$761.81	Priority amount \$761.81 Nonpriority amount \$0.00
2.2635. Priority creditor's name and mailing address GUEVARA, RAQUEL S 4450 TRUMAN RD RAVENNA MI 49451 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$169.00	Priority amount \$169.00 Nonpriority amount \$0.00
2.2636. Priority creditor's name and mailing address GUEVARA, SILVIA 718 RUBY DR MIDLAND TX 79703 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$185.29	Priority amount \$185.29 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2637. Priority creditor's name and mailing address GUEVARRA, QUEENIE 1385 CYPRESS WOODS DR NAPLES FL 34103-3869 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$172.20</td> </tr> </table>	Total claim	\$172.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$172.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$172.20	Nonpriority amount	\$0.00
Total claim									
\$172.20									
Priority amount									
\$172.20									
Nonpriority amount									
\$0.00									
2.2638. Priority creditor's name and mailing address GUIDRY, TONYA A 1442 BROOKESTONE ROAD HEPHZIBAH GA 30815 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$140.67</td> </tr> </table>	Total claim	\$140.67	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$140.67</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$140.67	Nonpriority amount	\$0.00
Total claim									
\$140.67									
Priority amount									
\$140.67									
Nonpriority amount									
\$0.00									
2.2639. Priority creditor's name and mailing address GUILLOT, LAUREN A 2145 MEADOW LANE HARVEY LA 70058 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$88.02</td> </tr> </table>	Total claim	\$88.02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$88.02</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$88.02	Nonpriority amount	\$0.00
Total claim									
\$88.02									
Priority amount									
\$88.02									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2640. Priority creditor's name and mailing address GUIMBALENA, GLENYZEL 300 CRESCENT DR 100 VACAVILLE CA 95688 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$201.72</td> </tr> </table>	Total claim	\$201.72	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$201.72</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$201.72	Nonpriority amount	\$0.00
Total claim									
\$201.72									
Priority amount									
\$201.72									
Nonpriority amount									
\$0.00									
2.2641. Priority creditor's name and mailing address GUIMMAYEN, JONA T 1140 KAMEHAMEHA IV ROAD HONOLULU HI 96819 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$225.44</td> </tr> </table>	Total claim	\$225.44	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$225.44</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$225.44	Nonpriority amount	\$0.00
Total claim									
\$225.44									
Priority amount									
\$225.44									
Nonpriority amount									
\$0.00									
2.2642. Priority creditor's name and mailing address GULATI, AYUSHI 164 PHILLIPS RD. APT.174A SOMERSET NJ 08873 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$42.04</td> </tr> </table>	Total claim	\$42.04	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$42.04</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$42.04	Nonpriority amount	\$0.00
Total claim									
\$42.04									
Priority amount									
\$42.04									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2643. Priority creditor's name and mailing address GULIFORD, TEA M 6000 E MAINSGATE APT 202 WICHITA KS 67220 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$199.74</td> </tr> </table>	Total claim	\$199.74	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$199.74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$199.74	Nonpriority amount	\$0.00
Total claim									
\$199.74									
Priority amount									
\$199.74									
Nonpriority amount									
\$0.00									
2.2644. Priority creditor's name and mailing address GUNDLACH, MAKAYLA M 1303 S ALBEMARLE ST YORK PA 17403 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$140.29</td> </tr> </table>	Total claim	\$140.29	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$140.29</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$140.29	Nonpriority amount	\$0.00
Total claim									
\$140.29									
Priority amount									
\$140.29									
Nonpriority amount									
\$0.00									
2.2645. Priority creditor's name and mailing address GUNN, LEANNA 59 DEMAREST AVENUE WEST NYACK NY 10994 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$55.28</td> </tr> </table>	Total claim	\$55.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$55.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$55.28	Nonpriority amount	\$0.00
Total claim									
\$55.28									
Priority amount									
\$55.28									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2646. Priority creditor's name and mailing address GUNNING, MARIA A 5263 PERRY POLK DR. FAIRFIELD CA 94533 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$256.80	Priority amount \$256.80 Nonpriority amount \$0.00
2.2647. Priority creditor's name and mailing address GUNTER, FAITH L 921 MARKS ROAD APARTMENT F BRUNSWICK OH 44212 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$702.36	Priority amount \$702.36 Nonpriority amount \$0.00
2.2648. Priority creditor's name and mailing address GURNEY, TAYLOR A 1776 S RTE 116 BRISTOL VT 05443 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$618.74	Priority amount \$618.74 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2649. Priority creditor's name and mailing address GURON, MILAN K 2615 GILL AVE BAKERSFIELD CA 93306 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$219.24</td> </tr> </table>	Total claim	\$219.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$219.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$219.24	Nonpriority amount	\$0.00
Total claim									
\$219.24									
Priority amount									
\$219.24									
Nonpriority amount									
\$0.00									
2.2650. Priority creditor's name and mailing address GURROLA, JACQUELIN 14333 BABCOCK ROAD 4113 B SAN ANTONIO TX 78249 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$557.59</td> </tr> </table>	Total claim	\$557.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$557.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$557.59	Nonpriority amount	\$0.00
Total claim									
\$557.59									
Priority amount									
\$557.59									
Nonpriority amount									
\$0.00									
2.2651. Priority creditor's name and mailing address GURROLA, VERONICA 1150 COUNTRYSIDE DR. HANOVER PARK IL 60133 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$334.67</td> </tr> </table>	Total claim	\$334.67	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$334.67</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$334.67	Nonpriority amount	\$0.00
Total claim									
\$334.67									
Priority amount									
\$334.67									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2652.	Priority creditor's name and mailing address GURULE, JENNIFER A 319 TERNWING DR ARNOLD MD 21012 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$623.08</td></tr></table>	Total claim	\$623.08	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$623.08</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$623.08	Nonpriority amount	\$0.00
Total claim										
\$623.08										
Priority amount										
\$623.08										
Nonpriority amount										
\$0.00										
2.2653.	Priority creditor's name and mailing address GUTIERREZ, ANGELA J 3810 NE 10TH AVE AMARILLO TX 79107 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$259.26</td></tr></table>	Total claim	\$259.26	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$259.26</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$259.26	Nonpriority amount	\$0.00
Total claim										
\$259.26										
Priority amount										
\$259.26										
Nonpriority amount										
\$0.00										
2.2654.	Priority creditor's name and mailing address GUTIERREZ, CINTHIA 3625 N LUNA AVE CHICAGO IL 60641 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$98.01</td></tr></table>	Total claim	\$98.01	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$98.01</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$98.01	Nonpriority amount	\$0.00
Total claim										
\$98.01										
Priority amount										
\$98.01										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2655. Priority creditor's name and mailing address GUTIERREZ, COURTNEY D 6040 SELLERS AVE OAKLEY CA 94561 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,588.13</td> </tr> </table>	Total claim	\$3,588.13	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,588.13</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,588.13	Nonpriority amount	\$0.00
Total claim									
\$3,588.13									
Priority amount									
\$3,588.13									
Nonpriority amount									
\$0.00									
2.2656. Priority creditor's name and mailing address GUTIERREZ, GABRIELLA M 200 ALVARADO ST CHULA VISTA CA 91910 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$167.04</td> </tr> </table>	Total claim	\$167.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$167.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$167.04	Nonpriority amount	\$0.00
Total claim									
\$167.04									
Priority amount									
\$167.04									
Nonpriority amount									
\$0.00									
2.2657. Priority creditor's name and mailing address GUTIERREZ, IANINA 3185 WINCHESTER COURT EAST AURORA IL 60504 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$175.81</td> </tr> </table>	Total claim	\$175.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$175.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$175.81	Nonpriority amount	\$0.00
Total claim									
\$175.81									
Priority amount									
\$175.81									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2658. Priority creditor's name and mailing address GUTIERREZ, JAZMINE V 1316 AZALEA STREET A OXNARD CA 93036 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$150.36</td> </tr> </table>	Total claim	\$150.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$150.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$150.36	Nonpriority amount	\$0.00
Total claim									
\$150.36									
Priority amount									
\$150.36									
Nonpriority amount									
\$0.00									
2.2659. Priority creditor's name and mailing address GUTIERREZ, KASSANDRA 135 JESSIE AVE MANTECA CA 95337 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$252.60</td> </tr> </table>	Total claim	\$252.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$252.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$252.60	Nonpriority amount	\$0.00
Total claim									
\$252.60									
Priority amount									
\$252.60									
Nonpriority amount									
\$0.00									
2.2660. Priority creditor's name and mailing address GUTIERREZ, KATHERINE 324 SPRINGMEADOW DR POPLAR GROVE IL 61065 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$568.36</td> </tr> </table>	Total claim	\$568.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$568.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$568.36	Nonpriority amount	\$0.00
Total claim									
\$568.36									
Priority amount									
\$568.36									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2661.	Priority creditor's name and mailing address GUTIERREZ, LESLEY C 22138 HART ST CANOGA PARK CA 91303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$94.55</td></tr></table>	Total claim	\$94.55	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$94.55</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$94.55	Nonpriority amount	\$0.00
Total claim										
\$94.55										
Priority amount										
\$94.55										
Nonpriority amount										
\$0.00										
2.2662.	Priority creditor's name and mailing address GUTIERREZ, MARIAH D 2574 BOLKER DR 2574 PORT HUENEME CA 93041 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$71.98</td></tr></table>	Total claim	\$71.98	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$71.98</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$71.98	Nonpriority amount	\$0.00
Total claim										
\$71.98										
Priority amount										
\$71.98										
Nonpriority amount										
\$0.00										
2.2663.	Priority creditor's name and mailing address GUTIERREZ, MARIELA L 129 ABBOTT ST APT 1 LAWRENCE MA 01843 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$278.64</td></tr></table>	Total claim	\$278.64	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$278.64</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$278.64	Nonpriority amount	\$0.00
Total claim										
\$278.64										
Priority amount										
\$278.64										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2664. Priority creditor's name and mailing address GUTIERREZ, MELISSA D 432 W 67TH LN MERRILLVILLE IN 46410 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$84.46</td> </tr> </table>	Total claim	\$84.46	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$84.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$84.46	Nonpriority amount	\$0.00
Total claim									
\$84.46									
Priority amount									
\$84.46									
Nonpriority amount									
\$0.00									
2.2665. Priority creditor's name and mailing address GUTIERREZ, PEREZ LUZ M 57 BELLEVUE AVE APT 2 HAVERHILL MA 01832 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$206.55</td> </tr> </table>	Total claim	\$206.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$206.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$206.55	Nonpriority amount	\$0.00
Total claim									
\$206.55									
Priority amount									
\$206.55									
Nonpriority amount									
\$0.00									
2.2666. Priority creditor's name and mailing address GUTIERREZ, WHITNEY R 1733 N RENSSELAER GRIFFITH IN 46319 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,470.70</td> </tr> </table>	Total claim	\$2,470.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,470.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,470.70	Nonpriority amount	\$0.00
Total claim									
\$2,470.70									
Priority amount									
\$2,470.70									
Nonpriority amount									
\$0.00									

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2.2667. Priority creditor's name and mailing address GUTIERREZ-AVILA, MILLY H 7611 SPRINGFIELD HILLS DR SPRINGFIELD VA 22153 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$66.30</td> </tr> </table>	Total claim	\$66.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$66.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$66.30	Nonpriority amount	\$0.00
Total claim									
\$66.30									
Priority amount									
\$66.30									
Nonpriority amount									
\$0.00									
2.2668. Priority creditor's name and mailing address GUYTON, THEARA 1472 PATTON AVE B ASHEVILLE NC 28806 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$752.83</td> </tr> </table>	Total claim	\$752.83	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$752.83</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$752.83	Nonpriority amount	\$0.00
Total claim									
\$752.83									
Priority amount									
\$752.83									
Nonpriority amount									
\$0.00									
2.2669. Priority creditor's name and mailing address GUZMAN, ABRIL Y 2207 DOBERN AVENUE SAN JOSE CA 95116 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$76.95</td> </tr> </table>	Total claim	\$76.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$76.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$76.95	Nonpriority amount	\$0.00
Total claim									
\$76.95									
Priority amount									
\$76.95									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2670. Priority creditor's name and mailing address GUZMAN, AMARISSA M 2322 LATONA DR. NE KEIZER OR 97303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,513.92	Priority amount \$1,513.92 Nonpriority amount \$0.00
2.2671. Priority creditor's name and mailing address GUZMAN, ANISSA 2957 W. 14TH ST LOS ANGELES CA 90006 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$279.36	Priority amount \$279.36 Nonpriority amount \$0.00
2.2672. Priority creditor's name and mailing address GUZMAN, CECILIA 6512 LEE VALLEY DR SPRINGFIELD VA 22150-4224 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$194.62	Priority amount \$194.62 Nonpriority amount \$0.00

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2.2673. Priority creditor's name and mailing address GUZMAN, LESLIE 622 WEST 11TH ST WICHITA KS 67203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$160.01	Priority amount \$160.01 Nonpriority amount \$0.00
2.2674. Priority creditor's name and mailing address GUZMAN, RAEDA 308 SALEM ST BRIDGEPORT CT 06606-4621 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$609.31	Priority amount \$609.31 Nonpriority amount \$0.00
2.2675. Priority creditor's name and mailing address GUZMAN, SHAYLA S 4138 NW 88TH AVE 205 CORAL SPRINGS FL 33065 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$560.16	Priority amount \$560.16 Nonpriority amount \$0.00

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2.2676. Priority creditor's name and mailing address GUZMAN, VANESSA 10533 DECKER AVE SAINT LOUIS MO 63114 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$148.61	Priority amount \$148.61 Nonpriority amount \$0.00
2.2677. Priority creditor's name and mailing address GUZMAN, VANESSA M 3402 PRESTON AVE #813 PASADENA TX 77505 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,434.72	Priority amount \$1,434.72 Nonpriority amount \$0.00
2.2678. Priority creditor's name and mailing address GUZMAN, YESENIA 224A CHOSIN CIRCLE OCEANSIDE CA 92058 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$164.04	Priority amount \$164.04 Nonpriority amount \$0.00

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2.2679. Priority creditor's name and mailing address GWINNET COUNTY GEORGIA REVENUE LICENCE ADMINISTRATION PO BOX 1045 LAWRENCEVILLE GA 30046 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$1,008.57	Priority amount \$1,008.57 Nonpriority amount \$0.00
2.2680. Priority creditor's name and mailing address GWYNN, KAREN 1868 BOSTON AVE BRIDGEPORT CT 06610 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$127.56	Priority amount \$127.56 Nonpriority amount \$0.00
2.2681. Priority creditor's name and mailing address HA, JENNY T 9630 CLEAR SKY ROAD LINCOLN NE 68505 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$37.70	Priority amount \$37.70 Nonpriority amount \$0.00

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2.2682. Priority creditor's name and mailing address HAACK, LEAH N 11914 SUMMERSET LANE BURNSVILLE MN 55337 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$84.21	Priority amount \$84.21 Nonpriority amount \$0.00
2.2683. Priority creditor's name and mailing address HAACK, TAYLER A 4082 STONEWOOD CT. NEWPORT MI 48166 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$450.80	Priority amount \$450.80 Nonpriority amount \$0.00
2.2684. Priority creditor's name and mailing address HACHEM, NARJES H 5724 HARVEST LN TOLEDO OH 43623 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$82.68	Priority amount \$82.68 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.2685. Priority creditor's name and mailing address**HACKETT, AUDREY
149 S CHAPPELL RD
HOLLISTER CA 95023**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$237.48

Priority amount

\$237.48

Nonpriority amount

\$0.00

2.2686. Priority creditor's name and mailing addressHACKETT, RONEISHA
112 E I ST
NEWTON NC 28658-3517**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$62.48

Priority amount

\$62.48

Nonpriority amount

\$0.00

2.2687. Priority creditor's name and mailing addressHADDAD, DIANNA
4943 S. FIELD CT
DENVER CO 80123**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$9,145.99

Priority amount

\$9,145.99

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2688. Priority creditor's name and mailing address HADEED, TONYIA N 425 CAROLINA AVE WHITEHALL PA 18052-7701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$521.69	Priority amount \$521.69 Nonpriority amount \$0.00
2.2689. Priority creditor's name and mailing address HAFEEY, MEGAN N 835 ACADEMY CT. PAINESVILLE OH 44077 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$609.40	Priority amount \$609.40 Nonpriority amount \$0.00
2.2690. Priority creditor's name and mailing address HAGEMAN, KATHERINE A 2238 HIGHLAND HILL DRIVE SAINT PETERS MO 63376 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$68.20	Priority amount \$68.20 Nonpriority amount \$0.00

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2.2691. Priority creditor's name and mailing address HAGEMANN, SUZANNE N 6255 W ARBY AVE UNIT 297 LAS VEGAS NV 89118 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$4,134.33</td> </tr> </table>	Total claim	\$4,134.33	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$4,134.33</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$4,134.33	Nonpriority amount	\$0.00
Total claim									
\$4,134.33									
Priority amount									
\$4,134.33									
Nonpriority amount									
\$0.00									
2.2692. Priority creditor's name and mailing address HAHN, LINDSEY 160 SHERBROOKE RD LINDENHURST NY 11757 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$41.64</td> </tr> </table>	Total claim	\$41.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$41.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$41.64	Nonpriority amount	\$0.00
Total claim									
\$41.64									
Priority amount									
\$41.64									
Nonpriority amount									
\$0.00									
2.2693. Priority creditor's name and mailing address HAIRSTON, BROOKLYNN 319 BLESSINGER DR FT WALTON BEACH FL 32547 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$147.63</td> </tr> </table>	Total claim	\$147.63	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$147.63</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$147.63	Nonpriority amount	\$0.00
Total claim									
\$147.63									
Priority amount									
\$147.63									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2694. Priority creditor's name and mailing address HAK, SARA C 2108 SW 5TH STREET BATTLE GROUND WA 98604 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$395.60	Priority amount \$395.60 Nonpriority amount \$0.00
2.2695. Priority creditor's name and mailing address HAKEEM, MAYA 2254 CHICAGO RD WARREN MI 48092 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$88.15	Priority amount \$88.15 Nonpriority amount \$0.00
2.2696. Priority creditor's name and mailing address HALE, CAPRIS A 100 VILLAGE PARKWAY UNIT#906 SAVOY IL 61874 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$476.88	Priority amount \$476.88 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2697. Priority creditor's name and mailing address HALE, LAKISHA D 154 JEWETT STREET SPRINGFIELD MA 01129 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,443.18</td> </tr> </table>	Total claim	\$2,443.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,443.18</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,443.18	Nonpriority amount	\$0.00
Total claim									
\$2,443.18									
Priority amount									
\$2,443.18									
Nonpriority amount									
\$0.00									
2.2698. Priority creditor's name and mailing address HALEY, ISABELLE C 11452 GEIST WOODS DR INDIANAPOLIS IN 46236 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$134.40</td> </tr> </table>	Total claim	\$134.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$134.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$134.40	Nonpriority amount	\$0.00
Total claim									
\$134.40									
Priority amount									
\$134.40									
Nonpriority amount									
\$0.00									
2.2699. Priority creditor's name and mailing address HALL, ANNA 1140 LODGEWOOD WAY OXNARD CA 93030-3429 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,291.97</td> </tr> </table>	Total claim	\$3,291.97	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,291.97</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,291.97	Nonpriority amount	\$0.00
Total claim									
\$3,291.97									
Priority amount									
\$3,291.97									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2700.	Priority creditor's name and mailing address HALL, CHRISTY L 601 MILAN CT MONTGOMERY AL 36109 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$236.40</td> </tr> </table>	Total claim	\$236.40	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$236.40</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	Priority amount	\$236.40	Nonpriority amount	\$0.00
Total claim										
\$236.40										
Priority amount										
\$236.40										
Nonpriority amount										
\$0.00										
2.2701.	Priority creditor's name and mailing address HALL, GAYLA D 27897 MAPLE ST SELIGMAN MO 65745-6129 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$4,023.70</td> </tr> </table>	Total claim	\$4,023.70	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$4,023.70</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	Priority amount	\$4,023.70	Nonpriority amount	\$0.00
Total claim										
\$4,023.70										
Priority amount										
\$4,023.70										
Nonpriority amount										
\$0.00										
2.2702.	Priority creditor's name and mailing address HALL, KENDALL 7801 SCENIC HWY APT 732B BATON ROUGE LA 71202 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$53.87</td> </tr> </table>	Total claim	\$53.87	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$53.87</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	Priority amount	\$53.87	Nonpriority amount	\$0.00
Total claim										
\$53.87										
Priority amount										
\$53.87										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2703. Priority creditor's name and mailing address HALL, LATRICE N 4200 CYPRESS CREEK PKWY 337 HOUSTON TX 77068 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,543.42	Priority amount \$1,543.42 Nonpriority amount \$0.00
2.2704. Priority creditor's name and mailing address HALL, MARIAH J 1024 34TH STREET BELLINGHAM WA 98229 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$393.24	Priority amount \$393.24 Nonpriority amount \$0.00
2.2705. Priority creditor's name and mailing address HALL, SAVANNAH J 14117 NIGHTHAWK TERR BRADENTON FL 34202 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$233.07	Priority amount \$233.07 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2706. Priority creditor's name and mailing address HALL, TABITHA B 760 SW 135 TER DAVIE FL 33325 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$1,423.68</td> </tr> </table>	Total claim	\$1,423.68	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$1,423.68</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$1,423.68	Nonpriority amount	\$0.00
Total claim									
\$1,423.68									
Priority amount									
\$1,423.68									
Nonpriority amount									
\$0.00									
2.2707. Priority creditor's name and mailing address HALL, TASHARA 2833 SOUTH ADAM STREET 701 TALLAHASSEE FL 32301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$203.12</td> </tr> </table>	Total claim	\$203.12	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$203.12</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$203.12	Nonpriority amount	\$0.00
Total claim									
\$203.12									
Priority amount									
\$203.12									
Nonpriority amount									
\$0.00									
2.2708. Priority creditor's name and mailing address HALLAGAN, EILY G 3 GREEN HILL LANE PITTSFORD NY 14534 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$130.21</td> </tr> </table>	Total claim	\$130.21	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$130.21</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$130.21	Nonpriority amount	\$0.00
Total claim									
\$130.21									
Priority amount									
\$130.21									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2709. Priority creditor's name and mailing address HALLETT, ASHTON J 6805 ALPINE CURRANT VIEW APT. 204 COLORADO SPRINGS CO 80918 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$479.56	Priority amount \$479.56 Nonpriority amount \$0.00
2.2710. Priority creditor's name and mailing address HALLIBURTON, OLIVIA B 1105 BRIDGE AVENUE 309 KNOXVILLE TN 37916 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$180.29	Priority amount \$180.29 Nonpriority amount \$0.00
2.2711. Priority creditor's name and mailing address HALLMARK, ASHLEY V 10015 LAKE CREEK PARKWAY APT 112 AUSTIN TX 78729 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$40.65	Priority amount \$40.65 Nonpriority amount \$0.00

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2.2712. Priority creditor's name and mailing address HALPIN, VICTORIA R 537 POTTER BLVD BRIGHTWATERS NY 11718 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$437.40	Priority amount \$437.40 Nonpriority amount \$0.00
2.2713. Priority creditor's name and mailing address HALVERSON, CHRISTINA M 703 ALLEGHENY AVE APT 40 BEAUMONT CA 92223 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$13,061.12	Priority amount \$12,850.00 Nonpriority amount \$211.12
2.2714. Priority creditor's name and mailing address HAM, RACHANA 2739 BURLINGTON PLACE STOCKTON CA 95209 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$35.64	Priority amount \$35.64 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2715. Priority creditor's name and mailing address HAMERSKY, COLLETTE C 930 ELDON DR. LINCOLN NE 68510 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$80.48</td> </tr> </table>	Total claim	\$80.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$80.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$80.48	Nonpriority amount	\$0.00
Total claim									
\$80.48									
Priority amount									
\$80.48									
Nonpriority amount									
\$0.00									
2.2716. Priority creditor's name and mailing address HAMILTON, DADREANNA M 12611 NE 99TH ST JJ254 VANCOUVER WA 98682 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$314.16</td> </tr> </table>	Total claim	\$314.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$314.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$314.16	Nonpriority amount	\$0.00
Total claim									
\$314.16									
Priority amount									
\$314.16									
Nonpriority amount									
\$0.00									
2.2717. Priority creditor's name and mailing address HAMILTON, JANE T 8082 VETERANS PKWY 1401 COLUMBUS GA 31909 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$562.58</td> </tr> </table>	Total claim	\$562.58	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$562.58</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$562.58	Nonpriority amount	\$0.00
Total claim									
\$562.58									
Priority amount									
\$562.58									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2718. Priority creditor's name and mailing address HAMILTON, TURIYA 512 14TH STREET RACINE WI 53403 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$104.35	Priority amount \$104.35 Nonpriority amount \$0.00
2.2719. Priority creditor's name and mailing address HAMMON, JALEESA S 71 BUTLER STREET APT 2 ELIZABETH NJ 07206-2053 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,274.63	Priority amount \$1,274.63 Nonpriority amount \$0.00
2.2720. Priority creditor's name and mailing address HAMMONDS, MIRANDA L 6018 PARK AVENUE WILMINGTON NC 28403 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$517.65	Priority amount \$517.65 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2721. Priority creditor's name and mailing address HANANIA, ENHAM 2232 AUTUMN OAK PLACE STOCKTON CA 95209 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,583.47	Priority amount \$1,583.47 Nonpriority amount \$0.00
2.2722. Priority creditor's name and mailing address HANCOCK, KAUTHER NAKKIYAH 48 FOXWOOD DR SMYRNA DE 19977 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$72.89	Priority amount \$72.89 Nonpriority amount \$0.00
2.2723. Priority creditor's name and mailing address HANCOCK, SARA K 733 N 17TH ST 332B LINCOLN NE 68508 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$41.40	Priority amount \$41.40 Nonpriority amount \$0.00

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2.2724. Priority creditor's name and mailing address HANDUGAN, ELISABETH 1565 ROADRUNNER DRIVE ROSEVILLE CA 95747 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$185.64	Priority amount \$185.64 Nonpriority amount \$0.00
2.2725. Priority creditor's name and mailing address HANDY, ADRIANA 1504 NANDINA DR 711 ARLINGTON TX 76014 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$658.85	Priority amount \$658.85 Nonpriority amount \$0.00
2.2726. Priority creditor's name and mailing address HANKINS, SHYLYNN 6374 LAMAR ST. ARVADA CO 80003 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$591.32	Priority amount \$591.32 Nonpriority amount \$0.00

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2.2727. Priority creditor's name and mailing address HANNA, LILLYANA 9917 COZY GLEN CIRCLE LAS VEGAS NV 89117 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$319.73	Priority amount \$319.73 Nonpriority amount \$0.00
2.2728. Priority creditor's name and mailing address HANNAH, TAISHA 16912 GLEN OAKS COURT COUNTRY CLUB HILLS IL 60478 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$246.98	Priority amount \$246.98 Nonpriority amount \$0.00
2.2729. Priority creditor's name and mailing address HANNAH, TAJAHRAE 26125 POWERS DEARBORN HEIGHTS MI 48125 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$114.70	Priority amount \$114.70 Nonpriority amount \$0.00

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2.2730. Priority creditor's name and mailing address HANNON, ERIN K 8618 SAXON CIRCLE BALTIMORE MD 21236 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,758.55	Priority amount \$3,758.55 Nonpriority amount \$0.00
2.2731. Priority creditor's name and mailing address HANSELMAN, ALEXIS S 1635 ELMCREST DR. RENO NV 89503 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$25.33	Priority amount \$25.33 Nonpriority amount \$0.00
2.2732. Priority creditor's name and mailing address HANSEN, CLEMENTINA L 74672 LESLIE AVE PALM DESERT CA 92260 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$193.20	Priority amount \$193.20 Nonpriority amount \$0.00

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2.2733. Priority creditor's name and mailing address HANSON, PRAIRIE M 4409 W VALHALLA BLVD. APT. 26 SIOUX FALLS SD 57106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$170.17</td> </tr> </table>	Total claim	\$170.17	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$170.17</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$170.17	Nonpriority amount	\$0.00
Total claim									
\$170.17									
Priority amount									
\$170.17									
Nonpriority amount									
\$0.00									
2.2734. Priority creditor's name and mailing address HANSON, SAMANTHA-SUE C 76 LITCHFIELD ST THOMASTON CT 06787 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$725.09</td> </tr> </table>	Total claim	\$725.09	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$725.09</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$725.09	Nonpriority amount	\$0.00
Total claim									
\$725.09									
Priority amount									
\$725.09									
Nonpriority amount									
\$0.00									
2.2735. Priority creditor's name and mailing address HARALAMBIDES, KAYLAN 388 PUDDING ST. CARMEL NY 10512 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$490.78</td> </tr> </table>	Total claim	\$490.78	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$490.78</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$490.78	Nonpriority amount	\$0.00
Total claim									
\$490.78									
Priority amount									
\$490.78									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2736. Priority creditor's name and mailing address HARBIN, BREYANNA L 1512 HOLLOWHILL DR 701 BRYAN TX 77082 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$158.80	Priority amount \$158.80 Nonpriority amount \$0.00
2.2737. Priority creditor's name and mailing address HARBISON, ELIZABETH R 1410 BUFFAOL SHOALS RD LINCOLNTON NC 28092 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$29.40	Priority amount \$29.40 Nonpriority amount \$0.00
2.2738. Priority creditor's name and mailing address HARDGE, JASMINE K 9851 UNIVERSITY PKWY APT W-243 PENSACOLA FL 32514 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$286.20	Priority amount \$286.20 Nonpriority amount \$0.00

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2.2739. Priority creditor's name and mailing address HARDIMON, DAYSHONA T 2900 W AUGSTANA PEORIA IL 61605 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$60.81</td> </tr> </table>	Total claim	\$60.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$60.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$60.81	Nonpriority amount	\$0.00
Total claim									
\$60.81									
Priority amount									
\$60.81									
Nonpriority amount									
\$0.00									
2.2740. Priority creditor's name and mailing address HARDIN, SHAZEEMA 3710 10TH STREET DR NE HICKORY NC 28601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$146.85</td> </tr> </table>	Total claim	\$146.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$146.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$146.85	Nonpriority amount	\$0.00
Total claim									
\$146.85									
Priority amount									
\$146.85									
Nonpriority amount									
\$0.00									
2.2741. Priority creditor's name and mailing address HARDNETT, RACHEL T 1464 ROXANNA ROAD NW WASHINGTON DC 20012 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$380.37</td> </tr> </table>	Total claim	\$380.37	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$380.37</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$380.37	Nonpriority amount	\$0.00
Total claim									
\$380.37									
Priority amount									
\$380.37									
Nonpriority amount									
\$0.00									

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2.2742. Priority creditor's name and mailing address HARDY, AKYIAH 6118 WOLF PARK DRIVE APT 201 A RALEIGH NC 27606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$347.50	Priority amount \$347.50 Nonpriority amount \$0.00
2.2743. Priority creditor's name and mailing address HARGRAVE, SUTINYA R 4816 LASSO LANE MCKINNEY TX 75070 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$10,469.99	Priority amount \$10,469.99 Nonpriority amount \$0.00
2.2744. Priority creditor's name and mailing address HARGROVE, MEGHAN M 1160 DESMOND ST PORT CHARLOTTE FL 33952 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$139.08	Priority amount \$139.08 Nonpriority amount \$0.00

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2.2745. Priority creditor's name and mailing address HARJU, BRYANNA F 535 BOULDER DRIVE 303 DULUTH MN 55811 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$269.18	Priority amount \$269.18 Nonpriority amount \$0.00
2.2746. Priority creditor's name and mailing address HARLINGEN TAX OFFICE 609 N. SUNSHINE STRIP P.O. BOX 2643 HARLINGEN TX 78551-2643 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$1,935.45	Priority amount \$1,935.45 Nonpriority amount \$0.00
2.2747. Priority creditor's name and mailing address HARMON, MARIAH 2545 PILLORY POINT CIBOLO TX 78108 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$136.67	Priority amount \$136.67 Nonpriority amount \$0.00

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2.2748. Priority creditor's name and mailing address HARMON, TAMIKA L 4417 W DUNBAR DR LAWEEN AZ 85339 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$45.65</td> </tr> </table>	Total claim	\$45.65	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$45.65</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$45.65	Nonpriority amount	\$0.00
Total claim									
\$45.65									
Priority amount									
\$45.65									
Nonpriority amount									
\$0.00									
2.2749. Priority creditor's name and mailing address HARNESS, JENNIFER L 474 PARKWAY DRIVE C SHERMAN IL 62684 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$637.20</td> </tr> </table>	Total claim	\$637.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$637.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$637.20	Nonpriority amount	\$0.00
Total claim									
\$637.20									
Priority amount									
\$637.20									
Nonpriority amount									
\$0.00									
2.2750. Priority creditor's name and mailing address HARPER, BRIAN 701 N FELL 3 NORMAL IL 61761 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$100.40</td> </tr> </table>	Total claim	\$100.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$100.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$100.40	Nonpriority amount	\$0.00
Total claim									
\$100.40									
Priority amount									
\$100.40									
Nonpriority amount									
\$0.00									

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2.2751. Priority creditor's name and mailing address HARRAWAY, ANGELA L 1813 SOUTH 23RD ST LOUISVILLE KY 40210 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$989.92	Priority amount \$989.92 Nonpriority amount \$0.00
2.2752. Priority creditor's name and mailing address HARRIGAN, LISA M 240 CHARLES ST 2ND FL WATERBURY CT 06708 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$185.13	Priority amount \$185.13 Nonpriority amount \$0.00
2.2753. Priority creditor's name and mailing address HARRION, KAMMI 3571 E SANTA FE LN GILBERT AZ 85297 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$506.99	Priority amount \$506.99 Nonpriority amount \$0.00

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2.2754. Priority creditor's name and mailing address HARRIS, ALEXANDRIA S 8730 THOMAS DRIVE APT 1201 A PANAMA CITY BEACH FL 32408 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$293.43	Priority amount \$293.43 Nonpriority amount \$0.00
2.2755. Priority creditor's name and mailing address HARRIS, ANDREA C 3526 W 5585 S TAYLORSVILLE UT 84129 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,466.10	Priority amount \$1,466.10 Nonpriority amount \$0.00
2.2756. Priority creditor's name and mailing address HARRIS, AVELON S 527 E TURNER RD PRICHARD AL 36610-2455 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$42.09	Priority amount \$42.09 Nonpriority amount \$0.00

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2.2757. Priority creditor's name and mailing address HARRIS, BREANNA 2608 CRESCENT LANE APT D GASTONIA NC 28052 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,459.25	Priority amount \$2,459.25 Nonpriority amount \$0.00
2.2758. Priority creditor's name and mailing address HARRIS, CHE'ZIK 1102 LONG HUNTER LANE NASHVILLE TN 37217 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$150.33	Priority amount \$150.33 Nonpriority amount \$0.00
2.2759. Priority creditor's name and mailing address HARRIS, CORDESIA L 3608 WINDERMERE DR MEMPHIS TN 38128 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$33.86	Priority amount \$33.86 Nonpriority amount \$0.00

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2.2760. Priority creditor's name and mailing address HARRIS, COURTNEY L 1233 MARSHALL DRIVE MARRERO LA 70072 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$66.91</td> </tr> </table>	Total claim	\$66.91	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$66.91</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$66.91	Nonpriority amount	\$0.00
Total claim									
\$66.91									
Priority amount									
\$66.91									
Nonpriority amount									
\$0.00									
2.2761. Priority creditor's name and mailing address HARRIS, DANIELLE P 835 DANA DRIVE COATESVILLE PA 19320 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$159.72</td> </tr> </table>	Total claim	\$159.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$159.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$159.72	Nonpriority amount	\$0.00
Total claim									
\$159.72									
Priority amount									
\$159.72									
Nonpriority amount									
\$0.00									
2.2762. Priority creditor's name and mailing address HARRIS, DAYJA M 2124 BRIANS LANE SUFFOLK VA 23434 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$206.56</td> </tr> </table>	Total claim	\$206.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$206.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$206.56	Nonpriority amount	\$0.00
Total claim									
\$206.56									
Priority amount									
\$206.56									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2763. Priority creditor's name and mailing address HARRIS, KATHRYN G 3696 S 400 E BRINGHURST IN 46913 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$158.10	Priority amount \$158.10 Nonpriority amount \$0.00
2.2764. Priority creditor's name and mailing address HARRIS, LADAYSHA M 6430 SILK LEAF LANE JACKSONVILLE FL 32244 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$25.55	Priority amount \$25.55 Nonpriority amount \$0.00
2.2765. Priority creditor's name and mailing address HARRIS, LISA R 9194 CONIFER LANE B RANCHO CUCAMONGA CA 91730 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,310.26	Priority amount \$1,310.26 Nonpriority amount \$0.00

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2.2766. Priority creditor's name and mailing address HARRIS, MADISON 4752 YORKTON AVENUE SW WYOMING MI 49519 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$277.86	Priority amount \$277.86 Nonpriority amount \$0.00
2.2767. Priority creditor's name and mailing address HARRIS, MADISON 9401 WILSON BLVD LOT206 COLUMBIA SC 29203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$214.02	Priority amount \$214.02 Nonpriority amount \$0.00
2.2768. Priority creditor's name and mailing address HARRIS, MEGAN R 3119 W. SHANNON DR. FLAGSTAFF AZ 86001 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$588.72	Priority amount \$588.72 Nonpriority amount \$0.00

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2.2769. Priority creditor's name and mailing address HARRIS, MILLICENT J 5942 KRISTEN DRIVE JACKSON MS 39211 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$657.69	Priority amount \$657.69 Nonpriority amount \$0.00
2.2770. Priority creditor's name and mailing address HARRIS, SAMANTHA L 199 EASTERN AVE APT 21 MANCHESTER NH 03104 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,480.32	Priority amount \$1,480.32 Nonpriority amount \$0.00
2.2771. Priority creditor's name and mailing address HARRIS, SAYURI T 1824 HAVILAND DR VIRGINIA BEACH VA 23454 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$101.43	Priority amount \$101.43 Nonpriority amount \$0.00

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2.2772. Priority creditor's name and mailing address HARRIS, TAIA B 1745 WELLS ROAD #1201 ORANGE PARK FL 32073 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$25.97	Priority amount \$25.97 Nonpriority amount \$0.00
2.2773. Priority creditor's name and mailing address HARRIS, TIANNA E 10114 DORSET STREET RANCHO CUCAMONGA CA 91730 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$141.96	Priority amount \$141.96 Nonpriority amount \$0.00
2.2774. Priority creditor's name and mailing address HARRIS, TRAVAHNNI E 100 NYACK PLAZA 177 NYACK NY 10960 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$318.58	Priority amount \$318.58 Nonpriority amount \$0.00

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2.2775. Priority creditor's name and mailing address HARRIS, TYANNA E 12815 MEADOW CREEK LN APT 302 PINEVILLE NC 28134 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$372.28	Priority amount \$372.28 Nonpriority amount \$0.00
2.2776. Priority creditor's name and mailing address HARROUD, MANAL 15 RHOBELLA DRIVE APT A POUGHKEEPSIE NY 12603 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$174.83	Priority amount \$174.83 Nonpriority amount \$0.00
2.2777. Priority creditor's name and mailing address HARSTAD, KATELYN 3406 NW 108TH ST VANCOUVER WA 98685 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$93.00	Priority amount \$93.00 Nonpriority amount \$0.00

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2.2778. Priority creditor's name and mailing address HART, ASHLI L 200 S. BONNIE BRAE ST. 10206 DENTON TX 76201 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$58.44	Priority amount \$58.44 Nonpriority amount \$0.00
2.2779. Priority creditor's name and mailing address HARTEY, MEGAN 10829 PELLE CIRCLE PHILADELPHIA PA 19154 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$607.01	Priority amount \$607.01 Nonpriority amount \$0.00
2.2780. Priority creditor's name and mailing address HARTIGAN, ALEX G 14963 STATE ROUTE 45 SOUTH WATER VALLEY KY 42085 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$32.34	Priority amount \$32.34 Nonpriority amount \$0.00

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2.2781. Priority creditor's name and mailing address HARTMEYER, PRESTON R 12747 OLD BRIDGE RD OCEAN CITY MD 21842 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$327.24	Priority amount \$327.24 Nonpriority amount \$0.00
2.2782. Priority creditor's name and mailing address HARVEY, HANNAH 802 BRYCE COURT I WILMINGTON NC 28405 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$263.35	Priority amount \$263.35 Nonpriority amount \$0.00
2.2783. Priority creditor's name and mailing address HARVEY, MARIAH L 2210 NEWCASLTE DR 1217 VACAVILLE CA 95687 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$297.00	Priority amount \$297.00 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2784. Priority creditor's name and mailing address HARVEY, TASHAYNA 11342 HIGHWAY 73 GEISMAR LA 70734 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$34.58	Priority amount \$34.58 Nonpriority amount \$0.00
2.2785. Priority creditor's name and mailing address HARVISCHAK, SYDNEY N 141 GERTRUDE AVENUE CAMPBELL OH 44405 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$190.23	Priority amount \$190.23 Nonpriority amount \$0.00
2.2786. Priority creditor's name and mailing address HASKELL, MCKENNA 69 MAIN ST SCHAGHITCOKE NY 12154 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,507.93	Priority amount \$1,507.93 Nonpriority amount \$0.00

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2.2787. Priority creditor's name and mailing address HASTINGS, MARISA 331 MACKENZIE DR JACKSON NJ 08527 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$574.67	Priority amount \$574.67 Nonpriority amount \$0.00
2.2788. Priority creditor's name and mailing address HATCH, JENNA D 4014 LOCH LOMAND WAY LIVERMORE CA 94551 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$253.56	Priority amount \$253.56 Nonpriority amount \$0.00
2.2789. Priority creditor's name and mailing address HATCHETT, BRISHIRI 4220 LANYARD DRIVE APT 1107 FORT WORTH TX 76106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$95.95	Priority amount \$95.95 Nonpriority amount \$0.00

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2.2790. Priority creditor's name and mailing address HATMAKER, SYDNEY H 330 SETTLERS LANE CHARLOTTE NC 28202 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$74.46</td> </tr> </table>	Total claim	\$74.46	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$74.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$74.46	Nonpriority amount	\$0.00
Total claim									
\$74.46									
Priority amount									
\$74.46									
Nonpriority amount									
\$0.00									
2.2791. Priority creditor's name and mailing address HATTEN, DESTINY C 789 HAMMOND DR 608 SANDY SPRINGS GA 30328 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$142.64</td> </tr> </table>	Total claim	\$142.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$142.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$142.64	Nonpriority amount	\$0.00
Total claim									
\$142.64									
Priority amount									
\$142.64									
Nonpriority amount									
\$0.00									
2.2792. Priority creditor's name and mailing address HATTER, ANDREEA L 19800 KENSWICK DR 1122 19800 KENSWICK HUMBLE TX 77338 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$111.60</td> </tr> </table>	Total claim	\$111.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$111.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$111.60	Nonpriority amount	\$0.00
Total claim									
\$111.60									
Priority amount									
\$111.60									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2793. Priority creditor's name and mailing address HATTON, KINDRA M 1140 VERONICA LN EUGENE OR 97404 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$169.85</td> </tr> </table>	Total claim	\$169.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$169.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$169.85	Nonpriority amount	\$0.00
Total claim									
\$169.85									
Priority amount									
\$169.85									
Nonpriority amount									
\$0.00									
2.2794. Priority creditor's name and mailing address HAUBE, SERENA J 1701 MALL ROAD APT 20 MONROE MI 48162 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$46.53</td> </tr> </table>	Total claim	\$46.53	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$46.53</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$46.53	Nonpriority amount	\$0.00
Total claim									
\$46.53									
Priority amount									
\$46.53									
Nonpriority amount									
\$0.00									
2.2795. Priority creditor's name and mailing address HAULK, MADISON M 8964 S PR 435 W EDINBURGH IN 46124 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$170.91</td> </tr> </table>	Total claim	\$170.91	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$170.91</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$170.91	Nonpriority amount	\$0.00
Total claim									
\$170.91									
Priority amount									
\$170.91									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2796. Priority creditor's name and mailing address HAULOTTE, GRACE M 7 RADLER RD PRESTON CT 06365 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$82.62	Priority amount \$82.62 Nonpriority amount \$0.00
2.2797. Priority creditor's name and mailing address HAUPTLY, TAHLIA S 301 HAWK RIDGE RD #3205A IOWA CITY IA 52242 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$435.63	Priority amount \$435.63 Nonpriority amount \$0.00
2.2798. Priority creditor's name and mailing address HAUPTMAN, SARAH 115 UPPER GREEN HILL RD KUNKLETOWN PA 18058 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$31.60	Priority amount \$31.60 Nonpriority amount \$0.00

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2.2799. Priority creditor's name and mailing address HAUSRATH, SABRINA P 1121 BUGSCUFFLE RD WARTRACE TN 37183 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$630.34	Priority amount \$630.34 Nonpriority amount \$0.00
2.2800. Priority creditor's name and mailing address HAUSTERMAN, JENNIFER L 8638 SANDBERRY BLVD ORLANDO FL 32819 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$173.15	Priority amount \$173.15 Nonpriority amount \$0.00
2.2801. Priority creditor's name and mailing address HAWKINS, ALIYAH L 11751 DELLWOOD RD VICTORVILLE CA 92392 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$299.16	Priority amount \$299.16 Nonpriority amount \$0.00

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2.2802. Priority creditor's name and mailing address HAWKINS, KAI 90 S. LANSLOWNE AVENUE 103 LANSLOWNE PA 19050 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$4,829.87</td> </tr> </table>	Total claim	\$4,829.87	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$4,829.87</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$4,829.87	Nonpriority amount	\$0.00
Total claim									
\$4,829.87									
Priority amount									
\$4,829.87									
Nonpriority amount									
\$0.00									
2.2803. Priority creditor's name and mailing address HAWKINS, KESHAWN 10714 WINDING GREEN DR HUMBLE TX 77338 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$107.12</td> </tr> </table>	Total claim	\$107.12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$107.12</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$107.12	Nonpriority amount	\$0.00
Total claim									
\$107.12									
Priority amount									
\$107.12									
Nonpriority amount									
\$0.00									
2.2804. Priority creditor's name and mailing address HAWKINS, MAECI 2901 MARY BOAZ ST RICHLAND HILLS TX 76118 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$35.79</td> </tr> </table>	Total claim	\$35.79	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$35.79</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$35.79	Nonpriority amount	\$0.00
Total claim									
\$35.79									
Priority amount									
\$35.79									
Nonpriority amount									
\$0.00									

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2.2805. Priority creditor's name and mailing address HAWKINS, VAQUANA V 5415 N. PARAMOUNT BLVD 206 LONG BEACH CA 90805 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$249.96	Priority amount \$249.96 Nonpriority amount \$0.00
2.2806. Priority creditor's name and mailing address HAYES, ASHLIE 6241 AMERICAS CUP AVE. BLDG. 1 TAMPA FL 33625 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$115.14	Priority amount \$115.14 Nonpriority amount \$0.00
2.2807. Priority creditor's name and mailing address HAYES, ELISHA 2837 OXFORD LANE FLOWER MOUND TX 75028 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$4,516.16	Priority amount \$4,516.16 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2808. Priority creditor's name and mailing address HAYES, PRECIOUS B 543 GREEN STREET 543 GREEN STRE ELIZABETH NJ 07202 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$31.59</td> </tr> </table>	Total claim	\$31.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$31.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$31.59	Nonpriority amount	\$0.00
Total claim									
\$31.59									
Priority amount									
\$31.59									
Nonpriority amount									
\$0.00									
2.2809. Priority creditor's name and mailing address HAYES, TYESE 826 MAYFIELD DR CEDAR HILL TX 75104 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$158.25</td> </tr> </table>	Total claim	\$158.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$158.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$158.25	Nonpriority amount	\$0.00
Total claim									
\$158.25									
Priority amount									
\$158.25									
Nonpriority amount									
\$0.00									
2.2810. Priority creditor's name and mailing address HAYNES, ASHLI M 835 VISTA DR GAHANNA OH 43230 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$85.59</td> </tr> </table>	Total claim	\$85.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$85.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$85.59	Nonpriority amount	\$0.00
Total claim									
\$85.59									
Priority amount									
\$85.59									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2811. Priority creditor's name and mailing address HAYNES, DANIELLE 408 LASALLE PLACE COLUMBIA MO 65203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$558.37	Priority amount \$558.37 Nonpriority amount \$0.00
2.2812. Priority creditor's name and mailing address HAYNES, EMILY 2480 REFLECTIONS DR. AURORA IL 60502 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$544.50	Priority amount \$544.50 Nonpriority amount \$0.00
2.2813. Priority creditor's name and mailing address HAYS, ALLEXIS D 5 MINEOLA ST HOLTSVILLE NY 11742 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$260.64	Priority amount \$260.64 Nonpriority amount \$0.00

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2.2814. Priority creditor's name and mailing address HEATER, MELLISSA A 49 WEST PARK ROAD GRAND ISLAND NY 14072 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$831.50	Priority amount \$831.50 Nonpriority amount \$0.00
2.2815. Priority creditor's name and mailing address HEATH, ARECIA 66 FOREST TRAIL COURT COLUMBIA SC 29212 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,987.40	Priority amount \$1,987.40 Nonpriority amount \$0.00
2.2816. Priority creditor's name and mailing address HEATH, SAMANTHA M 54 NORTH STREET APT 2 MERIDEN CT 06451 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,154.81	Priority amount \$1,154.81 Nonpriority amount \$0.00

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2.2817. Priority creditor's name and mailing address HEATON, SHANNON 727 FREEDOM DR MARTIN GA 30557 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,372.80</td> </tr> </table>	Total claim	\$1,372.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,372.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,372.80	Nonpriority amount	\$0.00
Total claim									
\$1,372.80									
Priority amount									
\$1,372.80									
Nonpriority amount									
\$0.00									
2.2818. Priority creditor's name and mailing address HECK, TARA A 632 MULFORD COURT INDIANAPOLIS IN 46234 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$154.56</td> </tr> </table>	Total claim	\$154.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$154.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$154.56	Nonpriority amount	\$0.00
Total claim									
\$154.56									
Priority amount									
\$154.56									
Nonpriority amount									
\$0.00									
2.2819. Priority creditor's name and mailing address HEGLUND, AMANDA R 53 PLYMOUTH AVENUE MOUNT SINAI NY 11766 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$7,998.57</td> </tr> </table>	Total claim	\$7,998.57	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$7,998.57</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$7,998.57	Nonpriority amount	\$0.00
Total claim									
\$7,998.57									
Priority amount									
\$7,998.57									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2820.	Priority creditor's name and mailing address HEICHELBECH, ANGELICA M 24 BEVERLY STREET CHICOPEE MA 01013 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$148.44</td> </tr> </table>	Total claim	\$148.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$148.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$148.44	Nonpriority amount	\$0.00
Total claim										
\$148.44										
Priority amount										
\$148.44										
Nonpriority amount										
\$0.00										
2.2821.	Priority creditor's name and mailing address HEINECKE, MEGAN E 5157 RALPH AVE CINCINNATI OH 45238 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$69.69</td> </tr> </table>	Total claim	\$69.69	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$69.69</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$69.69	Nonpriority amount	\$0.00
Total claim										
\$69.69										
Priority amount										
\$69.69										
Nonpriority amount										
\$0.00										
2.2822.	Priority creditor's name and mailing address HEINIG, BALBINA 9 PARK CENTRAL ROCKWALL TX 75087 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$5,409.75</td> </tr> </table>	Total claim	\$5,409.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$5,409.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$5,409.75	Nonpriority amount	\$0.00
Total claim										
\$5,409.75										
Priority amount										
\$5,409.75										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.2823. Priority creditor's name and mailing address**HELEM-LEE, ZORA V
2208 W. LEHIGH AVE
PHILADELPHIA PA 19132**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$49.47

Priority amount

\$49.47

Nonpriority amount

\$0.00

2.2824. Priority creditor's name and mailing addressHELLEIN, SUZANNE
155 ROYAL STATE ST
MOUNT PLEASANT PA 15666**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$569.16

Priority amount

\$569.16

Nonpriority amount

\$0.00

2.2825. Priority creditor's name and mailing addressHELM, LINDSEY M
825 IVY ANN
WOODWAY TX 76712**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$193.31

Priority amount

\$193.31

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2826. Priority creditor's name and mailing address HENDERSON, JALISA C 216 BAY TREE RD H301 DOVER DE 19901 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$87.50</td> </tr> </table>	Total claim	\$87.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$87.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$87.50	Nonpriority amount	\$0.00
Total claim									
\$87.50									
Priority amount									
\$87.50									
Nonpriority amount									
\$0.00									
2.2827. Priority creditor's name and mailing address HENDERSON, MARANDA 4601 LYNN LN NORTH LITTLE ROCK AR 72118 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$76.02</td> </tr> </table>	Total claim	\$76.02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$76.02</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$76.02	Nonpriority amount	\$0.00
Total claim									
\$76.02									
Priority amount									
\$76.02									
Nonpriority amount									
\$0.00									
2.2828. Priority creditor's name and mailing address HENDERSON, NAKIYA N 3308 AUGUSTINE DRIVE KILLEEN TX 76549 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$23.01</td> </tr> </table>	Total claim	\$23.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$23.01</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$23.01	Nonpriority amount	\$0.00
Total claim									
\$23.01									
Priority amount									
\$23.01									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2829. Priority creditor's name and mailing address HENDERSON, SHANNON 505 STUMPBRIDGE ROAD CANTON MS 39046 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$31.83</td> </tr> </table>	Total claim	\$31.83	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$31.83</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$31.83	Nonpriority amount	\$0.00
Total claim									
\$31.83									
Priority amount									
\$31.83									
Nonpriority amount									
\$0.00									
2.2830. Priority creditor's name and mailing address HENDERSON, TANYIAH 1908 CANTERBURY RD MACON GA 31206 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$64.74</td> </tr> </table>	Total claim	\$64.74	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$64.74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$64.74	Nonpriority amount	\$0.00
Total claim									
\$64.74									
Priority amount									
\$64.74									
Nonpriority amount									
\$0.00									
2.2831. Priority creditor's name and mailing address HENDERSON, TRISTEN L 245 B LANIER DRIVE MADISON TN 37115 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$647.78</td> </tr> </table>	Total claim	\$647.78	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$647.78</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$647.78	Nonpriority amount	\$0.00
Total claim									
\$647.78									
Priority amount									
\$647.78									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2832. Priority creditor's name and mailing address HENDRICKS, ALEXANDRA K 34 PLAYSTEAD ROAD 1 NEWTON MA 02458 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$260.56</td> </tr> </table>	Total claim	\$260.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$260.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$260.56	Nonpriority amount	\$0.00
Total claim									
\$260.56									
Priority amount									
\$260.56									
Nonpriority amount									
\$0.00									
2.2833. Priority creditor's name and mailing address HENDRIX, ANGEL P 36 BUXTON AVE NEWPORT NEWS VA 23607 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$361.00</td> </tr> </table>	Total claim	\$361.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$361.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$361.00	Nonpriority amount	\$0.00
Total claim									
\$361.00									
Priority amount									
\$361.00									
Nonpriority amount									
\$0.00									
2.2834. Priority creditor's name and mailing address HENDRIX, CARSON N 101 MADISON DR MOUNT HOLLY NC 28012 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$122.89</td> </tr> </table>	Total claim	\$122.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$122.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$122.89	Nonpriority amount	\$0.00
Total claim									
\$122.89									
Priority amount									
\$122.89									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2835. Priority creditor's name and mailing address HENDRIX, MIA R 1214 31ST STREET DES MOINES IA 50311 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$303.99</td> </tr> </table>	Total claim	\$303.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$303.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$303.99	Nonpriority amount	\$0.00
Total claim									
\$303.99									
Priority amount									
\$303.99									
Nonpriority amount									
\$0.00									
2.2836. Priority creditor's name and mailing address HENGY, ALEXANDRA J 3829 MACKINAW STREET SAGINAW MI 48602 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$316.72</td> </tr> </table>	Total claim	\$316.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$316.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$316.72	Nonpriority amount	\$0.00
Total claim									
\$316.72									
Priority amount									
\$316.72									
Nonpriority amount									
\$0.00									
2.2837. Priority creditor's name and mailing address HENRICHS, SOPHIE M S61 W24405 RED WING DR. WAUKESHA WI 53189 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$433.66</td> </tr> </table>	Total claim	\$433.66	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$433.66</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$433.66	Nonpriority amount	\$0.00
Total claim									
\$433.66									
Priority amount									
\$433.66									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2838. Priority creditor's name and mailing address HENRIGUEZ, JOANNA M 9489 CHADBURN PLACE MONTGOMERY VILLAGE MD 20886 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$394.09	Priority amount \$394.09 Nonpriority amount \$0.00
2.2839. Priority creditor's name and mailing address HENRIQUEZ, DESTANNIE R 5035 SUNSET RIDGE DR COLORADO SPRINGS CO 80917 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$185.92	Priority amount \$185.92 Nonpriority amount \$0.00
2.2840. Priority creditor's name and mailing address HENRY, AZIAH A 4302 CHAPELSTONE AVE #1 BENTONVILLE AR 72712 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$114.89	Priority amount \$114.89 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2841. Priority creditor's name and mailing address HENRY, CHARISSE A 2019 GORDEN RIDGE DRIVE EAST STROUDSBURG PA 18302 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$36.00	Priority amount \$36.00 Nonpriority amount \$0.00
2.2842. Priority creditor's name and mailing address HENRY, JAMIYAH A 6109 N 95TH MILWAUKEE WI 53225 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$124.43	Priority amount \$124.43 Nonpriority amount \$0.00
2.2843. Priority creditor's name and mailing address HENRY, MEGAN J 20201 WATKINS MILL ROAD GAITHERSBURG MD 20886 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$90.04	Priority amount \$90.04 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2844. Priority creditor's name and mailing address HENRY, REBEKAH A 61 KENSINGTON STREET 2 UNIONTOWN PA 15401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$177.37	Priority amount \$177.37 Nonpriority amount \$0.00
2.2845. Priority creditor's name and mailing address HENRY, SANISE 601 N JACKSON AVE APT 1 TACOMA WA 98406 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$150.30	Priority amount \$150.30 Nonpriority amount \$0.00
2.2846. Priority creditor's name and mailing address HENRY, TATUM S 5919 HAYDEN DRIVE MIDDLETOWN OH 45042 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$140.14	Priority amount \$140.14 Nonpriority amount \$0.00

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2.2847. Priority creditor's name and mailing address HER, DARLINE N 6612 E. LOWE AVE FRESNO CA 93727 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$86.16</td> </tr> </table>	Total claim	\$86.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$86.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$86.16	Nonpriority amount	\$0.00
Total claim									
\$86.16									
Priority amount									
\$86.16									
Nonpriority amount									
\$0.00									
2.2848. Priority creditor's name and mailing address HER, MAI XEE 708 JONES ST. EAU CLAIRE WI 54703 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$67.47</td> </tr> </table>	Total claim	\$67.47	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$67.47</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$67.47	Nonpriority amount	\$0.00
Total claim									
\$67.47									
Priority amount									
\$67.47									
Nonpriority amount									
\$0.00									
2.2849. Priority creditor's name and mailing address HERBERT, MAKAYLA C 15315 MOUNT NEBO ROAD POOLESVILLE MD 20837 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$190.63</td> </tr> </table>	Total claim	\$190.63	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$190.63</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$190.63	Nonpriority amount	\$0.00
Total claim									
\$190.63									
Priority amount									
\$190.63									
Nonpriority amount									
\$0.00									

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2.2850. Priority creditor's name and mailing address HEREDERO, HEIDI M 16003 MEADOWSIDE ST. LA PUENTE CA 91744 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$166.98</td> </tr> </table>	Total claim	\$166.98	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$166.98</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$166.98	Nonpriority amount	\$0.00
Total claim									
\$166.98									
Priority amount									
\$166.98									
Nonpriority amount									
\$0.00									
2.2851. Priority creditor's name and mailing address HEREDIA, VERONICA 414 W PIEDMONT RD PHOENIX AZ 85041-8851 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$600.88</td> </tr> </table>	Total claim	\$600.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$600.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$600.88	Nonpriority amount	\$0.00
Total claim									
\$600.88									
Priority amount									
\$600.88									
Nonpriority amount									
\$0.00									
2.2852. Priority creditor's name and mailing address HEREDIA, VERONICA L 279 W. 11TH ST OVIEDO FL 32766 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$286.88</td> </tr> </table>	Total claim	\$286.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$286.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$286.88	Nonpriority amount	\$0.00
Total claim									
\$286.88									
Priority amount									
\$286.88									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2853. Priority creditor's name and mailing address HERLIHY, EMILY A 1846 DARBY DR APT B-8 FLORENCE AL 35630 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$373.64	Priority amount \$373.64 Nonpriority amount \$0.00
2.2854. Priority creditor's name and mailing address HERMAN, KATIE L 16261 NE 17TH AVE STARKE FL 32091 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$150.58	Priority amount \$150.58 Nonpriority amount \$0.00
2.2855. Priority creditor's name and mailing address HERMOSURA, MICHAEL G 118 DOGWOOD DR NEWPORT NEWS VA 23606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$36.95	Priority amount \$36.95 Nonpriority amount \$0.00

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2.2856.	Priority creditor's name and mailing address HERNANDEZ, ABRIL 4517 WYNDTREE DR 191 WEST CHESTER OH 45069 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$256.07</td> </tr> </table>	Total claim	\$256.07	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$256.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$256.07	Nonpriority amount	\$0.00
Total claim										
\$256.07										
Priority amount										
\$256.07										
Nonpriority amount										
\$0.00										
2.2857.	Priority creditor's name and mailing address HERNANDEZ, ALANNA M 300 FRASER PURCHASE ROAD LATROBE PA 15650 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$91.64</td> </tr> </table>	Total claim	\$91.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$91.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$91.64	Nonpriority amount	\$0.00
Total claim										
\$91.64										
Priority amount										
\$91.64										
Nonpriority amount										
\$0.00										
2.2858.	Priority creditor's name and mailing address HERNANDEZ, ALMA G 2557 DOROTHY DR MARIETTA GA 30008 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$116.05</td> </tr> </table>	Total claim	\$116.05	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$116.05</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$116.05	Nonpriority amount	\$0.00
Total claim										
\$116.05										
Priority amount										
\$116.05										
Nonpriority amount										
\$0.00										

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2.2859. Priority creditor's name and mailing address HERNANDEZ, ANA 24-54 96TH STREET EAST ELMHURST NY 11369 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$372.75	Priority amount \$372.75 Nonpriority amount \$0.00
2.2860. Priority creditor's name and mailing address HERNANDEZ, ANA C 1338 OLIVE ST SANTA ROSA CA 95407 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$412.68	Priority amount \$412.68 Nonpriority amount \$0.00
2.2861. Priority creditor's name and mailing address HERNANDEZ, ANGELA 2315 61ST LUBBOCK TX 79412 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$233.73	Priority amount \$233.73 Nonpriority amount \$0.00

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2.2862. Priority creditor's name and mailing address HERNANDEZ, ANNA L 1402 SOUTH CHESTNUT MCKINNEY TX 75069 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$60.96	Priority amount \$60.96 Nonpriority amount \$0.00
2.2863. Priority creditor's name and mailing address HERNANDEZ, ARLY E 1457 PETERS BLVD BAY SHORE NY 11706 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$184.44	Priority amount \$184.44 Nonpriority amount \$0.00
2.2864. Priority creditor's name and mailing address HERNANDEZ, BAUTISTA ALIN V 3706 CAROLINA BCH RD #1 WILMINGTON NC 28412 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$284.81	Priority amount \$284.81 Nonpriority amount \$0.00

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2.2865. Priority creditor's name and mailing address HERNANDEZ, BRENDA 1127 W PRIMROSE DR ORANGE CA 92868 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$177.24	Priority amount \$177.24 Nonpriority amount \$0.00
2.2866. Priority creditor's name and mailing address HERNANDEZ, BRENDA N 1919 CYPRESS AVE SANTA ANA CA 92707 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$787.54	Priority amount \$787.54 Nonpriority amount \$0.00
2.2867. Priority creditor's name and mailing address HERNANDEZ, CARMEN Y 236 GRAVES STREET 236 GRAVES STR STATEN ISLAND NY 10314 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$190.35	Priority amount \$190.35 Nonpriority amount \$0.00

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2.2868. Priority creditor's name and mailing address HERNANDEZ, CLARISSA M 5611 GABLES STREET SAN DIEGO CA 92139 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$184.08	Priority amount \$184.08 Nonpriority amount \$0.00
2.2869. Priority creditor's name and mailing address HERNANDEZ, COLATO JACQUELINE 1301 COLLEGE AVE FREDERICKSBURG VA 22401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$67.11	Priority amount \$67.11 Nonpriority amount \$0.00
2.2870. Priority creditor's name and mailing address HERNANDEZ, CORTES YOVANA K 9604 172ND ST W LAKEVILLE MN 55044 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$384.04	Priority amount \$384.04 Nonpriority amount \$0.00

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2.2871. Priority creditor's name and mailing address HERNANDEZ, DAISY L 9215 DATE ST APT # B FONTANA CA 92335-8726 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$715.70	Priority amount \$715.70 Nonpriority amount \$0.00
2.2872. Priority creditor's name and mailing address HERNANDEZ, DARLENE L 33231 AGUA DULCE CYN RD SANTA CLARITA CA 91390 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$102.36	Priority amount \$102.36 Nonpriority amount \$0.00
2.2873. Priority creditor's name and mailing address HERNANDEZ, DEYALIS 3374 33RD AVE. COLUMBUS NE 68601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$79.92	Priority amount \$79.92 Nonpriority amount \$0.00

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2.2874. Priority creditor's name and mailing address HERNANDEZ, DIANA M 8220 TOPANGA CANYON BLVD 121 CANOGA PARK CA 91304 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$571.68	Priority amount \$571.68 Nonpriority amount \$0.00
2.2875. Priority creditor's name and mailing address HERNANDEZ, EDWIN 7221 SOUTH ALASKA STREET TACOMA WA 98408 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$439.29	Priority amount \$439.29 Nonpriority amount \$0.00
2.2876. Priority creditor's name and mailing address HERNANDEZ, ESMERALDA 1913 AZALEA ST MISSION TX 78573 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$583.69	Priority amount \$583.69 Nonpriority amount \$0.00

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2.2877. Priority creditor's name and mailing address HERNANDEZ, EVELYN 327 E PEARSON AVE. 5 ANAHEIM CA 92802 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$323.52	Priority amount \$323.52 Nonpriority amount \$0.00
2.2878. Priority creditor's name and mailing address HERNANDEZ, FELICIA 10990 HIGHLAND MEADOW VILLAGE HOUSTON TX 77089 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,264.40	Priority amount \$1,264.40 Nonpriority amount \$0.00
2.2879. Priority creditor's name and mailing address HERNANDEZ, FRANCESKA M 19603 CRYSTAL ROCK DRIVE #22 GERMANTOWN MD 20874 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$372.90	Priority amount \$372.90 Nonpriority amount \$0.00

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2.2880.	Priority creditor's name and mailing address HERNANDEZ, GABRIELLA S 209 17TH STREET ARNOLD PA 15068 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$137.82</td> </tr> </table>	Total claim	\$137.82	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$137.82</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$137.82	Nonpriority amount	\$0.00
Total claim										
\$137.82										
Priority amount										
\$137.82										
Nonpriority amount										
\$0.00										
2.2881.	Priority creditor's name and mailing address HERNANDEZ, GESELLE 875 S RIVERSIDE AVE RIALTO CA 92376 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$240.00</td> </tr> </table>	Total claim	\$240.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$240.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$240.00	Nonpriority amount	\$0.00
Total claim										
\$240.00										
Priority amount										
\$240.00										
Nonpriority amount										
\$0.00										
2.2882.	Priority creditor's name and mailing address HERNANDEZ, JACQUALINE O 1601 E. IMHOFF ROAD 3011 NORMAN OK 73071 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$617.36</td> </tr> </table>	Total claim	\$617.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$617.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$617.36	Nonpriority amount	\$0.00
Total claim										
\$617.36										
Priority amount										
\$617.36										
Nonpriority amount										
\$0.00										

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2.2883. Priority creditor's name and mailing address HERNANDEZ, JASMINE G 1200 W 87 ST LOS ANGELES CA 90044 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$343.04</td> </tr> </table>	Total claim	\$343.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$343.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$343.04	Nonpriority amount	\$0.00
Total claim									
\$343.04									
Priority amount									
\$343.04									
Nonpriority amount									
\$0.00									
2.2884. Priority creditor's name and mailing address HERNANDEZ, KAREN G 161 JAY STREET SAN BENITO TX 78586 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$116.01</td> </tr> </table>	Total claim	\$116.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$116.01</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$116.01	Nonpriority amount	\$0.00
Total claim									
\$116.01									
Priority amount									
\$116.01									
Nonpriority amount									
\$0.00									
2.2885. Priority creditor's name and mailing address HERNANDEZ, KRISTAL M CALLE CLAVEL K-2 URB. LAS VEGAS CATAA'O PR 00962 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$241.51</td> </tr> </table>	Total claim	\$241.51	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$241.51</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$241.51	Nonpriority amount	\$0.00
Total claim									
\$241.51									
Priority amount									
\$241.51									
Nonpriority amount									
\$0.00									

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2.2886. Priority creditor's name and mailing address HERNANDEZ, LESLIE D 1552 PLYMOUTH CIRCLE CARPENTERSVILLE IL 60110 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$113.93	Priority amount \$113.93 Nonpriority amount \$0.00
2.2887. Priority creditor's name and mailing address HERNANDEZ, LIZETTE S 4434 SCHULTE DR CINCINNATI OH 45205 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$410.85	Priority amount \$410.85 Nonpriority amount \$0.00
2.2888. Priority creditor's name and mailing address HERNANDEZ, MARIA A 4970 WEST 6TH AVENUE DENVER CO 80204 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$220.89	Priority amount \$220.89 Nonpriority amount \$0.00

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2.2889. Priority creditor's name and mailing address HERNANDEZ, MARIA D 302 E FRANKLIN AVE MESA AZ 85210 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$517.88	Priority amount \$517.88 Nonpriority amount \$0.00
2.2890. Priority creditor's name and mailing address HERNANDEZ, MARIA N 10029 MULBERRY AVE OAK LAWN IL 60453 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,812.19	Priority amount \$3,812.19 Nonpriority amount \$0.00
2.2891. Priority creditor's name and mailing address HERNANDEZ, MAYRA G 1446 S VAUGHN CIR AURORA CO 80012 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$4,147.52	Priority amount \$4,147.52 Nonpriority amount \$0.00

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2.2892. Priority creditor's name and mailing address HERNANDEZ, PERLA K 1913 AZALEA STREET MISSION TX 78573 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,795.36	Priority amount \$3,795.36 Nonpriority amount \$0.00
2.2893. Priority creditor's name and mailing address HERNANDEZ, RAMIREZ ROXANA 15132 SOUTH CULVER RD VICTORVILLE CA 92394 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$158.52	Priority amount \$158.52 Nonpriority amount \$0.00
2.2894. Priority creditor's name and mailing address HERNANDEZ, SOPHIA A 858 W PANORAMA DR 212 PALATINE IL 60067 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$165.00	Priority amount \$165.00 Nonpriority amount \$0.00

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2.2895. Priority creditor's name and mailing address HERNANDEZ, SOPHIA K 2714 STAR PEAK DR HOUSTON TX 77088 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$90.38	Priority amount \$90.38 Nonpriority amount \$0.00
2.2896. Priority creditor's name and mailing address HERNANDEZ, STEFANI 52 HOWARD ST LAWRENCE MA 01841 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$296.55	Priority amount \$296.55 Nonpriority amount \$0.00
2.2897. Priority creditor's name and mailing address HERNANDEZ, SURI S 632 WASHINGTON AVE 75 BOWLING GREEN KY 42104 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$183.97	Priority amount \$183.97 Nonpriority amount \$0.00

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2.2898. Priority creditor's name and mailing address HERNANDEZ, TALIA 8616 SE GRAY ST HAPPY VALLEY OR 97086 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$145.80	Priority amount \$145.80 Nonpriority amount \$0.00
2.2899. Priority creditor's name and mailing address HERNANDEZ, VENTURA A 2312 14TH STREET UNIT C LUBBOCK TX 79401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,011.17	Priority amount \$2,011.17 Nonpriority amount \$0.00
2.2900. Priority creditor's name and mailing address HERNANDEZ, YAMILE 6240 SW 19 STREET MIAMI FL 33155 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$997.92	Priority amount \$997.92 Nonpriority amount \$0.00

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2.2901. Priority creditor's name and mailing address HERNANDEZ, YURITZY M 411 NE GOING ST APT 5 PORTLAND OR 97211 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$106.44	Priority amount \$106.44 Nonpriority amount \$0.00
2.2902. Priority creditor's name and mailing address HERNANDEZ, ZULEIKA 105 NAOMI DR EAST HARTFORD CT 06118 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$641.63	Priority amount \$641.63 Nonpriority amount \$0.00
2.2903. Priority creditor's name and mailing address HERNDON, PEYTON J 103 BUCKSKIN DR. GASTONIA NC 28052 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$122.82	Priority amount \$122.82 Nonpriority amount \$0.00

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2.2904. Priority creditor's name and mailing address HERNLY, EMILEE B 619 W. UNIVERSITY AVE. MUNCIE IN 47303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,868.71	Priority amount \$1,868.71 Nonpriority amount \$0.00
2.2905. Priority creditor's name and mailing address HERRERA, ASHLEY T 2129 CLARION AVE SW WYOMING MI 49519 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$5,053.25	Priority amount \$5,053.25 Nonpriority amount \$0.00
2.2906. Priority creditor's name and mailing address HERRERA, BIANCA C 6744 DESERT BLOSSOM ROAD E2 LAS CRUCES NM 88007 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$205.94	Priority amount \$205.94 Nonpriority amount \$0.00

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2.2907. Priority creditor's name and mailing address HERRERA, CASSANDRA J 14912 E 116TH PLACE BRIGHTON CO 80603 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$54.39	Priority amount \$54.39 Nonpriority amount \$0.00
2.2908. Priority creditor's name and mailing address HERRERA, IVONNE 674 SUPIMA DR EL PASO TX 79927-4447 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$541.17	Priority amount \$541.17 Nonpriority amount \$0.00
2.2909. Priority creditor's name and mailing address HERRERA, JESSICA C 13914 S VERMONT AVE GARDENA CA 90247 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$232.20	Priority amount \$232.20 Nonpriority amount \$0.00

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2.2910.	Priority creditor's name and mailing address HERRERA, KARINA 8790 SUNSET BREEZE DR RENO NV 89506 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$2,369.02</td></tr></table>	Total claim	\$2,369.02	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$2,369.02</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$2,369.02	Nonpriority amount	\$0.00
Total claim										
\$2,369.02										
Priority amount										
\$2,369.02										
Nonpriority amount										
\$0.00										
2.2911.	Priority creditor's name and mailing address HERRERA, KATHERYN R 14619 ANNARBOR HEIGHTS CT CYPRESS TX 77433 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$68.16</td></tr></table>	Total claim	\$68.16	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$68.16</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$68.16	Nonpriority amount	\$0.00
Total claim										
\$68.16										
Priority amount										
\$68.16										
Nonpriority amount										
\$0.00										
2.2912.	Priority creditor's name and mailing address HERRERA, NATALIE I 10067 BORDELON ST SAN DIEGO CA 92124 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$143.40</td></tr></table>	Total claim	\$143.40	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$143.40</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$143.40	Nonpriority amount	\$0.00
Total claim										
\$143.40										
Priority amount										
\$143.40										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2913. Priority creditor's name and mailing address HERRERA, SAMANTHA R 6951 DONNA AVENUE RESEDA CA 91335 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$488.77	Priority amount \$488.77 Nonpriority amount \$0.00
2.2914. Priority creditor's name and mailing address HERRERA, SHADAE 318 N B ST EXETER CA 93221 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$109.56	Priority amount \$109.56 Nonpriority amount \$0.00
2.2915. Priority creditor's name and mailing address HERRIGES, ANICKA T 4353 N MORRIS BLVD SHOREWOOD WI 53211 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$111.35	Priority amount \$111.35 Nonpriority amount \$0.00

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2.2916. Priority creditor's name and mailing address HESTER, LELONIE L 550 3RD AVE UNIT 243 SAINT CLOUD MN 56301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$199.17	Priority amount \$199.17 Nonpriority amount \$0.00
2.2917. Priority creditor's name and mailing address HEWETT, RACHEL K 5203 COOPER CHAPEL RD LOUISVILLE KY 40229 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,070.78	Priority amount \$3,070.78 Nonpriority amount \$0.00
2.2918. Priority creditor's name and mailing address HEWITT, ASHLEY H 87 HANCOCK AVE. 1 JERSEY CITY NJ 07307 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$590.90	Priority amount \$590.90 Nonpriority amount \$0.00

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2.2919. Priority creditor's name and mailing address HEWITT, AYANA C 122 GARDEN ST 2 POUGHKEEPSIE NY 12601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$162.15	Priority amount \$162.15 Nonpriority amount \$0.00
2.2920. Priority creditor's name and mailing address HEWITT, JESSICA 2563 FOXFIRE CT MURFREESBORO TN 37129 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,546.14	Priority amount \$2,546.14 Nonpriority amount \$0.00
2.2921. Priority creditor's name and mailing address HEWLETT, JAYLA S 2312 CARLETON DRIVE DECATUR AL 35603 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$508.40	Priority amount \$508.40 Nonpriority amount \$0.00

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2.2922. Priority creditor's name and mailing address HICKEY, CATHERINE M 7956 LEOTA LANE NEW PORT RICHEY FL 34653 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$109.98</td> </tr> </table>	Total claim	\$109.98	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$109.98</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$109.98	Nonpriority amount	\$0.00
Total claim									
\$109.98									
Priority amount									
\$109.98									
Nonpriority amount									
\$0.00									
2.2923. Priority creditor's name and mailing address HICKEY, EMILY R 120 OLD SCHUYLerville ROAD SARATOGA SPRINGS NY 12866 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$86.58</td> </tr> </table>	Total claim	\$86.58	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$86.58</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$86.58	Nonpriority amount	\$0.00
Total claim									
\$86.58									
Priority amount									
\$86.58									
Nonpriority amount									
\$0.00									
2.2924. Priority creditor's name and mailing address HICKMAN, SHAWNAE J 852 SOUTH PARKER DRIVE APT B FLORENCE SC 29501 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,230.88</td> </tr> </table>	Total claim	\$1,230.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,230.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,230.88	Nonpriority amount	\$0.00
Total claim									
\$1,230.88									
Priority amount									
\$1,230.88									
Nonpriority amount									
\$0.00									

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2.2925. Priority creditor's name and mailing address HICKS, ANDRESE 6562 KEMPTON STREET NAVARRE FL 32566 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$530.17	Priority amount \$530.17 Nonpriority amount \$0.00
2.2926. Priority creditor's name and mailing address HICKS, ANGELA M 3118 W FRANKLIN BLVD 3B CHICAGO IL 60612 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$191.57	Priority amount \$191.57 Nonpriority amount \$0.00
2.2927. Priority creditor's name and mailing address HICKS, MIRANDA R 1908 PRINCE GEORGE DRIVE GAUTIER MS 39553 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$92.39	Priority amount \$92.39 Nonpriority amount \$0.00

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2.2928. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
HICKS, SHAREKA 2434 HAMLET CIRCLE LAKELAND FL 33810		\$188.83	\$188.83
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.2929. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
HIGBIE, NAKOTA B 40 GRAND STREET 1 WORCESTER MA 01610		\$175.56	\$175.56
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.2930. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
HIGGINS, SARAH N 402 KERBY ST 212 ARLINGTON TX 76013		\$111.71	\$111.71
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

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2.2931.	Priority creditor's name and mailing address HIGGS, TATYANA R 7603 LAYTONIA DRIVE GAITHERSBURG MD 20877 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$772.80</td></tr></table>	Total claim	\$772.80	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$772.80</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$772.80	Nonpriority amount	\$0.00
Total claim										
\$772.80										
Priority amount										
\$772.80										
Nonpriority amount										
\$0.00										
2.2932.	Priority creditor's name and mailing address HIGHTOWER, PORSHA 2090 ZINK RD. 3B BEAVERCREEK OH 45324 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$265.71</td></tr></table>	Total claim	\$265.71	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$265.71</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$265.71	Nonpriority amount	\$0.00
Total claim										
\$265.71										
Priority amount										
\$265.71										
Nonpriority amount										
\$0.00										
2.2933.	Priority creditor's name and mailing address HIGUERA, STEPHANIE 4829 COLES MANOR PL #12102 DALLAS TX 75204 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$85.64</td></tr></table>	Total claim	\$85.64	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$85.64</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$85.64	Nonpriority amount	\$0.00
Total claim										
\$85.64										
Priority amount										
\$85.64										
Nonpriority amount										
\$0.00										

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2.2934. Priority creditor's name and mailing address HIKALEA, HEALANI K 45-1127 KAMEHAMEHA HWY #7 KANEOHE HI 96744 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$352.89	Priority amount \$352.89 Nonpriority amount \$0.00
2.2935. Priority creditor's name and mailing address HIKMET, LYDIA L 368 ORLANDO ST. 10 EL CAJON CA 92021 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$214.32	Priority amount \$214.32 Nonpriority amount \$0.00
2.2936. Priority creditor's name and mailing address HILAIRE, DIEUNIPHER L 142 ROQUETTE AVENUE ELMONT NY 11003 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$374.64	Priority amount \$374.64 Nonpriority amount \$0.00

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2.2937. Priority creditor's name and mailing address HILL, ANIYA S 1210 CROES AVE APT. 16G BRONX NY 10472 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$232.80	Priority amount \$232.80 Nonpriority amount \$0.00
2.2938. Priority creditor's name and mailing address HILL, AVERY M 1059 HIDDEN CREEK LN KOKOMO IN 46902 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$59.04	Priority amount \$59.04 Nonpriority amount \$0.00
2.2939. Priority creditor's name and mailing address HILL, BLAYKE 2723 SOUTH AVENUE NIAGARA FALLS NY 14305 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,824.80	Priority amount \$1,824.80 Nonpriority amount \$0.00

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2.2940. Priority creditor's name and mailing address HILL, CHAYLA 1200 FLORAL SPRINGS BLVD PORT ORANGE FL 32129 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$54.40	Priority amount \$54.40 Nonpriority amount \$0.00
2.2941. Priority creditor's name and mailing address HILL, CORRIE E 11816 FORBIDDEN FOREST CIRCLE APT 102 FREDERICKSBURG VA 22407 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$414.27	Priority amount \$414.27 Nonpriority amount \$0.00
2.2942. Priority creditor's name and mailing address HILL, CRYSTAL 4812 CONESTOGA RD VIRGINIA BEACH VA 23462 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$8.09	Priority amount \$8.09 Nonpriority amount \$0.00

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2.2943. Priority creditor's name and mailing address HILL, ERICKA D 41 STRATFORD LANE JACKSON TN 38305 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$93.42	Priority amount \$93.42 Nonpriority amount \$0.00
2.2944. Priority creditor's name and mailing address HILL, HALLIE A 120 PAUL REVERE CT UNIT 103 WAHIAWA HI 96786-7224 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$122.50	Priority amount \$122.50 Nonpriority amount \$0.00
2.2945. Priority creditor's name and mailing address HILL, JAKINI A 302 PAULINE AVE HATTIESBURG MS 39401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$122.75	Priority amount \$122.75 Nonpriority amount \$0.00

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2.2946. Priority creditor's name and mailing address HILL, JILLIAN N 6208 BIG SANDY DR RALEIGH NC 27616 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$92.90</td> </tr> </table>	Total claim	\$92.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$92.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$92.90	Nonpriority amount	\$0.00
Total claim									
\$92.90									
Priority amount									
\$92.90									
Nonpriority amount									
\$0.00									
2.2947. Priority creditor's name and mailing address HILL, KYLA C 3118 S ADAMS ST TAMPA FL 33611 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$317.50</td> </tr> </table>	Total claim	\$317.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$317.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$317.50	Nonpriority amount	\$0.00
Total claim									
\$317.50									
Priority amount									
\$317.50									
Nonpriority amount									
\$0.00									
2.2948. Priority creditor's name and mailing address HILL, LAUREN E 14300 NW 66TH CT PARKVILLE MO 64152 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$147.58</td> </tr> </table>	Total claim	\$147.58	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$147.58</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$147.58	Nonpriority amount	\$0.00
Total claim									
\$147.58									
Priority amount									
\$147.58									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2949.	Priority creditor's name and mailing address HILL, MACIE 18001 SAILFISH DRIVE B LUTZ FL 33558 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$103.22	Priority amount \$103.22 Nonpriority amount \$0.00
2.2950.	Priority creditor's name and mailing address HILL, QYARAH R 35400 EUCLID AVENUE APT. D204 WILLOUGHBY OH 44094 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$142.47	Priority amount \$142.47 Nonpriority amount \$0.00
2.2951.	Priority creditor's name and mailing address HILL, REGINA L 156 BIG CREEK TRAIL MAYNARD AR 72444 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,721.51	Priority amount \$2,721.51 Nonpriority amount \$0.00

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2.2952. Priority creditor's name and mailing address HILL, SHAKEL L 6402 S JUNETT ST TACOMA WA 98409 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$683.80	Priority amount \$683.80 Nonpriority amount \$0.00
2.2953. Priority creditor's name and mailing address HILL, TORI D 1311 STONE MANOR DR RALEIGH NC 27610 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$712.06	Priority amount \$712.06 Nonpriority amount \$0.00
2.2954. Priority creditor's name and mailing address HILLEGASS, JENNIFER 6393 CHEROKEE TRAIL TOBYHANNA PA 18466 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$754.23	Priority amount \$754.23 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2955. Priority creditor's name and mailing address HILLIARD, SHAWNTAVIA M 1220 W MCWILLIAMS AVE LAS VEGAS NV 89106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$194.05	Priority amount \$194.05 Nonpriority amount \$0.00
2.2956. Priority creditor's name and mailing address HILLIARD, TAMMIE 150 RIVER AVE NATRONA HEIGHTS PA 15065 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$36.40	Priority amount \$36.40 Nonpriority amount \$0.00
2.2957. Priority creditor's name and mailing address HILLMAN, KAELA L 11632 CAPE HORN AVENUE JACKSONVILLE FL 32246 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$33.67	Priority amount \$33.67 Nonpriority amount \$0.00

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2.2958. Priority creditor's name and mailing address HILLMAN, SAMANTHA 893 JACOBS WAY CANTONMENT FL 32533 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$518.19</td> </tr> </table>	Total claim	\$518.19	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$518.19</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$518.19	Nonpriority amount	\$0.00
Total claim									
\$518.19									
Priority amount									
\$518.19									
Nonpriority amount									
\$0.00									
2.2959. Priority creditor's name and mailing address HILLMAN, TYLER T 12013 GEORGIA WOODS CT ORLANDO FL 32824 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$554.63</td> </tr> </table>	Total claim	\$554.63	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$554.63</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$554.63	Nonpriority amount	\$0.00
Total claim									
\$554.63									
Priority amount									
\$554.63									
Nonpriority amount									
\$0.00									
2.2960. Priority creditor's name and mailing address HILLMAN, VINNY A 2901 SW 41ST ST APT 2802 OCALA FL 34474 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$305.66</td> </tr> </table>	Total claim	\$305.66	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$305.66</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$305.66	Nonpriority amount	\$0.00
Total claim									
\$305.66									
Priority amount									
\$305.66									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2961. Priority creditor's name and mailing address HILLS, JASMINE 18 DNABURY RD HYDE PARK MA 02136 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$42.72</td> </tr> </table>	Total claim	\$42.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$42.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$42.72	Nonpriority amount	\$0.00
Total claim									
\$42.72									
Priority amount									
\$42.72									
Nonpriority amount									
\$0.00									
2.2962. Priority creditor's name and mailing address HILLYER, LYNETTE 321 N 44TH STREET 806 LINCOLN NE 68503 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$69.99</td> </tr> </table>	Total claim	\$69.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$69.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$69.99	Nonpriority amount	\$0.00
Total claim									
\$69.99									
Priority amount									
\$69.99									
Nonpriority amount									
\$0.00									
2.2963. Priority creditor's name and mailing address HILTON, LATOYA A 300 ERICH ROAD RICHMOND VA 23225 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,008.60</td> </tr> </table>	Total claim	\$1,008.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,008.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,008.60	Nonpriority amount	\$0.00
Total claim									
\$1,008.60									
Priority amount									
\$1,008.60									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2964. Priority creditor's name and mailing address HINES, CHERISH L 3328 PECK STREET MUSKEGON HEIGHTS MI 49444 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$163.53	Priority amount \$163.53 Nonpriority amount \$0.00
2.2965. Priority creditor's name and mailing address HINES, TINERA 1909 WALNUT CREEK DR. PAPILLION NE 68046 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$75.87	Priority amount \$75.87 Nonpriority amount \$0.00
2.2966. Priority creditor's name and mailing address HINOJOSA, KARINA G 1808 S. 31 ST. MILWAUKEE WI 53215 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$87.32	Priority amount \$87.32 Nonpriority amount \$0.00

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2.2967. Priority creditor's name and mailing address HINSON, KIMBERLY E 6000 DOMINION PL CHARLOTTE NC 28277 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$254.97	Priority amount \$254.97 Nonpriority amount \$0.00
2.2968. Priority creditor's name and mailing address HINTON, DESTINY A 3070 S NELLIS BLVD 1061 LAS VEGAS NV 89121 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$125.07	Priority amount \$125.07 Nonpriority amount \$0.00
2.2969. Priority creditor's name and mailing address HINTON-DOZIER, KIERY N 1813 ROCHELLE CT WOODBRIDGE VA 22192 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$79.01	Priority amount \$79.01 Nonpriority amount \$0.00

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2.2970. Priority creditor's name and mailing address HIRALES, KAZANDRA 452 WEST A ST BRAWLEY CA 92227 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$192.84	Priority amount \$192.84 Nonpriority amount \$0.00
2.2971. Priority creditor's name and mailing address HIROMOTO, KAYLEN M 3734 POTOMAC AVE. LOS ANGELES CA 90016 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$215.16	Priority amount \$215.16 Nonpriority amount \$0.00
2.2972. Priority creditor's name and mailing address HISER, ALLISON R 1617 RINGFIELD DR. GALLOWAY OH 43119 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$339.43	Priority amount \$339.43 Nonpriority amount \$0.00

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2.2973. Priority creditor's name and mailing address HJELTE, SARAH K 1321 EAGLE WING LN DENTON TX 76210 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$73.75</td> </tr> </table>	Total claim	\$73.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$73.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$73.75	Nonpriority amount	\$0.00
Total claim									
\$73.75									
Priority amount									
\$73.75									
Nonpriority amount									
\$0.00									
2.2974. Priority creditor's name and mailing address HOBBS, DANIYA S 11 BIRCHFIELD DRIVE MOUNT LAUREL NJ 08054 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$117.88</td> </tr> </table>	Total claim	\$117.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$117.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$117.88	Nonpriority amount	\$0.00
Total claim									
\$117.88									
Priority amount									
\$117.88									
Nonpriority amount									
\$0.00									
2.2975. Priority creditor's name and mailing address HOBBS, KAITLIN P 1911 ODYSSEY DRIVE BRIGHTON MI 48114 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$134.31</td> </tr> </table>	Total claim	\$134.31	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$134.31</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$134.31	Nonpriority amount	\$0.00
Total claim									
\$134.31									
Priority amount									
\$134.31									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2976. Priority creditor's name and mailing address HOBSON, DANIELLE R 1002 E. TAYLOR ST. KOKOMO IN 46901 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$140.31	Priority amount \$140.31 Nonpriority amount \$0.00
2.2977. Priority creditor's name and mailing address HOBSON, TELEASHIA H 545 LANE AVE HAMLETT HALL JACKSON TN 38301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$270.54	Priority amount \$270.54 Nonpriority amount \$0.00
2.2978. Priority creditor's name and mailing address HOCH, ALEXANDRIA 300 W. MONTGOMERY AVE NORTH WALES PA 19454 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,496.83	Priority amount \$2,496.83 Nonpriority amount \$0.00

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2.2979. Priority creditor's name and mailing address HOCKING, SYDNEY 6230 MOATS DR KANSAS CITY MO 64133 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$409.70</td> </tr> </table>	Total claim	\$409.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$409.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$409.70	Nonpriority amount	\$0.00
Total claim									
\$409.70									
Priority amount									
\$409.70									
Nonpriority amount									
\$0.00									
2.2980. Priority creditor's name and mailing address HODDE, SARAH E 13861 RACEWAY DR. APT. 834 NORTHLAKE TX 76262 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,011.74</td> </tr> </table>	Total claim	\$2,011.74	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,011.74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,011.74	Nonpriority amount	\$0.00
Total claim									
\$2,011.74									
Priority amount									
\$2,011.74									
Nonpriority amount									
\$0.00									
2.2981. Priority creditor's name and mailing address HODGE, ARAYAH T 817 NORTH 2ND ST APT. 1 HARRISBURG PA 17102 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,261.55</td> </tr> </table>	Total claim	\$1,261.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,261.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,261.55	Nonpriority amount	\$0.00
Total claim									
\$1,261.55									
Priority amount									
\$1,261.55									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2982.	Priority creditor's name and mailing address HODGE-BROWN, DYNASTI 1509 SUNBURST RD EVINGTON VA 24550 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$70.00</td> </tr> </table>	Total claim	\$70.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$70.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$70.00	Nonpriority amount	\$0.00
Total claim										
\$70.00										
Priority amount										
\$70.00										
Nonpriority amount										
\$0.00										
2.2983.	Priority creditor's name and mailing address HODGES, KEANA L 803 SINBAD STREET BAKER LA 70714 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$63.95</td> </tr> </table>	Total claim	\$63.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$63.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$63.95	Nonpriority amount	\$0.00
Total claim										
\$63.95										
Priority amount										
\$63.95										
Nonpriority amount										
\$0.00										
2.2984.	Priority creditor's name and mailing address HODSON, KAYLA M 6505 BUCKEYE LN GRANITE BAY CA 95746-8861 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$940.50</td> </tr> </table>	Total claim	\$940.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$940.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$940.50	Nonpriority amount	\$0.00
Total claim										
\$940.50										
Priority amount										
\$940.50										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2985. Priority creditor's name and mailing address HOFFMAN, SYDNEY 4286 RYAN CT HAMILTON OH 45011 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$38.05</td> </tr> </table>	Total claim	\$38.05	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$38.05</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$38.05	Nonpriority amount	\$0.00
Total claim									
\$38.05									
Priority amount									
\$38.05									
Nonpriority amount									
\$0.00									
2.2986. Priority creditor's name and mailing address HOFFMANN, LACEY M 1506 S INTERSTATE 35 APT 4911 SAN MARCOS TX 78666 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$455.40</td> </tr> </table>	Total claim	\$455.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$455.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$455.40	Nonpriority amount	\$0.00
Total claim									
\$455.40									
Priority amount									
\$455.40									
Nonpriority amount									
\$0.00									
2.2987. Priority creditor's name and mailing address HOFFMANN, RIVER T 191 GREENS ST VERGENNES VT 05491 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$242.87</td> </tr> </table>	Total claim	\$242.87	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$242.87</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$242.87	Nonpriority amount	\$0.00
Total claim									
\$242.87									
Priority amount									
\$242.87									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2988. Priority creditor's name and mailing address HOFFNER, MORGAN 3806 TREYBURN AVE NW MASSILLON OH 44646 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$78.66	Priority amount \$78.66 Nonpriority amount \$0.00
2.2989. Priority creditor's name and mailing address HOGAN, AUBREE 1 WINDSOR DR ORMOND BEACH FL 32174 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$394.96	Priority amount \$394.96 Nonpriority amount \$0.00
2.2990. Priority creditor's name and mailing address HOGGARD, MONIQUE R 5453 WHITFIELD CHAPEL RD LANHAM MD 20706 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,706.52	Priority amount \$1,706.52 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2991. Priority creditor's name and mailing address HOLGUIN, VIVIANA 1840 CROMPOND RD APT. 7C5 PEEKSKILL NY 10566-7405 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$5,660.32	Priority amount \$5,660.32 Nonpriority amount \$0.00
2.2992. Priority creditor's name and mailing address HOLLAND, JASMINE T 700 TRANSMITTER RD LOT 34 PANAMA CITY FL 32401-5393 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,333.80	Priority amount \$1,333.80 Nonpriority amount \$0.00
2.2993. Priority creditor's name and mailing address HOLLAND, MAKAYLA I 1700 MANATUCK BLVD BAYSHORE NY 11706 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$132.48	Priority amount \$132.48 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2994. Priority creditor's name and mailing address HOLLINS, KYLAH S 7722 WYCKFORD CT INDIANAPOLIS IN 46214 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$65.36</td> </tr> </table>	Total claim	\$65.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$65.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$65.36	Nonpriority amount	\$0.00
Total claim									
\$65.36									
Priority amount									
\$65.36									
Nonpriority amount									
\$0.00									
2.2995. Priority creditor's name and mailing address HOLLOWAY, DESHONA D 3541 PORTSMOUTH CIR LITHONIA GA 30038 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$58.87</td> </tr> </table>	Total claim	\$58.87	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$58.87</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$58.87	Nonpriority amount	\$0.00
Total claim									
\$58.87									
Priority amount									
\$58.87									
Nonpriority amount									
\$0.00									
2.2996. Priority creditor's name and mailing address HOLLOWELL, ADRIANNA 5105 HILL TERRACE PADUCAH KY 42001 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$205.29</td> </tr> </table>	Total claim	\$205.29	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$205.29</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$205.29	Nonpriority amount	\$0.00
Total claim									
\$205.29									
Priority amount									
\$205.29									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.2997. Priority creditor's name and mailing address HOLMES, CANDICE D 51 MATTHEWS AVE WEST BABYLON NY 11704-2307 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,641.01	Priority amount \$1,641.01 Nonpriority amount \$0.00
2.2998. Priority creditor's name and mailing address HOLMES, DESTINE T 931 PARAISO AVE SPRING VALLEY CA 91977 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$112.44	Priority amount \$112.44 Nonpriority amount \$0.00
2.2999. Priority creditor's name and mailing address HOLMES, DIAJANAE 5719 SUMMER SHINE DR MADISON WI 53718 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$68.87	Priority amount \$68.87 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3000. Priority creditor's name and mailing address HOLMES, ELISIA M 1462 MERIDEN RD UNIT 14 WATERBURY CT 06705 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$253.67</td> </tr> </table>	Total claim	\$253.67	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$253.67</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$253.67	Nonpriority amount	\$0.00
Total claim									
\$253.67									
Priority amount									
\$253.67									
Nonpriority amount									
\$0.00									
2.3001. Priority creditor's name and mailing address HOLMES, EMMA A 228 N MASSACHUSETTS AVE ATLANTIC CITY NJ 08401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$550.38</td> </tr> </table>	Total claim	\$550.38	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$550.38</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$550.38	Nonpriority amount	\$0.00
Total claim									
\$550.38									
Priority amount									
\$550.38									
Nonpriority amount									
\$0.00									
2.3002. Priority creditor's name and mailing address HOLMES, MARYLEW Q 1305 FLORIDA LN NAMPA ID 83686 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$34.08</td> </tr> </table>	Total claim	\$34.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$34.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$34.08	Nonpriority amount	\$0.00
Total claim									
\$34.08									
Priority amount									
\$34.08									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3003. Priority creditor's name and mailing address HOLMES, MONIQUE J 119 20 226TH ST CAMBRIA HEIGHTS NY 11411 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$203.04	Priority amount \$203.04 Nonpriority amount \$0.00
2.3004. Priority creditor's name and mailing address HOLMES, RACHAEL 15350 BLACKSMITH TERRACE WOODBRIDGE VA 22191 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$379.89	Priority amount \$379.89 Nonpriority amount \$0.00
2.3005. Priority creditor's name and mailing address HOLMES, ROXANNA R 1064 CAMINO DEL SOL CHULA VISTA CA 91910 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$7,251.82	Priority amount \$7,251.82 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3006. Priority creditor's name and mailing address HOLSTICK, SIERRA 1124 RIVER HAVEN CIRCLE HOOVER AL 35244 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$543.17	Priority amount \$543.17 Nonpriority amount \$0.00
2.3007. Priority creditor's name and mailing address HOLT, DARIA B 21450 E 48PL DENVER CO 80249 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$320.00	Priority amount \$320.00 Nonpriority amount \$0.00
2.3008. Priority creditor's name and mailing address HONDOLERO, CAMERON M 33505 39TH AVE S FEDERAL WAY WA 98001 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$329.88	Priority amount \$329.88 Nonpriority amount \$0.00

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2.3009.	Priority creditor's name and mailing address HOOD, DEJA N 6692 KALINOWSKI ST TARAWA TERRACE NC 28543 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$105.13</td></tr></table>	Total claim	\$105.13	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$105.13</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$105.13	Nonpriority amount	\$0.00
Total claim										
\$105.13										
Priority amount										
\$105.13										
Nonpriority amount										
\$0.00										
2.3010.	Priority creditor's name and mailing address HOOD, KATLIN H 1113 ABRAMS RD. APT 259 RICHARDSON TX 75081 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$166.81</td></tr></table>	Total claim	\$166.81	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$166.81</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$166.81	Nonpriority amount	\$0.00
Total claim										
\$166.81										
Priority amount										
\$166.81										
Nonpriority amount										
\$0.00										
2.3011.	Priority creditor's name and mailing address HOOD, KAYLEE E 12174 HIGHWAY V MOUNT VERNON MO 65712 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$157.12</td></tr></table>	Total claim	\$157.12	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$157.12</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$157.12	Nonpriority amount	\$0.00
Total claim										
\$157.12										
Priority amount										
\$157.12										
Nonpriority amount										
\$0.00										

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2.3012. Priority creditor's name and mailing address HOOD, KELSEY M 235 ISLAND AVE RACINE WI 53405 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,312.35</td> </tr> </table>	Total claim	\$1,312.35	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,312.35</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,312.35	Nonpriority amount	\$0.00
Total claim									
\$1,312.35									
Priority amount									
\$1,312.35									
Nonpriority amount									
\$0.00									
2.3013. Priority creditor's name and mailing address HOOD, SHANIA N 2910 N 5 STREET TERRE HAUTE IN 47804 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$103.68</td> </tr> </table>	Total claim	\$103.68	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$103.68</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$103.68	Nonpriority amount	\$0.00
Total claim									
\$103.68									
Priority amount									
\$103.68									
Nonpriority amount									
\$0.00									
2.3014. Priority creditor's name and mailing address HOOGLAND, COURTNEY J 4416 NICOLLET WAY SIOUX CITY IA 51106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$57.84</td> </tr> </table>	Total claim	\$57.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$57.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$57.84	Nonpriority amount	\$0.00
Total claim									
\$57.84									
Priority amount									
\$57.84									
Nonpriority amount									
\$0.00									

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2.3015. Priority creditor's name and mailing address HOOKER, ABBY R 200 W WILLOW UNIT 93 NORMAL IL 61761 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$32.84</td> </tr> </table>	Total claim	\$32.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$32.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$32.84	Nonpriority amount	\$0.00
Total claim									
\$32.84									
Priority amount									
\$32.84									
Nonpriority amount									
\$0.00									
2.3016. Priority creditor's name and mailing address HOOKER, COURTNEY P 2221 NW 194TH TER EDMOND OK 73012 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$61.81</td> </tr> </table>	Total claim	\$61.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$61.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$61.81	Nonpriority amount	\$0.00
Total claim									
\$61.81									
Priority amount									
\$61.81									
Nonpriority amount									
\$0.00									
2.3017. Priority creditor's name and mailing address HOOKER, PRISCILLA I 41 JAMES ST ANSONIA CT 06401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$96.50</td> </tr> </table>	Total claim	\$96.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$96.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$96.50	Nonpriority amount	\$0.00
Total claim									
\$96.50									
Priority amount									
\$96.50									
Nonpriority amount									
\$0.00									

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2.3018. Priority creditor's name and mailing address HOOPERT, JENNIFER M 121 HENLEY LN MOUNTVILLE PA 17554 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$4,348.84	Priority amount \$4,348.84 Nonpriority amount \$0.00
2.3019. Priority creditor's name and mailing address HOOVER, ALICEN 2767 BUCHANAN TRAIL WEST GREENCASTLE PA 17225 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$689.65	Priority amount \$689.65 Nonpriority amount \$0.00
2.3020. Priority creditor's name and mailing address HOOVER, AVERY R 24 WINDSONG TRAIL MERCER PA 16137 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$78.32	Priority amount \$78.32 Nonpriority amount \$0.00

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2.3021. Priority creditor's name and mailing address HOPKINS, ANA 773 REAS FORD ROAD EARLYSVILLE VA 22936 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,065.83	Priority amount \$1,065.83 Nonpriority amount \$0.00
2.3022. Priority creditor's name and mailing address HOPKINS, CASSANDRA N 602 E 8TH AVE APT 9 EUGENE OR 97401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$630.11	Priority amount \$630.11 Nonpriority amount \$0.00
2.3023. Priority creditor's name and mailing address HOPKINS, HANNAH 3706 URIAH ST NORTH PORT FL 34288 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$115.91	Priority amount \$115.91 Nonpriority amount \$0.00

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2.3024. Priority creditor's name and mailing address HOPKINS, JESSICA 8160 VETERANS PARKWAY APT 924 COLUMBUS GA 31909 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,501.97</td> </tr> </table>	Total claim	\$3,501.97	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,501.97</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,501.97	Nonpriority amount	\$0.00
Total claim									
\$3,501.97									
Priority amount									
\$3,501.97									
Nonpriority amount									
\$0.00									
2.3025. Priority creditor's name and mailing address HOPKINS, MKAYAH 2930 MADEIRA CT WOODBRIDGE VA 22192 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$81.96</td> </tr> </table>	Total claim	\$81.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$81.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$81.96	Nonpriority amount	\$0.00
Total claim									
\$81.96									
Priority amount									
\$81.96									
Nonpriority amount									
\$0.00									
2.3026. Priority creditor's name and mailing address HOPKINS, NIA A 3212 CLEARVIEW DR. MARIATTA GA 30060 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$65.59</td> </tr> </table>	Total claim	\$65.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$65.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$65.59	Nonpriority amount	\$0.00
Total claim									
\$65.59									
Priority amount									
\$65.59									
Nonpriority amount									
\$0.00									

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2.3027. Priority creditor's name and mailing address HOPKINS, NICOLE M 85 ONISKA ST WARWICK RI 02889 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$99.96	Priority amount \$99.96 Nonpriority amount \$0.00
2.3028. Priority creditor's name and mailing address HOPKINS, SARENA L 85 ONISKA STREET WARWICK RI 02889 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$153.31	Priority amount \$153.31 Nonpriority amount \$0.00
2.3029. Priority creditor's name and mailing address HOPP, TIARA 903 N 1ST ST NORFOLK NE 68701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$54.40	Priority amount \$54.40 Nonpriority amount \$0.00

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2.3030. Priority creditor's name and mailing address HOPPER, KALEIGH G 477 CHAREST RD. SOMERVILLE AL 35670 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$665.80	Priority amount \$665.80 Nonpriority amount \$0.00
2.3031. Priority creditor's name and mailing address HOPSON, GLORIA 403 HOLLYWOOD AVE HAMPTON VA 23661 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$228.24	Priority amount \$228.24 Nonpriority amount \$0.00
2.3032. Priority creditor's name and mailing address HORACE, CIERA S 2049 BARNSBORO ROAD ELDORADO 5 BLACKWOOD NJ 08012 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$34.96	Priority amount \$34.96 Nonpriority amount \$0.00

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2.3033. Priority creditor's name and mailing address HORN, CAITLYNN V 17116 CRANSTON DRIVE ROUND ROCK TX 78664 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$181.92	Priority amount \$181.92 Nonpriority amount \$0.00
2.3034. Priority creditor's name and mailing address HORN, JODIE L 14174 CHICARITA CREEK ROAD SAN DIEGO CA 92128 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,393.00	Priority amount \$2,393.00 Nonpriority amount \$0.00
2.3035. Priority creditor's name and mailing address HORN, MORGAN R 6090 SPIRES DR. ERIE PA 16509 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$125.93	Priority amount \$125.93 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3036. Priority creditor's name and mailing address HORNE, DENZELL 1700 RICHWOOD RD 2 MONROE LA 71202 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$44.22	Priority amount \$44.22 Nonpriority amount \$0.00
2.3037. Priority creditor's name and mailing address HORNE, NYESHA 78 GLENDALE AVE ALBANY NY 12208 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$319.02	Priority amount \$319.02 Nonpriority amount \$0.00
2.3038. Priority creditor's name and mailing address HORROCKS, MAKAYLA M 30 N CHARDONNAY STREET RENO NV 89512 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$239.83	Priority amount \$239.83 Nonpriority amount \$0.00

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2.3039. Priority creditor's name and mailing address HORROX, ALLYSON M 110 FAIRHILL RD SPRINGFIELD PA 19070 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1.23</td> </tr> </table>	Total claim	\$1.23	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1.23</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1.23	Nonpriority amount	\$0.00
Total claim									
\$1.23									
Priority amount									
\$1.23									
Nonpriority amount									
\$0.00									
2.3040. Priority creditor's name and mailing address HORSFORD, AMELIA 1586 WOOD SAGE TERRACE WALWORTH NY 14568 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$99.35</td> </tr> </table>	Total claim	\$99.35	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$99.35</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$99.35	Nonpriority amount	\$0.00
Total claim									
\$99.35									
Priority amount									
\$99.35									
Nonpriority amount									
\$0.00									
2.3041. Priority creditor's name and mailing address HORTON, LAKEISHA 4821-204 CLARK LANE COLUMBIA MO 65202 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,415.41</td> </tr> </table>	Total claim	\$2,415.41	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,415.41</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,415.41	Nonpriority amount	\$0.00
Total claim									
\$2,415.41									
Priority amount									
\$2,415.41									
Nonpriority amount									
\$0.00									

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2.3042. Priority creditor's name and mailing address HOSCH, BAILEY 103 CELESTE CIRCLE SLIDELL LA 70458 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$62.62</td> </tr> </table>	Total claim	\$62.62	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$62.62</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$62.62	Nonpriority amount	\$0.00
Total claim									
\$62.62									
Priority amount									
\$62.62									
Nonpriority amount									
\$0.00									
2.3043. Priority creditor's name and mailing address HOUCHIN, ELIZABETH 3006 LINCOLNDALE AVENUE FORT WAYNE IN 46808 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$194.56</td> </tr> </table>	Total claim	\$194.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$194.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$194.56	Nonpriority amount	\$0.00
Total claim									
\$194.56									
Priority amount									
\$194.56									
Nonpriority amount									
\$0.00									
2.3044. Priority creditor's name and mailing address HOULIHAN, JORDAN 4552 LON COURT DIAMOND SPRINGS CA 95619 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$193.80</td> </tr> </table>	Total claim	\$193.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$193.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$193.80	Nonpriority amount	\$0.00
Total claim									
\$193.80									
Priority amount									
\$193.80									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3045. Priority creditor's name and mailing address HOUSER, KAYLEN E 6063 SPANIEL COURT SALISBURY MD 21801 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$93.13</td> </tr> </table>	Total claim	\$93.13	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$93.13</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$93.13	Nonpriority amount	\$0.00
Total claim									
\$93.13									
Priority amount									
\$93.13									
Nonpriority amount									
\$0.00									
2.3046. Priority creditor's name and mailing address HOUSSEAL, BRITNEY N 915 EAST PRINCESS STREET YORK PA 17403 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$225.54</td> </tr> </table>	Total claim	\$225.54	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$225.54</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$225.54	Nonpriority amount	\$0.00
Total claim									
\$225.54									
Priority amount									
\$225.54									
Nonpriority amount									
\$0.00									
2.3047. Priority creditor's name and mailing address HOUSTON, CHAVALUGHN A 3647 OLEANDER CHICAGO IL 60634 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,922.87</td> </tr> </table>	Total claim	\$1,922.87	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,922.87</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,922.87	Nonpriority amount	\$0.00
Total claim									
\$1,922.87									
Priority amount									
\$1,922.87									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3048. Priority creditor's name and mailing address HOUSTON, DAJANIA H 8324 BAUMGARTEN DR. DALLAS TX 75228 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$227.40	Priority amount \$227.40 Nonpriority amount \$0.00
2.3049. Priority creditor's name and mailing address HOUSTON, JASMINE 3105 VARCROFT RD KNIGHTDALE NC 27545 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$175.60	Priority amount \$175.60 Nonpriority amount \$0.00
2.3050. Priority creditor's name and mailing address HOVDE, RACHEL 423 S LINN SIOUX CITY IA 51106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,031.97	Priority amount \$1,031.97 Nonpriority amount \$0.00

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2.3051. Priority creditor's name and mailing address HOVSEPIAN, MARY R 7101 MATILJA AVE VAN NUYS CA 91405-3334 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$6,751.19	Priority amount \$6,751.19 Nonpriority amount \$0.00
2.3052. Priority creditor's name and mailing address HOWARD, EMILY 2840 DANDELION CIRCLE ANTIOCH CA 94531 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$27.84	Priority amount \$27.84 Nonpriority amount \$0.00
2.3053. Priority creditor's name and mailing address HOWARD, GEORGIA L 8758 EDGERIDGE DR WEST CHESTER OH 45069 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$603.20	Priority amount \$603.20 Nonpriority amount \$0.00

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2.3054. Priority creditor's name and mailing address HOWARD, HEAVEN 4515 TALLMEADOW LN FORT WORTH TX 76133 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$141.52	Priority amount \$141.52 Nonpriority amount \$0.00
2.3055. Priority creditor's name and mailing address HOWARD, MYCHEL J 4808 ASPEN DR KILLEEN TX 76542 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$124.95	Priority amount \$124.95 Nonpriority amount \$0.00
2.3056. Priority creditor's name and mailing address HOWARD, SABRINA M 11354 VIA RANCHO SAN DIEGO UNI EL CAJON CA 92019 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$635.72	Priority amount \$635.72 Nonpriority amount \$0.00

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2.3057. Priority creditor's name and mailing address HOWARD, STORY L 7101 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32809 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$619.51	Priority amount \$619.51 Nonpriority amount \$0.00
2.3058. Priority creditor's name and mailing address HOWE, KARMA 5829 GREENWAY VISTA LANE CHARLOTTE NC 28216 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$58.80	Priority amount \$58.80 Nonpriority amount \$0.00
2.3059. Priority creditor's name and mailing address HOWE, ZIARRE 90 CONKLIN AVE BINGHAMTON NY 13903 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$225.12	Priority amount \$225.12 Nonpriority amount \$0.00

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2.3060. Priority creditor's name and mailing address HOWELL TOWNSHIP 3525 BYRON ROAD HOWELL MI 48855 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$318.47	Priority amount \$318.47 Nonpriority amount \$0.00
2.3061. Priority creditor's name and mailing address HOWELL, KENDALL 500 INMAN ST UNIT 31 DENTON TX 76205 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$127.67	Priority amount \$127.67 Nonpriority amount \$0.00
2.3062. Priority creditor's name and mailing address HOWELL, REBECCA L 399 SHADY LANE HAZELGREEN AL 35750 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$29.94	Priority amount \$29.94 Nonpriority amount \$0.00

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2.3063. Priority creditor's name and mailing address HOWES, ABIGAIL C 9321 AMSDEN WAY EDEN PRAIRIE MN 55347 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$339.87	Priority amount \$339.87 Nonpriority amount \$0.00
2.3064. Priority creditor's name and mailing address HOYER, MEGHAN L 2638 FOXWOOD RD S ORANGE PARK FL 32073 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$212.19	Priority amount \$212.19 Nonpriority amount \$0.00
2.3065. Priority creditor's name and mailing address HOYT, HAILEY B 4238 TAYLOR HARBOR WEST 6 RACINE WI 53403 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$16.89	Priority amount \$16.89 Nonpriority amount \$0.00

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2.3066.	Priority creditor's name and mailing address HUBBARD, KIYOMI 2224 GRADISON DR. INDIANAPOLIS IN 46214 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$607.90</td> </tr> </table>	Total claim	\$607.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$607.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$607.90	Nonpriority amount	\$0.00
Total claim										
\$607.90										
Priority amount										
\$607.90										
Nonpriority amount										
\$0.00										
2.3067.	Priority creditor's name and mailing address HUBBARD, RAQUEL 8575 APPLEHORN LANE INDIANAPOLIS IN 46256 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$162.00</td> </tr> </table>	Total claim	\$162.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$162.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$162.00	Nonpriority amount	\$0.00
Total claim										
\$162.00										
Priority amount										
\$162.00										
Nonpriority amount										
\$0.00										
2.3068.	Priority creditor's name and mailing address HUBER, KATLYN N 337 S BLUFF RD MONTEBELLO CA 90640 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$222.12</td> </tr> </table>	Total claim	\$222.12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$222.12</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$222.12	Nonpriority amount	\$0.00
Total claim										
\$222.12										
Priority amount										
\$222.12										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3069. Priority creditor's name and mailing address HUBNER, ASHLEY 6731 CHERRY ROAD Ocala FL 34472 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$105.49</td> </tr> </table>	Total claim	\$105.49	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$105.49</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$105.49	Nonpriority amount	\$0.00
Total claim									
\$105.49									
Priority amount									
\$105.49									
Nonpriority amount									
\$0.00									
2.3070. Priority creditor's name and mailing address HUDSON, ASHLEY M 17187 N 51ST DRIVE GLENDALE AZ 85308 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,091.00</td> </tr> </table>	Total claim	\$3,091.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,091.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,091.00	Nonpriority amount	\$0.00
Total claim									
\$3,091.00									
Priority amount									
\$3,091.00									
Nonpriority amount									
\$0.00									
2.3071. Priority creditor's name and mailing address HUDSON, CAYLAH L 1100 HARGROVE RD E 1728 TUSCALOOSA AL 35405 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$112.46</td> </tr> </table>	Total claim	\$112.46	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$112.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$112.46	Nonpriority amount	\$0.00
Total claim									
\$112.46									
Priority amount									
\$112.46									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3072. Priority creditor's name and mailing address HUDSON, JUSTICE X 735 GREEN VALLEY DRIVE SAINT ALBANS WV 25177 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$447.96</td> </tr> </table>	Total claim	\$447.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$447.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$447.96	Nonpriority amount	\$0.00
Total claim									
\$447.96									
Priority amount									
\$447.96									
Nonpriority amount									
\$0.00									
2.3073. Priority creditor's name and mailing address HUECA, SHARIE L 38 BELLA VISTA AVENUE 53 SECOND AVE GLEN COVE NY 11542 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$48.00</td> </tr> </table>	Total claim	\$48.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$48.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$48.00	Nonpriority amount	\$0.00
Total claim									
\$48.00									
Priority amount									
\$48.00									
Nonpriority amount									
\$0.00									
2.3074. Priority creditor's name and mailing address HUERTA, DAYANA 1903 S 61 CT CICERO IL 60804 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$289.80</td> </tr> </table>	Total claim	\$289.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$289.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$289.80	Nonpriority amount	\$0.00
Total claim									
\$289.80									
Priority amount									
\$289.80									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3075. Priority creditor's name and mailing address HUERTA, JOSE G 10990 SARDINIA SANDS DR LAS VEGAS NV 89141 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$7,672.98	Priority amount \$7,672.98 Nonpriority amount \$0.00
2.3076. Priority creditor's name and mailing address HUERTA, JULIA 1321 LAUREL TREE LN 140 CARLSBAD CA 92011 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$126.60	Priority amount \$126.60 Nonpriority amount \$0.00
2.3077. Priority creditor's name and mailing address HUERTA, PARRA DENISSE 24521 W NORELIUS AVE ROUND LAKE IL 60073-1455 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,081.51	Priority amount \$3,081.51 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3078. Priority creditor's name and mailing address HUERTA, ROCIO 20615 CANTLAY ST WINNETKA CA 91306 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$168.53	Priority amount \$168.53 Nonpriority amount \$0.00
2.3079. Priority creditor's name and mailing address HUERTA, YARILED G 6701 EAST COUNTY ROAD 96 MIDLAND TX 79706 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$463.00	Priority amount \$463.00 Nonpriority amount \$0.00
2.3080. Priority creditor's name and mailing address HUETT, ZOE A 5939 NINA COURT RIVERSIDE CA 92509 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$303.48	Priority amount \$303.48 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3081. Priority creditor's name and mailing address HUEY, ALEXANDRA M 3724 GROOMETOWN ROAD APT H GREENSBORO NC 27407 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$27.71</td> </tr> </table>	Total claim	\$27.71	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$27.71</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$27.71	Nonpriority amount	\$0.00
Total claim									
\$27.71									
Priority amount									
\$27.71									
Nonpriority amount									
\$0.00									
2.3082. Priority creditor's name and mailing address HUFF, MARGIE K 6522 CEDAR CHASE WAY TALLAHASSEE FL 32311-3508 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$4,332.90</td> </tr> </table>	Total claim	\$4,332.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$4,332.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$4,332.90	Nonpriority amount	\$0.00
Total claim									
\$4,332.90									
Priority amount									
\$4,332.90									
Nonpriority amount									
\$0.00									
2.3083. Priority creditor's name and mailing address HUFFMAN, JORDAN B 617 SHOWALTER ROAD YORKTOWN VA 23692 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$94.30</td> </tr> </table>	Total claim	\$94.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$94.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$94.30	Nonpriority amount	\$0.00
Total claim									
\$94.30									
Priority amount									
\$94.30									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3084. Priority creditor's name and mailing address HUFFORD, AMBER M 707 3RD AVENUE ALTOONA PA 16602 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$136.15	Priority amount \$136.15 Nonpriority amount \$0.00
2.3085. Priority creditor's name and mailing address HUFNAGEL, MEGAN E 2070 N SPRIGG ST APT 5216 CAPE GIRARDEAU MO 63701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$138.89	Priority amount \$138.89 Nonpriority amount \$0.00
2.3086. Priority creditor's name and mailing address HUGGINS, ANGELEAH M 6401 NORTH SAINT NICHOLAS CIRC #13 FLAGSTAFF AZ 86004 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,358.72	Priority amount \$1,358.72 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3087. Priority creditor's name and mailing address HUGGINS, SARAH L 9123 EMMAUS TRAIL SAN ANTONIO TX 78252 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$569.36	Priority amount \$569.36 Nonpriority amount \$0.00
2.3088. Priority creditor's name and mailing address HUGHES, BRIANNA E 323 CLOVER BROOK DR LOCUST GROVE GA 30248 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$62.48	Priority amount \$62.48 Nonpriority amount \$0.00
2.3089. Priority creditor's name and mailing address HUGHES, DEMTRIA N 3125 ILGER 201 TOLEDO OH 43606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$30.10	Priority amount \$30.10 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3090.	Priority creditor's name and mailing address HUGHES, DIASHA T 911 W VIRGINIA AVE BESSEMER NC 28016 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$196.76</td> </tr> </table>	Total claim	\$196.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$196.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$196.76	Nonpriority amount	\$0.00
Total claim										
\$196.76										
Priority amount										
\$196.76										
Nonpriority amount										
\$0.00										
2.3091.	Priority creditor's name and mailing address HUGHES, MAKAYLA S 113 GRANGE STREET ROCKY MOUNT NC 27804 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$339.80</td> </tr> </table>	Total claim	\$339.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$339.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$339.80	Nonpriority amount	\$0.00
Total claim										
\$339.80										
Priority amount										
\$339.80										
Nonpriority amount										
\$0.00										
2.3092.	Priority creditor's name and mailing address HUGHES, NI'KIMA N 1609 FOSTER DRIVE BELLEVILLE IL 62226 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$215.49</td> </tr> </table>	Total claim	\$215.49	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$215.49</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$215.49	Nonpriority amount	\$0.00
Total claim										
\$215.49										
Priority amount										
\$215.49										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3093. Priority creditor's name and mailing address HUGHLEY, KIARA J 168 CEDAR AVE ORANGE CITY FL 32763 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$400.50	Priority amount \$400.50 Nonpriority amount \$0.00
2.3094. Priority creditor's name and mailing address HUJAR, MONTGOMERY 87 N PORTAGE PATH AKRON OH 44303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$34.63	Priority amount \$34.63 Nonpriority amount \$0.00
2.3095. Priority creditor's name and mailing address HULTIN, ANNIKA K 3925 CAMPERDOWN DR LANSING MI 48911 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$64.94	Priority amount \$64.94 Nonpriority amount \$0.00

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2.3096. Priority creditor's name and mailing address HULTZMAN, CRISTINA M 165 ROBIN HOLLOW RD WEST GREENWICH RI 02817-2139 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$234.68	Priority amount \$234.68 Nonpriority amount \$0.00
2.3097. Priority creditor's name and mailing address HUMPHREY, AJAYLAH 318 SANDERS RD BUFFALO NY 14216 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$132.09	Priority amount \$132.09 Nonpriority amount \$0.00
2.3098. Priority creditor's name and mailing address HUMPHREY, ERICA D 5718 COPPER CREEK CT. APARTMENT 01 CHARLOTTE NC 28227 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,084.17	Priority amount \$1,084.17 Nonpriority amount \$0.00

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2.3099. Priority creditor's name and mailing address HUMPHREY, JENNIFER L 510 E. ATHERTON RD. FLINT MI 48507 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$645.75	Priority amount \$645.75 Nonpriority amount \$0.00
2.3100. Priority creditor's name and mailing address HUMPHREY, MARLENE D 9801 MADELINE CIRCLE BETHANY LA 71007 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$295.59	Priority amount \$295.59 Nonpriority amount \$0.00
2.3101. Priority creditor's name and mailing address HUMPHRIES, RACHAEL N 6628 BROOKHAVEN TRAIL FORT WORTH TX 76133 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$191.98	Priority amount \$191.98 Nonpriority amount \$0.00

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2.3102.	Priority creditor's name and mailing address HUNT, AURELIA T 29 WILSHIRE RD VERNON ROCKVILLE CT 06066 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$40.40</td> </tr> </table>	Total claim	\$40.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$40.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$40.40	Nonpriority amount	\$0.00
Total claim										
\$40.40										
Priority amount										
\$40.40										
Nonpriority amount										
\$0.00										
2.3103.	Priority creditor's name and mailing address HUNT, JYMELLA 83 BEARING CIRCLE PORT WENTWORTH GA 31407 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,898.10</td> </tr> </table>	Total claim	\$1,898.10	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,898.10</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,898.10	Nonpriority amount	\$0.00
Total claim										
\$1,898.10										
Priority amount										
\$1,898.10										
Nonpriority amount										
\$0.00										
2.3104.	Priority creditor's name and mailing address HUNT, MADELYN A 1955SW 5TH AVE 918 PORTLAND OR 97201 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$87.36</td> </tr> </table>	Total claim	\$87.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$87.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$87.36	Nonpriority amount	\$0.00
Total claim										
\$87.36										
Priority amount										
\$87.36										
Nonpriority amount										
\$0.00										

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2.3105. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
HUNT, NAVEANNA 1665 WESLEYAN DR APT 1106 MACON GA 31210		\$347.34	\$347.34
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		Nonpriority amount
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		\$0.00
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.3106. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
HUNT, PRISCILLA 122 ROMIE DR JACKSON TN 38305		\$1,284.64	\$1,284.64
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		Nonpriority amount
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		\$0.00
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.3107. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
HUNT, SEQUINA S 406 RIVERVIEW DR. SAVANNAH GA 31404		\$1,247.10	\$1,247.10
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		Nonpriority amount
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		\$0.00
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

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2.3108. Priority creditor's name and mailing address HUNT, TAYLOR 8856 ODEAN AVE NE OTSEGO MN 55330 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$188.73</td> </tr> </table>	Total claim	\$188.73	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$188.73</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$188.73	Nonpriority amount	\$0.00
Total claim									
\$188.73									
Priority amount									
\$188.73									
Nonpriority amount									
\$0.00									
2.3109. Priority creditor's name and mailing address HUNTER, DESIRAE M 1129 NORTH SHORE RD. APT. 2C REVERE MA 02151 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,211.37</td> </tr> </table>	Total claim	\$2,211.37	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,211.37</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,211.37	Nonpriority amount	\$0.00
Total claim									
\$2,211.37									
Priority amount									
\$2,211.37									
Nonpriority amount									
\$0.00									
2.3110. Priority creditor's name and mailing address HUNTER, LAKIYA M 1070 DICKNSON GRAND RAPIDS MI 49507 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$91.91</td> </tr> </table>	Total claim	\$91.91	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$91.91</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$91.91	Nonpriority amount	\$0.00
Total claim									
\$91.91									
Priority amount									
\$91.91									
Nonpriority amount									
\$0.00									

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2.3111. Priority creditor's name and mailing address HUNTRESS, JASMINE 55 RIDGE RD HALIFAX MA 02338 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$638.14	Priority amount \$638.14 Nonpriority amount \$0.00
2.3112. Priority creditor's name and mailing address HUOT, THUY N 616 10TH AVENUE SE APT # 203 MINNEAPOLIS MN 55414 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$568.78	Priority amount \$568.78 Nonpriority amount \$0.00
2.3113. Priority creditor's name and mailing address HUQUE, FAIZA 237 PARKVILLE AVENUE BROOKLYN NY 11230 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$390.00	Priority amount \$390.00 Nonpriority amount \$0.00

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2.3114. Priority creditor's name and mailing address HURLBURT, EMMA 12428 COTTRELL STREET TAMPA FL 33612 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$188.23	Priority amount \$188.23 Nonpriority amount \$0.00
2.3115. Priority creditor's name and mailing address HURLESS, JOANNA 1013 RUTLEDGE DR. BELLEVILLE IL 62221 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$489.79	Priority amount \$489.79 Nonpriority amount \$0.00
2.3116. Priority creditor's name and mailing address HURT, MAKIYHA 4517 BARRETTS TRACE BLVD TUSCALOOSA AL 35405 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$60.78	Priority amount \$60.78 Nonpriority amount \$0.00

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2.3117. Priority creditor's name and mailing address HURTADO, ABIGAIL N 125 LIKENS WAY WINCHESTER VA 22602 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$192.79	Priority amount \$192.79 Nonpriority amount \$0.00
2.3118. Priority creditor's name and mailing address HURTADO, CHRISTINA 1901 TUFFREE BLVD. PLACENTIA CA 92870 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$274.80	Priority amount \$274.80 Nonpriority amount \$0.00
2.3119. Priority creditor's name and mailing address HURTADO, LEIDI R 1220 MAY ST DENTON TX 76209-4689 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$513.15	Priority amount \$513.15 Nonpriority amount \$0.00

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2.3120. Priority creditor's name and mailing address HUSBANDS, CHRISTINA A 220 ROBAT ST PHILADELPHIA PA 19120 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$142.00	Priority amount \$142.00 Nonpriority amount \$0.00
2.3121. Priority creditor's name and mailing address HUSSAIN, ANEELA A 712 BONNIE RIDGE DR NE LEESBURG VA 20176-3616 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$133.65	Priority amount \$133.65 Nonpriority amount \$0.00
2.3122. Priority creditor's name and mailing address HUSSEIN, REINA 6265 RUSTIC HILLS ROCKLIN CA 95677 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$900.43	Priority amount \$900.43 Nonpriority amount \$0.00

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2.3123. Priority creditor's name and mailing address HUTCHINS, EMILY B 100 SPRING RUN DRIVE C2 WINSTON SALEM NC 27106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$214.74	Priority amount \$214.74 Nonpriority amount \$0.00
2.3124. Priority creditor's name and mailing address HUTCHINSON, JULIA R 536 ISLIP AVE ISLIP NY 11751 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$219.12	Priority amount \$219.12 Nonpriority amount \$0.00
2.3125. Priority creditor's name and mailing address HUTCHINSON, KAITLYN 2521 RIDGEWOOD AVE RACINE WI 53403-3749 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$505.84	Priority amount \$505.84 Nonpriority amount \$0.00

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2.3126. Priority creditor's name and mailing address HUTCHINSON, KELSEY 1060 CRIMSON LANE POTTSTOWN PA 19464 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$142.32	Priority amount \$142.32 Nonpriority amount \$0.00
2.3127. Priority creditor's name and mailing address HUTCHISON, ALYSSA T 53 GEORGETOWN BLVD BARNEGAT NJ 08005 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$155.76	Priority amount \$155.76 Nonpriority amount \$0.00
2.3128. Priority creditor's name and mailing address HUTSON, DEBRA 15161 AUKLET STREET PARKER CO 80134 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$126.65	Priority amount \$126.65 Nonpriority amount \$0.00

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2.3129. Priority creditor's name and mailing address HUTSON, LASHAUNDA 79 BOONTON ST DOVER NJ 07801-4646 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,385.62	Priority amount \$2,385.62 Nonpriority amount \$0.00
2.3130. Priority creditor's name and mailing address HUTTER, AMBER 15675 AVENIDA ALCACHOFA APT A SAN DIEGO CA 92128 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$203.04	Priority amount \$203.04 Nonpriority amount \$0.00
2.3131. Priority creditor's name and mailing address HUTTON, AKIRA C 5 IRON STREET LEDYARD CT 06339 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$385.36	Priority amount \$385.36 Nonpriority amount \$0.00

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2.3132. Priority creditor's name and mailing address HUYNH, CINDY 217 MCKINLEY RD CHERRY HILL NJ 08002 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$73.46</td> </tr> </table>	Total claim	\$73.46	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$73.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$73.46	Nonpriority amount	\$0.00
Total claim									
\$73.46									
Priority amount									
\$73.46									
Nonpriority amount									
\$0.00									
2.3133. Priority creditor's name and mailing address HUZJAK, PATRICIA J 15202 N. 40TH STREET APT 230 PHOENIX AZ 85032 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$178.75</td> </tr> </table>	Total claim	\$178.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$178.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$178.75	Nonpriority amount	\$0.00
Total claim									
\$178.75									
Priority amount									
\$178.75									
Nonpriority amount									
\$0.00									
2.3134. Priority creditor's name and mailing address HYLTON, LEMARA 23621 SW 108TH AVE HOMESTEAD FL 33032 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$402.37</td> </tr> </table>	Total claim	\$402.37	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$402.37</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$402.37	Nonpriority amount	\$0.00
Total claim									
\$402.37									
Priority amount									
\$402.37									
Nonpriority amount									
\$0.00									

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2.3135. Priority creditor's name and mailing address IBARRA, ANDREA G 4019 ROSS AVE SAN JOSE CA 95124 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$129.75</td> </tr> </table>	Total claim	\$129.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$129.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$129.75	Nonpriority amount	\$0.00
Total claim									
\$129.75									
Priority amount									
\$129.75									
Nonpriority amount									
\$0.00									
2.3136. Priority creditor's name and mailing address IBARRA, JAILENE 201 INMAN ST. APT # 8102 DENTON TX 76205 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$709.81</td> </tr> </table>	Total claim	\$709.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$709.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$709.81	Nonpriority amount	\$0.00
Total claim									
\$709.81									
Priority amount									
\$709.81									
Nonpriority amount									
\$0.00									
2.3137. Priority creditor's name and mailing address IBARRA, KARLA G 10700 E DARTMOUTH AVE S312 DENVER CO 80014 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$487.11</td> </tr> </table>	Total claim	\$487.11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$487.11</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$487.11	Nonpriority amount	\$0.00
Total claim									
\$487.11									
Priority amount									
\$487.11									
Nonpriority amount									
\$0.00									

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2.3138.	Priority creditor's name and mailing address IBARRA, MARYSOL J 1001 N MALLARD ST LAS VEGAS NV 89108 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$252.06	Priority amount \$252.06 Nonpriority amount \$0.00
2.3139.	Priority creditor's name and mailing address IBARRA, MELANIE R 2065 BLEAKWOOD AVENUE MONTEREY PARK CA 91754 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$221.52	Priority amount \$221.52 Nonpriority amount \$0.00
2.3140.	Priority creditor's name and mailing address IBARRA, STEPHANIE 1917 DOROTHY DR. GRAND PRAIRIE TX 75051 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$136.21	Priority amount \$136.21 Nonpriority amount \$0.00

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2.3141. Priority creditor's name and mailing address IGNACIO, ARCELI SANGIE J 2922 MCLAUGHLIN AVENUE SAN JOSE CA 95121 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$213.75	Priority amount \$213.75 Nonpriority amount \$0.00
2.3142. Priority creditor's name and mailing address IHTIJAREVIC, ALINA 349 FARRELL STREET 207 SOUTH BURLINGTON VT 05403 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$161.17	Priority amount \$161.17 Nonpriority amount \$0.00
2.3143. Priority creditor's name and mailing address ILARRAZA, ARIANA X 9409 CANTLEDR CHARLOTTE NC 28216 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$194.26	Priority amount \$194.26 Nonpriority amount \$0.00

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2.3144. Priority creditor's name and mailing address ILES, MARY J 409 CENTER ST ERLANGER KY 41018 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,271.10	Priority amount \$2,271.10 Nonpriority amount \$0.00
2.3145. Priority creditor's name and mailing address ILODIGWE, NEESHA O 650 RIVER RD 3204 SAN MARCOS TX 78666 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$21.60	Priority amount \$21.60 Nonpriority amount \$0.00
2.3146. Priority creditor's name and mailing address ILUND, KAYLA L 33 LUKE COURT STATEN ISLAND NY 10306 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$264.90	Priority amount \$264.90 Nonpriority amount \$0.00

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2.3147. Priority creditor's name and mailing address IMES, LE'TYYA 446 BEACON HILL CIR. NORFOLK VA 23502 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$152.35	Priority amount \$152.35 Nonpriority amount \$0.00
2.3148. Priority creditor's name and mailing address IMMORDINO, KATELYN M 542 CLYMER AVE MORRISVILLE PA 19067 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$35.50	Priority amount \$35.50 Nonpriority amount \$0.00
2.3149. Priority creditor's name and mailing address INABINET, ANITA M 749 ARCTIC ST APT. #5 BRIDGEPORT CT 06608 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,028.60	Priority amount \$3,028.60 Nonpriority amount \$0.00

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2.3150. Priority creditor's name and mailing address INFANTE, MARIA 209 A. ST SHELBYVILLE KY 40065 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$709.65	Priority amount \$709.65 Nonpriority amount \$0.00
2.3151. Priority creditor's name and mailing address INGRAM, ASHLEIGH S 15020 THELMA ST BILOXI MS 39532 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$31.38	Priority amount \$31.38 Nonpriority amount \$0.00
2.3152. Priority creditor's name and mailing address INGRAM, BRITTANY N 3109 MAGNOLIA DR RAYVILLE LA 71269 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,039.37	Priority amount \$1,039.37 Nonpriority amount \$0.00

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2.3153. Priority creditor's name and mailing address INGRAM, DOROTHY G 904 NE 109TH TER KANSAS CITY MO 64155 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$154.63	Priority amount \$154.63 Nonpriority amount \$0.00
2.3154. Priority creditor's name and mailing address INIGUEZ, VALERIA 44800 MILESTONE SQ 300 ASHBURN VA 20147 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$574.20	Priority amount \$574.20 Nonpriority amount \$0.00
2.3155. Priority creditor's name and mailing address INMAN, JAELYN 580 21ST STREET SPRINGFIELD OR 97477 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$130.40	Priority amount \$130.40 Nonpriority amount \$0.00

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2.3156. Priority creditor's name and mailing address INOUE, HAUNANI T 3282 KAIMUKI AVE. HONOLULU HI 96816 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$267.65	Priority amount \$267.65 Nonpriority amount \$0.00
2.3157. Priority creditor's name and mailing address INTRAVIA, JADE T 381 MAJESTIC DR HOLLISTER CA 95023-7032 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$79.20	Priority amount \$79.20 Nonpriority amount \$0.00
2.3158. Priority creditor's name and mailing address IRVING, NANCY 10617 FLAMEWOOD DR. FORT WORTH TX 76140 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,183.20	Priority amount \$1,183.20 Nonpriority amount \$0.00

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2.3159. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
ISAAC, IREON M 2308 WILTON ST. MARREOR LA 70072		\$100.78	\$100.78
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.3160. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
ISAAC, ROSA BB172 CALLE 41 RIO GRANDE PR 00745-2619		\$2,099.45	\$2,099.45
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.3161. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
ISALY, DANA 356 COLLEGE PARK COURT HUNTSVILLE AL 35805		\$1,916.20	\$1,916.20
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

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2.3162. Priority creditor's name and mailing address ISBRANDT, GRACE D 275 WEST CHURCH RD. EPHRATA PA 17522 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$76.07</td> </tr> </table>	Total claim	\$76.07	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$76.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$76.07	Nonpriority amount	\$0.00
Total claim									
\$76.07									
Priority amount									
\$76.07									
Nonpriority amount									
\$0.00									
2.3163. Priority creditor's name and mailing address ISHMELL, AVA J 817 MAURY AVE OXON HILL MD 20745 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$157.90</td> </tr> </table>	Total claim	\$157.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$157.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$157.90	Nonpriority amount	\$0.00
Total claim									
\$157.90									
Priority amount									
\$157.90									
Nonpriority amount									
\$0.00									
2.3164. Priority creditor's name and mailing address ISLAM, ADRIA 78-04 32ND AVENUE 2ND FLOOR EAST ELMHURST NY 11370 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$120.30</td> </tr> </table>	Total claim	\$120.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$120.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$120.30	Nonpriority amount	\$0.00
Total claim									
\$120.30									
Priority amount									
\$120.30									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3165. Priority creditor's name and mailing address ISLAS, ISABEL E 8943 LINDLEY AVENUE NORTH RIDGE CA 91325 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$193.72</td> </tr> </table>	Total claim	\$193.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$193.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$193.72	Nonpriority amount	\$0.00
Total claim									
\$193.72									
Priority amount									
\$193.72									
Nonpriority amount									
\$0.00									
2.3166. Priority creditor's name and mailing address ISOM, TYMERIA 1950 ELDRIDGE PARKWAY 4307 HOUSTON TX 77077 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$85.43</td> </tr> </table>	Total claim	\$85.43	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$85.43</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$85.43	Nonpriority amount	\$0.00
Total claim									
\$85.43									
Priority amount									
\$85.43									
Nonpriority amount									
\$0.00									
2.3167. Priority creditor's name and mailing address IVANOWSKI, CARLY 7 PENINSULA PLACE 603 DORCHESTER MA 02125 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$825.53</td> </tr> </table>	Total claim	\$825.53	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$825.53</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$825.53	Nonpriority amount	\$0.00
Total claim									
\$825.53									
Priority amount									
\$825.53									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3168. Priority creditor's name and mailing address IWANOWSKI, LAURA A 196 TEXAS AVE BAY SHORE NY 11706 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$504.00	Priority amount \$504.00 Nonpriority amount \$0.00
2.3169. Priority creditor's name and mailing address IXCOY-MARTINEZ, MAKATIE A 236 HILLCREST RIDGE CANTON GA 30115 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$240.86	Priority amount \$240.86 Nonpriority amount \$0.00
2.3170. Priority creditor's name and mailing address JABAR, HELEN 82 MAPLEVIEW RD UPPER CHEEKTOWAGA NY 14225 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$565.45	Priority amount \$565.45 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3171. Priority creditor's name and mailing address JABEROO, LAUREN 28222 WEXFORD WARREN MI 48092 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$182.23	Priority amount \$182.23 Nonpriority amount \$0.00
2.3172. Priority creditor's name and mailing address JACK SMITH LAMAR COUNTY TAX P.O. BOX 309 PURVIS MS 39475 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$3,520.65	Priority amount \$3,520.65 Nonpriority amount \$0.00
2.3173. Priority creditor's name and mailing address JACK, ANGELIQUE 620 MCKINLEY STREET P.O. BOX 4 LAFAYETTE LA 70503 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$177.14	Priority amount \$177.14 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3174. Priority creditor's name and mailing address JACKOWSKI, KRISTEN M 93 GREEN MEADOW LN WEST SPRINGFIELD MA 01089-4419 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$140.40	Priority amount \$140.40 Nonpriority amount \$0.00
2.3175. Priority creditor's name and mailing address JACKSON, AMANDA J 6212 GREEN MANOR DR LOUISVILLE KY 40228 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$640.42	Priority amount \$640.42 Nonpriority amount \$0.00
2.3176. Priority creditor's name and mailing address JACKSON, ANDREA 8214 SW 29TH STREET MIRAMAR FL 33025 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,397.54	Priority amount \$2,397.54 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3177. Priority creditor's name and mailing address JACKSON, ASHLEY C 15443 WILLOWWISP TRAIL CONROE TX 77302 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$96.48	Priority amount \$96.48 Nonpriority amount \$0.00
2.3178. Priority creditor's name and mailing address JACKSON, BRIANNA L 12263 KNIGHTS KROSSING CIRCLE UNIT# 9-107 ORLANDO FL 32817 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$496.33	Priority amount \$496.33 Nonpriority amount \$0.00
2.3179. Priority creditor's name and mailing address JACKSON, BRITTANIE PO BOX 561594 MIAMI FL 33256 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$78.48	Priority amount \$78.48 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3180.	Priority creditor's name and mailing address JACKSON, DAYTRA T 445 SUNRISE WAY SAN FRANCISCO CA 94134 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$120.30</td> </tr> </table>	Total claim	\$120.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$120.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$120.30	Nonpriority amount	\$0.00
Total claim										
\$120.30										
Priority amount										
\$120.30										
Nonpriority amount										
\$0.00										
2.3181.	Priority creditor's name and mailing address JACKSON, DOMINICK A 86 CAMDEN ST 1 BOSTON MA 02118 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$340.20</td> </tr> </table>	Total claim	\$340.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$340.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$340.20	Nonpriority amount	\$0.00
Total claim										
\$340.20										
Priority amount										
\$340.20										
Nonpriority amount										
\$0.00										
2.3182.	Priority creditor's name and mailing address JACKSON, ELANNA N 1022 NE 181ST AVE APT E5 1022 NE 181ST PORTLAND OR 97230 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$148.80</td> </tr> </table>	Total claim	\$148.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$148.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$148.80	Nonpriority amount	\$0.00
Total claim										
\$148.80										
Priority amount										
\$148.80										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3183. Priority creditor's name and mailing address JACKSON, GIOANNA 711 TRUMAN ST 3 LAKE WORTH FL 33460 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$411.39	Priority amount \$411.39 Nonpriority amount \$0.00
2.3184. Priority creditor's name and mailing address JACKSON, JAIYLN A 4752 DURHAM COURT DENVER CO 80239 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$76.04	Priority amount \$76.04 Nonpriority amount \$0.00
2.3185. Priority creditor's name and mailing address JACKSON, JALIYAH M 4 BENNINGTON ST DOVER DE 19904 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$71.75	Priority amount \$71.75 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3186. Priority creditor's name and mailing address JACKSON, JAMILAH L 2974 ELSPETH CT COLUMBUS OH 43231 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$198.10	Priority amount \$198.10 Nonpriority amount \$0.00
2.3187. Priority creditor's name and mailing address JACKSON, JASMINE G 425 AFTON POND APT 123 CHARLOTTESVILLE VA 22902 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,599.82	Priority amount \$3,599.82 Nonpriority amount \$0.00
2.3188. Priority creditor's name and mailing address JACKSON, JAYNA R 6201 GARDEN RD A2 MAUMEE OH 43537 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,477.17	Priority amount \$1,477.17 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3189. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
JACKSON, KATELYN M 123 W DAYTON YELLOW SPRINGS RD 21 FAIRBORN OH 45324	☐ Contingent	\$597.41	\$597.41
	☐ Unliquidated		Nonpriority amount
	☐ Disputed		\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ No ☐ Yes		

2.3190. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
JACKSON, KATHERINE 1804 PICADILLY CIRCLE CULPEPER VA 22701	☐ Contingent	\$95.37	\$95.37
	☐ Unliquidated		Nonpriority amount
	☐ Disputed		\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ No ☐ Yes		

2.3191. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
JACKSON, KEYANA J 76 LAWRENCE AVE 3 DORCHESTER MA 02121	☐ Contingent	\$945.52	\$945.52
	☐ Unliquidated		Nonpriority amount
	☐ Disputed		\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3192. Priority creditor's name and mailing address JACKSON, KIAH 3750 STONESBORO RD FORT WASHINGTON MD 20744 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$87.58	Priority amount \$87.58 Nonpriority amount \$0.00
2.3193. Priority creditor's name and mailing address JACKSON, KIM 6203 ADDISON PLACE POOLER GA 31322 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,660.62	Priority amount \$1,660.62 Nonpriority amount \$0.00
2.3194. Priority creditor's name and mailing address JACKSON, LAUREN R 1382 FOUNTAINHEAD DRIVE SAINT LOUIS MO 63138 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$18.75	Priority amount \$18.75 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3195. Priority creditor's name and mailing address JACKSON, LEIGH C 1905 HAWTHORNE CIR OAKDALE PA 15071 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$466.63</td> </tr> </table>	Total claim	\$466.63	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$466.63</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$466.63	Nonpriority amount	\$0.00
Total claim									
\$466.63									
Priority amount									
\$466.63									
Nonpriority amount									
\$0.00									
2.3196. Priority creditor's name and mailing address JACKSON, LONDON Z 17405 GETTYSBURG WAY LAKEVILLE MN 55044 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$137.35</td> </tr> </table>	Total claim	\$137.35	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$137.35</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$137.35	Nonpriority amount	\$0.00
Total claim									
\$137.35									
Priority amount									
\$137.35									
Nonpriority amount									
\$0.00									
2.3197. Priority creditor's name and mailing address JACKSON, LYRIC B 1123 NOBLE ST SE GRAND RAPIDS MI 49507 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$76.21</td> </tr> </table>	Total claim	\$76.21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$76.21</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$76.21	Nonpriority amount	\$0.00
Total claim									
\$76.21									
Priority amount									
\$76.21									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3198. Priority creditor's name and mailing address JACKSON, MACKENZIE B 1320 PRINCESS DR WINDER GA 30680 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$170.18	Priority amount \$170.18 Nonpriority amount \$0.00
2.3199. Priority creditor's name and mailing address JACKSON, MALANEY 81 LAKESHORE DRIVE APT.7 ASHEVILLE NC 28804 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,158.00	Priority amount \$1,158.00 Nonpriority amount \$0.00
2.3200. Priority creditor's name and mailing address JACKSON, MARIAH A 3037 CHICKAHOMINY RD TOANO VA 23168 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$169.04	Priority amount \$169.04 Nonpriority amount \$0.00

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2.3201. Priority creditor's name and mailing address JACKSON, MICHAELA A POBOX 22934 BEAUMONT TX 77720 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$17.26	Priority amount \$17.26 Nonpriority amount \$0.00
2.3202. Priority creditor's name and mailing address JACKSON, NIA J 1311 VIOLET LANE JACKSON NJ 08527 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$249.13	Priority amount \$249.13 Nonpriority amount \$0.00
2.3203. Priority creditor's name and mailing address JACKSON, SARAH 835 DONALDSON ST C HIGHLAND PARK NJ 08904 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$74.08	Priority amount \$74.08 Nonpriority amount \$0.00

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2.3204. Priority creditor's name and mailing address JACKSON, SASHA 24633 WIND FLOWER DR MORENO VALLEY CA 92557 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$262.56	Priority amount \$262.56 Nonpriority amount \$0.00
2.3205. Priority creditor's name and mailing address JACKSON, SHANICE L 6501 YALE ST. APT 812 WESTLAND MI 48185 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$595.35	Priority amount \$595.35 Nonpriority amount \$0.00
2.3206. Priority creditor's name and mailing address JACKSON, SHONTA D 2802 BECKON DRIVE EDGEWOOD MD 21040 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$4,391.21	Priority amount \$4,391.21 Nonpriority amount \$0.00

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2.3207. Priority creditor's name and mailing address JACKSON, TATIYANA 3009 CHESTERFIELD AVE BALTIMORE MD 21213 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$50.80</td> </tr> </table>	Total claim	\$50.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$50.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$50.80	Nonpriority amount	\$0.00
Total claim									
\$50.80									
Priority amount									
\$50.80									
Nonpriority amount									
\$0.00									
2.3208. Priority creditor's name and mailing address JACKSON, TEZHANA I 1000 MORRIS AVE BURCH HALL 606 UNION NJ 07083 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$136.02</td> </tr> </table>	Total claim	\$136.02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$136.02</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$136.02	Nonpriority amount	\$0.00
Total claim									
\$136.02									
Priority amount									
\$136.02									
Nonpriority amount									
\$0.00									
2.3209. Priority creditor's name and mailing address JACKSON, TIA 975 VIRGO DR FRANKLIN IN 46131 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$424.18</td> </tr> </table>	Total claim	\$424.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$424.18</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$424.18	Nonpriority amount	\$0.00
Total claim									
\$424.18									
Priority amount									
\$424.18									
Nonpriority amount									
\$0.00									

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2.3210. Priority creditor's name and mailing address JACKSON, TIONA M 135 CASTLE DR PITTSBURGH PA 15235 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$268.44</td> </tr> </table>	Total claim	\$268.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$268.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$268.44	Nonpriority amount	\$0.00
Total claim									
\$268.44									
Priority amount									
\$268.44									
Nonpriority amount									
\$0.00									
2.3211. Priority creditor's name and mailing address JACKSON, TOREANNA 4679 N 39TH ST MILWAUKEE WI 53209 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$69.83</td> </tr> </table>	Total claim	\$69.83	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$69.83</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$69.83	Nonpriority amount	\$0.00
Total claim									
\$69.83									
Priority amount									
\$69.83									
Nonpriority amount									
\$0.00									
2.3212. Priority creditor's name and mailing address JACKSON-DAVID, DEMETRICUS 10320 LAUNCH CIRCLE APT201 MANASSAS VA 20109 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$146.00</td> </tr> </table>	Total claim	\$146.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$146.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$146.00	Nonpriority amount	\$0.00
Total claim									
\$146.00									
Priority amount									
\$146.00									
Nonpriority amount									
\$0.00									

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2.3213. Priority creditor's name and mailing address JACOBS, COURTNEY 30 PINE ST STATEN ISLAND NY 10301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$365.81	Priority amount \$365.81 Nonpriority amount \$0.00
2.3214. Priority creditor's name and mailing address JACOBS, JAID 2428 DOGWOOD DR LITTLE ELM TX 75068 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$156.76	Priority amount \$156.76 Nonpriority amount \$0.00
2.3215. Priority creditor's name and mailing address JACOBS, KENDRA F 1216 SILVER OAK CIRCLE NORMAL IL 61761 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$33.58	Priority amount \$33.58 Nonpriority amount \$0.00

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2.3216. Priority creditor's name and mailing address JACOBS, TYME A 3218 VETERANS MEMORIAL PKWY APT 514 TUSCALOOSA AL 35404 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$557.70	Priority amount \$557.70 Nonpriority amount \$0.00
2.3217. Priority creditor's name and mailing address JACOBMEYER, NICOLE M 60 ALEXANDER RD. LONDONDERRY NH 03053 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,922.60	Priority amount \$1,922.60 Nonpriority amount \$0.00
2.3218. Priority creditor's name and mailing address JACQUES, SOPHIE A 1 FORD DRIVE SOUTH MASSAPEQUA NY 11758 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$318.60	Priority amount \$318.60 Nonpriority amount \$0.00

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2.3219. Priority creditor's name and mailing address JAIME, DAISHEA L 2601 N. KENTUCKY AVE. APT. 422 OKLAHOMA CITY OK 73106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$35.02	Priority amount \$35.02 Nonpriority amount \$0.00
2.3220. Priority creditor's name and mailing address JALONACK, JULIET K 1613 HARRISON AVE UTICA NY 13501 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$148.18	Priority amount \$148.18 Nonpriority amount \$0.00
2.3221. Priority creditor's name and mailing address JAMERSON, LETITIA M 1722 KINGS RD SHELBY NC 28150 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$232.99	Priority amount \$232.99 Nonpriority amount \$0.00

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2.3222. Priority creditor's name and mailing address JAMES, ALEXANDRA 8431 RUDNICK AVE. WEST HILLS CA 91304 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$181.79</td> </tr> </table>	Total claim	\$181.79	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$181.79</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$181.79	Nonpriority amount	\$0.00
Total claim									
\$181.79									
Priority amount									
\$181.79									
Nonpriority amount									
\$0.00									
2.3223. Priority creditor's name and mailing address JAMES, ANJELIKA T 3748 HUNTING CREEK RD MONTGOMERY AL 36116-5413 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$193.83</td> </tr> </table>	Total claim	\$193.83	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$193.83</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$193.83	Nonpriority amount	\$0.00
Total claim									
\$193.83									
Priority amount									
\$193.83									
Nonpriority amount									
\$0.00									
2.3224. Priority creditor's name and mailing address JAMES, CHRISTINA N 3333 DALE ROAD BENSLEM PA 19020 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$244.28</td> </tr> </table>	Total claim	\$244.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$244.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$244.28	Nonpriority amount	\$0.00
Total claim									
\$244.28									
Priority amount									
\$244.28									
Nonpriority amount									
\$0.00									

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2.3225. Priority creditor's name and mailing address JAMES, DESIREE A 2101 BALLARD RD WILLIAMSTON NC 27892 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$141.66	Priority amount \$141.66 Nonpriority amount \$0.00
2.3226. Priority creditor's name and mailing address JAMES, JASMINE A 7010 MASON RUN DRIVE RICHMOND VA 23234 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$149.43	Priority amount \$149.43 Nonpriority amount \$0.00
2.3227. Priority creditor's name and mailing address JAMES, MAKENA S 2856 CARNEGIE WAY SW MARIETTA GA 30064 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$193.31	Priority amount \$193.31 Nonpriority amount \$0.00

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2.3228. Priority creditor's name and mailing address JAMES, MELISSA A 214 IVY GLEN COURT WINSTON SALEM NC 27127 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$36.76	Priority amount \$36.76 Nonpriority amount \$0.00
2.3229. Priority creditor's name and mailing address JAMES, SHANOWYA S 8207 TUPELO TRAIL JONESBORO GA 30236 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,703.22	Priority amount \$3,703.22 Nonpriority amount \$0.00
2.3230. Priority creditor's name and mailing address JAMES, TALICIA 2727 S 117TH E AVE TULSA OK 74129 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,111.61	Priority amount \$3,111.61 Nonpriority amount \$0.00

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2.3231.	Priority creditor's name and mailing address JAMIESON, NICOLE 24 RIVER RD SUFFERN NY 10901 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$252.30</td> </tr> </table>	Total claim	\$252.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$252.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$252.30	Nonpriority amount	\$0.00
Total claim										
\$252.30										
Priority amount										
\$252.30										
Nonpriority amount										
\$0.00										
2.3232.	Priority creditor's name and mailing address JAMISON, DIONA R 3107 MARCUS DRIVE HARTSVILLE SC 29550 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$403.00</td> </tr> </table>	Total claim	\$403.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$403.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$403.00	Nonpriority amount	\$0.00
Total claim										
\$403.00										
Priority amount										
\$403.00										
Nonpriority amount										
\$0.00										
2.3233.	Priority creditor's name and mailing address JAMISON, FAITH 2116 COTTONTAIL DRIVE LEANDER TX 78641 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$85.99</td> </tr> </table>	Total claim	\$85.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$85.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$85.99	Nonpriority amount	\$0.00
Total claim										
\$85.99										
Priority amount										
\$85.99										
Nonpriority amount										
\$0.00										

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2.3234. Priority creditor's name and mailing address JANCZYS, CAITLIN 8781 HAVEN DR ROGERS AR 72756 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$36.26	Priority amount \$36.26 Nonpriority amount \$0.00
2.3235. Priority creditor's name and mailing address JANES, KATIA M 503 NORTH RAYMOND DRIVE MAHOMET IL 61853 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$152.21	Priority amount \$152.21 Nonpriority amount \$0.00
2.3236. Priority creditor's name and mailing address JANIS, COURTNEY A 33 SOUTHERN DRIVE STORMVILLE NY 12582 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$527.13	Priority amount \$527.13 Nonpriority amount \$0.00

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2.3237. Priority creditor's name and mailing address JANISSE, XAVIA V 3533 W SCRIBNER LANE INGLEWOOD CA 90305 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$40.87	Priority amount \$40.87 Nonpriority amount \$0.00
2.3238. Priority creditor's name and mailing address JANOBLOVA, NOZANIN F 7709 TOWER WOODS DR SPRINGFIELD VA 22153 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$587.14	Priority amount \$587.14 Nonpriority amount \$0.00
2.3239. Priority creditor's name and mailing address JAQUEZ, CARLY D 8348 RANCHO VISTA LOOP LA MESA NM 88044 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$440.11	Priority amount \$440.11 Nonpriority amount \$0.00

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2.3240. Priority creditor's name and mailing address JARA, DESTINY 302 26TH AVE W APT 1507 BRADENTON FL 34205 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$711.60</td> </tr> </table>	Total claim	\$711.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$711.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$711.60	Nonpriority amount	\$0.00
Total claim									
\$711.60									
Priority amount									
\$711.60									
Nonpriority amount									
\$0.00									
2.3241. Priority creditor's name and mailing address JARAMILLO, ANGELA C 2859 MAMMOTH CT LAS VEGAS NV 89142 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$85.47</td> </tr> </table>	Total claim	\$85.47	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$85.47</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$85.47	Nonpriority amount	\$0.00
Total claim									
\$85.47									
Priority amount									
\$85.47									
Nonpriority amount									
\$0.00									
2.3242. Priority creditor's name and mailing address JARAMILLO, AUSTIN T 15074 AMOROSE ST LAKE ELSINORE CA 92530 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$243.12</td> </tr> </table>	Total claim	\$243.12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$243.12</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$243.12	Nonpriority amount	\$0.00
Total claim									
\$243.12									
Priority amount									
\$243.12									
Nonpriority amount									
\$0.00									

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2.3243. Priority creditor's name and mailing address JARAMILLO, DANIELA I 4830 WENDY LN. PEARLAND TX 77584 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$129.55	Priority amount \$129.55 Nonpriority amount \$0.00
2.3244. Priority creditor's name and mailing address JARAMILLO, NICOLE M 18552 E DUELL ST AZUSA CA 91702 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$121.80	Priority amount \$121.80 Nonpriority amount \$0.00
2.3245. Priority creditor's name and mailing address JARED, BAYLEE 1101 RIVER RIDGE PKWY 1131A SAN MARCOS TX 78666 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$31.84	Priority amount \$31.84 Nonpriority amount \$0.00

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2.3246. Priority creditor's name and mailing address JARMON, DYNEASHA K 515 MONTGOMERY AVE. NORTH WALES PA 19454 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$153.02	Priority amount \$153.02 Nonpriority amount \$0.00
2.3247. Priority creditor's name and mailing address JARRETT, TALIAH B 909 N. LINDEN ST. APT. #208 MUNCIE IN 47303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$122.31	Priority amount \$122.31 Nonpriority amount \$0.00
2.3248. Priority creditor's name and mailing address JASIEWICZ, DANIELLE M P.O. BOX 1681 BRADENTON FL 34206 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$234.76	Priority amount \$234.76 Nonpriority amount \$0.00

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2.3249. Priority creditor's name and mailing address JASINSKI, MICHELLE A 62 GILBERT ROAD SOUTHAMPTON MA 01073 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$270.72	Priority amount \$270.72 Nonpriority amount \$0.00
2.3250. Priority creditor's name and mailing address JASWAL, ANMOL K 43 LARCH STREET CARTERET NJ 07008 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$164.70	Priority amount \$164.70 Nonpriority amount \$0.00
2.3251. Priority creditor's name and mailing address JAUREGUI, VANESSA Q 697 N ADAMS ST BRAWLEY CA 92227-1773 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$442.34	Priority amount \$442.34 Nonpriority amount \$0.00

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2.3252. Priority creditor's name and mailing address JAURIGUE, SASHA 3331 N OSCEOLA CHICAGO IL 60634 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$49.28	Priority amount \$49.28 Nonpriority amount \$0.00
2.3253. Priority creditor's name and mailing address JAVIER, ALYSSA J 2600 CHANDLER DRIVE APT 421 BOWLING GREEN KY 42104 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$400.62	Priority amount \$400.62 Nonpriority amount \$0.00
2.3254. Priority creditor's name and mailing address JAWORSKI, STEFANIE M 17615 CANDLEWOOD TEER BOCA RATON FL 33487 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$10,269.25	Priority amount \$10,269.25 Nonpriority amount \$0.00

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2.3255. Priority creditor's name and mailing address JEAN-LOUIS, AMANDA L 263 PAMLICO AVE. UNIONDALE NY 11553 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$146.64	Priority amount \$146.64 Nonpriority amount \$0.00
2.3256. Priority creditor's name and mailing address JEFFERIES, JODY 1355 SPORTS LAKE RD COLUMBIA VA 23038 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$488.70	Priority amount \$488.70 Nonpriority amount \$0.00
2.3257. Priority creditor's name and mailing address JEFFERSON COUNTY TAX ASSESOR COLLECTOR PO BOX 2112 BEAUMONT TX 77704-2112 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$3,966.64	Priority amount \$3,966.64 Nonpriority amount \$0.00

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2.3258. Priority creditor's name and mailing address JEFFERSON PARISH SHERIFF'S OFF BUREAU OF REVENUE & TAXATION P.O.BOX 248 GRETNA LA 70054-0020 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$1,700.00	Priority amount \$1,700.00 Nonpriority amount \$0.00
2.3259. Priority creditor's name and mailing address JEFFERSON, CHARMAYNE A 15432 GENERAL LAFAYETTE BLVD BRANDYWINE MD 20613 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$272.40	Priority amount \$272.40 Nonpriority amount \$0.00
2.3260. Priority creditor's name and mailing address JEFFREY, TALANNA 12 THIELLS RD STONY POINT NY 10980 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$178.72	Priority amount \$178.72 Nonpriority amount \$0.00

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2.3261. Priority creditor's name and mailing address JEFFREYS, KORTNEY 979 STAFFORD FOREST DR APT 201 WINSTON SALEM NC 27127 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$104.54	Priority amount \$104.54 Nonpriority amount \$0.00
2.3262. Priority creditor's name and mailing address JEFFRIES, MARY V 1153 CHARLES STREET TAYLORVILLE IN 47280 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$120.90	Priority amount \$120.90 Nonpriority amount \$0.00
2.3263. Priority creditor's name and mailing address JELLEMA-BAERG, ALEXIS R 32833 530TH AVE MOUNTAIN LAKE MN 56159 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$607.13	Priority amount \$607.13 Nonpriority amount \$0.00

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2.3264. Priority creditor's name and mailing address JENKINS, DANIKA T GENERAL DELIVERY SACRAMENTO CA 95812 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,922.62	Priority amount \$1,922.62 Nonpriority amount \$0.00
2.3265. Priority creditor's name and mailing address JENKINS, DEAMBERLEE E 230 SWEET HOME CHURCH RD. PEARL MS 39288 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$121.80	Priority amount \$121.80 Nonpriority amount \$0.00
2.3266. Priority creditor's name and mailing address JENKINS, JALEASA J 4455 ELAN CT ANNANDALE VA 22003 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,344.60	Priority amount \$1,344.60 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3267. Priority creditor's name and mailing address JENKINS, JAYLENE A 5802 32ND ST. E. ELLENTON FL 34222 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,272.87	Priority amount \$1,272.87 Nonpriority amount \$0.00
2.3268. Priority creditor's name and mailing address JENKINS, JENNIFER C 21495 DOGWOOD DRIVE NEW CANEY TX 77357 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$62.64	Priority amount \$62.64 Nonpriority amount \$0.00
2.3269. Priority creditor's name and mailing address JENKINS, KAITLYN I 3431 VINTON ROAD PHILADELPHIA PA 19154 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$103.71	Priority amount \$103.71 Nonpriority amount \$0.00

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2.3270. Priority creditor's name and mailing address JENKINS, KEONDA Z 5055 HARBOUR LAKE DR A5 GOOSE CREEK SC 29445 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$158.54	Priority amount \$158.54 Nonpriority amount \$0.00
2.3271. Priority creditor's name and mailing address JENKINS, LYRIC 2703 MACBY AVE MARIETTA GA 30066 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$93.34	Priority amount \$93.34 Nonpriority amount \$0.00
2.3272. Priority creditor's name and mailing address JENKINS, SARA E 7655 PIPESTONE DR. INDIANAPOLIS IN 46227 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,551.53	Priority amount \$3,551.53 Nonpriority amount \$0.00

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2.3273. Priority creditor's name and mailing address JENNINGS, NINA S 24846 SW 127TH PATH PRINCETON FL 33032 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$341.78	Priority amount \$341.78 Nonpriority amount \$0.00
2.3274. Priority creditor's name and mailing address JENNINGS, TENAJA B 9209 WINTERSET COURT CLINTON MD 20735 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$512.71	Priority amount \$512.71 Nonpriority amount \$0.00
2.3275. Priority creditor's name and mailing address JEREZ, CASTILLO DARIANA 3121 CASHMERE DR ORLANDO FL 32827 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$90.30	Priority amount \$90.30 Nonpriority amount \$0.00

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2.3276. Priority creditor's name and mailing address JERNIGAN, ANNA M 1777 PATTERSON ST. APT 4 4 EUGENE OR 97401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$134.70	Priority amount \$134.70 Nonpriority amount \$0.00
2.3277. Priority creditor's name and mailing address JERNIGAN, MADISON R 5322 WHITETAIL DRIVE 2 SPRINGFIELD IL 62703 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$139.45	Priority amount \$139.45 Nonpriority amount \$0.00
2.3278. Priority creditor's name and mailing address JERNIGHAN, MAKYLA J 67 LANDMARK LOOP JACKSON TN 38305 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$325.24	Priority amount \$325.24 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3279. Priority creditor's name and mailing address JESKE, HANNAH G 10300 DEVONSHIRE CIRCLE APT 32 BLOOMINGTON MN 55431 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,461.16</td> </tr> </table>	Total claim	\$3,461.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,461.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,461.16	Nonpriority amount	\$0.00
Total claim									
\$3,461.16									
Priority amount									
\$3,461.16									
Nonpriority amount									
\$0.00									
2.3280. Priority creditor's name and mailing address JEVERON, PALYCE 1400 VILLAGE BLVD APT 403 WEST PALM BEACH FL 33409 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$261.16</td> </tr> </table>	Total claim	\$261.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$261.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$261.16	Nonpriority amount	\$0.00
Total claim									
\$261.16									
Priority amount									
\$261.16									
Nonpriority amount									
\$0.00									
2.3281. Priority creditor's name and mailing address JIMENES, DANIA G 955 N WATERMAN CT 7 EL CENTRO CA 92243 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$235.44</td> </tr> </table>	Total claim	\$235.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$235.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$235.44	Nonpriority amount	\$0.00
Total claim									
\$235.44									
Priority amount									
\$235.44									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3282. Priority creditor's name and mailing address JIMENEZ, ABIGAIL A 130 PLUM TREE DRIVE LANTANA FL 33462 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$268.60	Priority amount \$268.60 Nonpriority amount \$0.00
2.3283. Priority creditor's name and mailing address JIMENEZ, BRIANNA 511 FLETCHER AVE APT 4 LINCOLN NE 68521 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$39.60	Priority amount \$39.60 Nonpriority amount \$0.00
2.3284. Priority creditor's name and mailing address JIMENEZ, GABRIELLE M 14059 WELLINGTON TRACE WELLINGTON FL 33414 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$136.37	Priority amount \$136.37 Nonpriority amount \$0.00

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2.3285. Priority creditor's name and mailing address JIMENEZ, JACQUELINE 1503 FLORA AVE HIDALGO TX 78557 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$259.89	Priority amount \$259.89 Nonpriority amount \$0.00
2.3286. Priority creditor's name and mailing address JIMENEZ, JOSLYN 105 NEW AVE WYANDANCH NY 11798 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$265.08	Priority amount \$265.08 Nonpriority amount \$0.00
2.3287. Priority creditor's name and mailing address JIMENEZ, JULIANA 2665 EARLY VISTA ST LAS VEGAS NV 89142-2873 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,106.91	Priority amount \$2,106.91 Nonpriority amount \$0.00

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2.3288. Priority creditor's name and mailing address JIMENEZ, LUZ M 2015 S WHITE HIRSE PIKE 32 LINDENWOLD NJ 08021 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$35.22</td> </tr> </table>	Total claim	\$35.22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$35.22</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$35.22	Nonpriority amount	\$0.00
Total claim									
\$35.22									
Priority amount									
\$35.22									
Nonpriority amount									
\$0.00									
2.3289. Priority creditor's name and mailing address JIMENEZ, MANCILLA ANDREA 8 WENLISS TERRACE 8 WAPPINGERS FALLS NY 12590 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$44.07</td> </tr> </table>	Total claim	\$44.07	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$44.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$44.07	Nonpriority amount	\$0.00
Total claim									
\$44.07									
Priority amount									
\$44.07									
Nonpriority amount									
\$0.00									
2.3290. Priority creditor's name and mailing address JIMENEZ, NAYELI 6869 HOMER ST. APT. 63 WESTMINSTER CA 92683 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$220.08</td> </tr> </table>	Total claim	\$220.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$220.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$220.08	Nonpriority amount	\$0.00
Total claim									
\$220.08									
Priority amount									
\$220.08									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3291. Priority creditor's name and mailing address JIMENEZ, SONYA 6039 NW 10TH ST APT163 OKLAHOMA CITY OK 73127 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$140.39	Priority amount \$140.39 Nonpriority amount \$0.00
2.3292. Priority creditor's name and mailing address JIMENEZ, VERONICA S 125 FOOTHILL CT MORGAN HILL CA 95037 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$103.80	Priority amount \$103.80 Nonpriority amount \$0.00
2.3293. Priority creditor's name and mailing address JIMENEZ, VICTORIA 11299 SKY COUNTRY DR. MIRA LOMA CA 91752 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$203.16	Priority amount \$203.16 Nonpriority amount \$0.00

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2.3294. Priority creditor's name and mailing address JIMENEZ, YESENIA 19972 STANTON AVE APT 55 CASTRO VALLEY CA 94546 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$261.36	Priority amount \$261.36 Nonpriority amount \$0.00
2.3295. Priority creditor's name and mailing address JIMENEZ-MEZA, VICTORIA K 5350 MONTEREY HWY. APT. 5 SAN JOSE CA 95111 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$132.75	Priority amount \$132.75 Nonpriority amount \$0.00
2.3296. Priority creditor's name and mailing address JOANMARY, GARBER F 11709 STEVENS RD PHILADELPHIA PA 19116-2503 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$466.38	Priority amount \$466.38 Nonpriority amount \$0.00

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2.3297. Priority creditor's name and mailing address JOAQUIN, ALEXI JILLIAN 651 KAIMANA STREET KAHULUI HI 96732 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$614.88	Priority amount \$614.88 Nonpriority amount \$0.00
2.3298. Priority creditor's name and mailing address JOAQUIN, MAYRA P 715 NATHAN CT WEST LAFAYETTE IN 47906 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,973.44	Priority amount \$2,973.44 Nonpriority amount \$0.00
2.3299. Priority creditor's name and mailing address JOBE, CHEYENNE 4545 17TH AVE NE SEATTLE WA 98105 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$566.02	Priority amount \$566.02 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3300. Priority creditor's name and mailing address JOHANEK, ALIVIA L 5050 PIERCE ST. HOUSE H ALLENDALE MI 49401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$46.99	Priority amount \$46.99 Nonpriority amount \$0.00
2.3301. Priority creditor's name and mailing address JOHANSONAS, ALDONA 5693 OVERLOOK WAY NORTH RIDGEVILLE OH 44039-5161 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,915.21	Priority amount \$3,915.21 Nonpriority amount \$0.00
2.3302. Priority creditor's name and mailing address JOHN NEWMAN TRUSTEE MADISON 100 E MAIN ST # 107 JACKSON TN 38301 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$677.00	Priority amount \$677.00 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3303. Priority creditor's name and mailing address JOHN R. AMES, CTA PO BOX 139066 DALLAS TX 75313-9066 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$22,173.56	Priority amount \$22,173.56 Nonpriority amount \$0.00
2.3304. Priority creditor's name and mailing address JOHNSON, ALONA 807 S. MAIN ST NORMAL IL 61761 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$32.42	Priority amount \$32.42 Nonpriority amount \$0.00
2.3305. Priority creditor's name and mailing address JOHNSON, APRIL M 241 BEAU BASSIN RD LOT 5 CARENCRO LA 70520 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,171.55	Priority amount \$3,171.55 Nonpriority amount \$0.00

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2.3306. Priority creditor's name and mailing address JOHNSON, BRAIA J 3243 OLD POND RD CHARLESTON SC 29455 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$203.01	Priority amount \$203.01 Nonpriority amount \$0.00
2.3307. Priority creditor's name and mailing address JOHNSON, BRI 4160 CAMARGO DR APT B DAYTON OH 45415 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,242.25	Priority amount \$1,242.25 Nonpriority amount \$0.00
2.3308. Priority creditor's name and mailing address JOHNSON, BRIANNE 5540 TUGHILL DR. TAMPA FL 33624 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$284.94	Priority amount \$284.94 Nonpriority amount \$0.00

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2.3309.	Priority creditor's name and mailing address JOHNSON, BRIONY 12838 SW 213TH TER MIAMI FL 33177 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$139.42</td> </tr> </table>	Total claim	\$139.42	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$139.42</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$139.42	Nonpriority amount	\$0.00
Total claim										
\$139.42										
Priority amount										
\$139.42										
Nonpriority amount										
\$0.00										
2.3310.	Priority creditor's name and mailing address JOHNSON, BRITTANY J 1150 ST. PHILLIPS CT LOCUST GROVE GA 30248 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$59.02</td> </tr> </table>	Total claim	\$59.02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$59.02</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$59.02	Nonpriority amount	\$0.00
Total claim										
\$59.02										
Priority amount										
\$59.02										
Nonpriority amount										
\$0.00										
2.3311.	Priority creditor's name and mailing address JOHNSON, BRITTNEY A 339 6TH AVE S APT #103 SAINT CLOUD MN 56301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$565.89</td> </tr> </table>	Total claim	\$565.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$565.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$565.89	Nonpriority amount	\$0.00
Total claim										
\$565.89										
Priority amount										
\$565.89										
Nonpriority amount										
\$0.00										

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2.3312. Priority creditor's name and mailing address JOHNSON, BROOKE L 152 ONTARIO ST CANANDAIGUA NY 14424 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$171.16	Priority amount \$171.16 Nonpriority amount \$0.00
2.3313. Priority creditor's name and mailing address JOHNSON, CHA'QUOYA 336 KENCHESTER WAY APT 912 CROWLEY TX 76036 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$58.95	Priority amount \$58.95 Nonpriority amount \$0.00
2.3314. Priority creditor's name and mailing address JOHNSON, CHRISTINE M 2000 JUANITA CT VIRGINIA BEACH VA 23456-4937 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,903.36	Priority amount \$3,903.36 Nonpriority amount \$0.00

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2.3315. Priority creditor's name and mailing address JOHNSON, CYDNE M 19 PALERMO ST LAGUNA NIGUEL CA 92677 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,264.56	Priority amount \$2,264.56 Nonpriority amount \$0.00
2.3316. Priority creditor's name and mailing address JOHNSON, DAWNIELLE S 12709 DUNTON DR WHITTIER CA 90606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$292.08	Priority amount \$292.08 Nonpriority amount \$0.00
2.3317. Priority creditor's name and mailing address JOHNSON, DEMETRIA 2000 AUDREY LN. COLUMBIA SC 29223 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,232.72	Priority amount \$1,232.72 Nonpriority amount \$0.00

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2.3318. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
JOHNSON, DESTINEE L 2749 DAVIS MILL ROAD HEPHZIBAH GA 30815		\$157.73	\$157.73
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.3319. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
JOHNSON, DIAMONIQUE 100 IVEY PARK LANE 1208 PEACHTREE CORNERS GA 30092		\$120.54	\$120.54
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.3320. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
JOHNSON, ERIN 67 WOODSTONE DR VOORHEES NJ 08043		\$577.91	\$577.91
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

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2.3321. Priority creditor's name and mailing address JOHNSON, JADA 517 ADAMS AVE MUSKEGON MI 49442 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$206.74</td> </tr> </table>	Total claim	\$206.74	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$206.74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$206.74	Nonpriority amount	\$0.00
Total claim									
\$206.74									
Priority amount									
\$206.74									
Nonpriority amount									
\$0.00									
2.3322. Priority creditor's name and mailing address JOHNSON, JAEALYN N 4901 AZTEC BOULEVARD 67 COLUMBIA MO 65202 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$44.89</td> </tr> </table>	Total claim	\$44.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$44.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$44.89	Nonpriority amount	\$0.00
Total claim									
\$44.89									
Priority amount									
\$44.89									
Nonpriority amount									
\$0.00									
2.3323. Priority creditor's name and mailing address JOHNSON, JAVONIQUE K 15 FRANKLIN STREET 2 POUGHKEEPSIE NY 12601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$150.41</td> </tr> </table>	Total claim	\$150.41	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$150.41</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$150.41	Nonpriority amount	\$0.00
Total claim									
\$150.41									
Priority amount									
\$150.41									
Nonpriority amount									
\$0.00									

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2.3324. Priority creditor's name and mailing address JOHNSON, JAYLA D 5017 GARDEN LANE FORT WORTH TX 76119 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$32.34	Priority amount \$32.34 Nonpriority amount \$0.00
2.3325. Priority creditor's name and mailing address JOHNSON, JURNEI J 6845 FALLTIME PL INDIANAPOLIS IN 46226 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$519.70	Priority amount \$519.70 Nonpriority amount \$0.00
2.3326. Priority creditor's name and mailing address JOHNSON, KAILA C 13046 RED CORRAL DR CORONA CA 92883-6312 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$313.20	Priority amount \$313.20 Nonpriority amount \$0.00

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2.3327. Priority creditor's name and mailing address JOHNSON, KALILA Z 1860 WOODLAND CIRCLE VERO BEACH FL 32960 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$124.20	Priority amount \$124.20 Nonpriority amount \$0.00
2.3328. Priority creditor's name and mailing address JOHNSON, KATELYNN 11746 ACADEMY PLACE PHILADELPHIA PA 19154 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$543.40	Priority amount \$543.40 Nonpriority amount \$0.00
2.3329. Priority creditor's name and mailing address JOHNSON, KEYSHA 1836 E 19TH PL GARY IN 46407 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$222.53	Priority amount \$222.53 Nonpriority amount \$0.00

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2.3330. Priority creditor's name and mailing address JOHNSON, KRISTEN M 18874 EARL ROAD BIG LAKE MN 55309 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$23.96</td> </tr> </table>	Total claim	\$23.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$23.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$23.96	Nonpriority amount	\$0.00
Total claim									
\$23.96									
Priority amount									
\$23.96									
Nonpriority amount									
\$0.00									
2.3331. Priority creditor's name and mailing address JOHNSON, LA TANYA P 2904 EAST STERLING CT FAYETTEVILLE AR 72703 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$5,374.81</td> </tr> </table>	Total claim	\$5,374.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$5,374.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$5,374.81	Nonpriority amount	\$0.00
Total claim									
\$5,374.81									
Priority amount									
\$5,374.81									
Nonpriority amount									
\$0.00									
2.3332. Priority creditor's name and mailing address JOHNSON, LACRESHA J 6498 ABBEY DOOR CT LAS VEGAS NV 89122-0848 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$21.51</td> </tr> </table>	Total claim	\$21.51	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$21.51</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$21.51	Nonpriority amount	\$0.00
Total claim									
\$21.51									
Priority amount									
\$21.51									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3333. Priority creditor's name and mailing address JOHNSON, LAKEISHA J 11609 LONE PINE CIRCLE INDIANAPOLIS IN 46235 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$38.88</td> </tr> </table>	Total claim	\$38.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$38.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$38.88	Nonpriority amount	\$0.00
Total claim									
\$38.88									
Priority amount									
\$38.88									
Nonpriority amount									
\$0.00									
2.3334. Priority creditor's name and mailing address JOHNSON, LASHAYLA 1932 LAKE FOUNTAIN DRIVE APT 636 ORLANDO FL 32839 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$90.20</td> </tr> </table>	Total claim	\$90.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$90.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$90.20	Nonpriority amount	\$0.00
Total claim									
\$90.20									
Priority amount									
\$90.20									
Nonpriority amount									
\$0.00									
2.3335. Priority creditor's name and mailing address JOHNSON, LAYLA T 3400 CRAIG DR. ELAGO APTS. AP MCKINNEY TX 75070 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$100.96</td> </tr> </table>	Total claim	\$100.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$100.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$100.96	Nonpriority amount	\$0.00
Total claim									
\$100.96									
Priority amount									
\$100.96									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3336. Priority creditor's name and mailing address JOHNSON, MAGALENE L 1512 CHATHAM COURT SCHAUMBURG IL 60193 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,239.21	Priority amount \$1,239.21 Nonpriority amount \$0.00
2.3337. Priority creditor's name and mailing address JOHNSON, MARIYA 1361 BARCLAY AVE A SAINT PAUL MN 55106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$368.94	Priority amount \$368.94 Nonpriority amount \$0.00
2.3338. Priority creditor's name and mailing address JOHNSON, MARQUITA 1230 W 42ND ST SOUTH 1 WICHITA KS 67217 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$104.15	Priority amount \$104.15 Nonpriority amount \$0.00

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2.3339. Priority creditor's name and mailing address JOHNSON, MAYA I 4517 TWILIGHT DR. RAPID CITY SD 57703 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$519.20</td> </tr> </table>	Total claim	\$519.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$519.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$519.20	Nonpriority amount	\$0.00
Total claim									
\$519.20									
Priority amount									
\$519.20									
Nonpriority amount									
\$0.00									
2.3340. Priority creditor's name and mailing address JOHNSON, MICHAELENE S 916 VALDEZ DR DALLAS TX 75253 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,324.81</td> </tr> </table>	Total claim	\$1,324.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,324.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,324.81	Nonpriority amount	\$0.00
Total claim									
\$1,324.81									
Priority amount									
\$1,324.81									
Nonpriority amount									
\$0.00									
2.3341. Priority creditor's name and mailing address JOHNSON, MICHEALA E 1176 ROSEMARIE LN APT 11 STOCKTON CA 95207 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,638.84</td> </tr> </table>	Total claim	\$2,638.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,638.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,638.84	Nonpriority amount	\$0.00
Total claim									
\$2,638.84									
Priority amount									
\$2,638.84									
Nonpriority amount									
\$0.00									

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2.3342. Priority creditor's name and mailing address JOHNSON, MORGAN R 12 FIFTH ST ANSONIA CT 06401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$49.98</td> </tr> </table>	Total claim	\$49.98	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$49.98</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$49.98	Nonpriority amount	\$0.00
Total claim									
\$49.98									
Priority amount									
\$49.98									
Nonpriority amount									
\$0.00									
2.3343. Priority creditor's name and mailing address JOHNSON, MYKIYA 33459 SHELLEY LYNNE DR. STERLING HEIGHTS MI 48312 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$70.58</td> </tr> </table>	Total claim	\$70.58	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$70.58</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$70.58	Nonpriority amount	\$0.00
Total claim									
\$70.58									
Priority amount									
\$70.58									
Nonpriority amount									
\$0.00									
2.3344. Priority creditor's name and mailing address JOHNSON, OLIVIA C 3421 VICTORIA AVENUE LAFAYETTE IN 47909 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$132.89</td> </tr> </table>	Total claim	\$132.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$132.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$132.89	Nonpriority amount	\$0.00
Total claim									
\$132.89									
Priority amount									
\$132.89									
Nonpriority amount									
\$0.00									

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2.3345. Priority creditor's name and mailing address JOHNSON, PARISH L 903 320 MADISON WI 53715 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$36.03	Priority amount \$36.03 Nonpriority amount \$0.00
2.3346. Priority creditor's name and mailing address JOHNSON, POOR DEBORAH 313 F STREET ST AUGUSTINE FL 32080 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$5,923.28	Priority amount \$5,923.28 Nonpriority amount \$0.00
2.3347. Priority creditor's name and mailing address JOHNSON, QUADIRAH D 1162 SOUTH ORANGE AVE SOUTH ORANGE NJ 07079 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,948.60	Priority amount \$1,948.60 Nonpriority amount \$0.00

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2.3348. Priority creditor's name and mailing address JOHNSON, RACHEL M 1899 HYDE ROAD SENATOBIA MS 38668 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$132.68	Priority amount \$132.68 Nonpriority amount \$0.00
2.3349. Priority creditor's name and mailing address JOHNSON, SARAH 3709 NORTH AVE RICHMOND VA 23222 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$193.45	Priority amount \$193.45 Nonpriority amount \$0.00
2.3350. Priority creditor's name and mailing address JOHNSON, SASHA L 7101 NE 109TH ST H59 VANCOUVER WA 98686 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,582.45	Priority amount \$2,582.45 Nonpriority amount \$0.00

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2.3351. Priority creditor's name and mailing address JOHNSON, TATIANA 1212 N PARKDALE DR TYLER TX 75702-3936 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$562.36	Priority amount \$562.36 Nonpriority amount \$0.00
2.3352. Priority creditor's name and mailing address JOHNSON, TATIYAUNA 306 PLOVER DRIVE PORTSMOUTH VA 23704 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$128.64	Priority amount \$128.64 Nonpriority amount \$0.00
2.3353. Priority creditor's name and mailing address JOHNSON, TATYANA M 9906 46TH COURT EAST PARRISH FL 34219 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$200.50	Priority amount \$200.50 Nonpriority amount \$0.00

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2.3354. Priority creditor's name and mailing address JOHNSON, TAYLOR 5863 WINDINGWOOD DR KALAMAZOO MI 49009-8093 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$371.21	Priority amount \$371.21 Nonpriority amount \$0.00
2.3355. Priority creditor's name and mailing address JOHNSON, TAYLORR C 248 MCCARLEY PLACE MCKINNEY TX 75071 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$59.20	Priority amount \$59.20 Nonpriority amount \$0.00
2.3356. Priority creditor's name and mailing address JOHNSON, TIARA M 398 CARROLL ST. MOUNTAIN HOUSE CA 95391 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$215.88	Priority amount \$215.88 Nonpriority amount \$0.00

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2.3357. Priority creditor's name and mailing address JOHNSON, TI'ERRAH 432 1ST NORTH ST. MADISONVILLE KY 42431 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$124.20	Priority amount \$124.20 Nonpriority amount \$0.00
2.3358. Priority creditor's name and mailing address JOHNSON, VICTORIA 1311 NE 12TH AVE Ocala FL 34470 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$151.69	Priority amount \$151.69 Nonpriority amount \$0.00
2.3359. Priority creditor's name and mailing address JOHNSON, SEAN L. 1125 LUCAS STREET CALUMET CITY IL 60409 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$0.00	Priority amount \$0.00 Nonpriority amount \$0.00

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2.3360.	Priority creditor's name and mailing address JOHNSON-MARTINEZ, ALIA M 38763 QUINCE PL NEWARK CA 94560 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$309.96</td></tr></table>	Total claim	\$309.96	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$309.96</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$309.96	Nonpriority amount	\$0.00
Total claim										
\$309.96										
Priority amount										
\$309.96										
Nonpriority amount										
\$0.00										
2.3361.	Priority creditor's name and mailing address JOHNSTON, AMANDA C 176 RESERVOIR ROAD FORT EDWARD NY 12828 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$534.07</td></tr></table>	Total claim	\$534.07	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$534.07</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$534.07	Nonpriority amount	\$0.00
Total claim										
\$534.07										
Priority amount										
\$534.07										
Nonpriority amount										
\$0.00										
2.3362.	Priority creditor's name and mailing address JOHNSTON, BRITTANY P 2808 INDEPENDENCE DR MESQUITE TX 75150 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$63.20</td></tr></table>	Total claim	\$63.20	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$63.20</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$63.20	Nonpriority amount	\$0.00
Total claim										
\$63.20										
Priority amount										
\$63.20										
Nonpriority amount										
\$0.00										

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2.3363. Priority creditor's name and mailing address JOHNSTON, EVELYN 13600 N BLACKWELDER AVE. #367 OKLAHOMA CITY OK 73134 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,407.77	Priority amount \$2,407.77 Nonpriority amount \$0.00
2.3364. Priority creditor's name and mailing address JOHNSTON, KARAH N 744 RED OAK LANE GENEVA OH 44041 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$612.81	Priority amount \$612.81 Nonpriority amount \$0.00
2.3365. Priority creditor's name and mailing address JOHNSTON, ROMERO SABRINA L 21585 ZUKNICK TERRACE ASHBURN VA 20147 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,056.15	Priority amount \$1,056.15 Nonpriority amount \$0.00

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2.3366. Priority creditor's name and mailing address JOHNSTON, TRISHA L 3140 SUNLAND CIR GREEN BAY WI 54313 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$481.76</td> </tr> </table>	Total claim	\$481.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$481.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$481.76	Nonpriority amount	\$0.00
Total claim									
\$481.76									
Priority amount									
\$481.76									
Nonpriority amount									
\$0.00									
2.3367. Priority creditor's name and mailing address JOINER, ANGEL C 3021 RUE PARC FONTAINE APT. 20 2415 LAFITTE S NEW ORLEANS IA 70131 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$183.44</td> </tr> </table>	Total claim	\$183.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$183.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$183.44	Nonpriority amount	\$0.00
Total claim									
\$183.44									
Priority amount									
\$183.44									
Nonpriority amount									
\$0.00									
2.3368. Priority creditor's name and mailing address JONES, ABRIL 1118 RAMBLEWOOD ROAD APT. A BALTIMORE MD 21239 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$83.44</td> </tr> </table>	Total claim	\$83.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$83.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$83.44	Nonpriority amount	\$0.00
Total claim									
\$83.44									
Priority amount									
\$83.44									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3369. Priority creditor's name and mailing address JONES, ANETRA 501 SEVETH ST. ABBEVILLE LA 70510 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,874.35</td> </tr> </table>	Total claim	\$1,874.35	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,874.35</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,874.35	Nonpriority amount	\$0.00
Total claim									
\$1,874.35									
Priority amount									
\$1,874.35									
Nonpriority amount									
\$0.00									
2.3370. Priority creditor's name and mailing address JONES, ANGELA M 723 BRIAR HAVEN DR CASTLE PINES CO 80108 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$55.83</td> </tr> </table>	Total claim	\$55.83	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$55.83</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$55.83	Nonpriority amount	\$0.00
Total claim									
\$55.83									
Priority amount									
\$55.83									
Nonpriority amount									
\$0.00									
2.3371. Priority creditor's name and mailing address JONES, ANNA M 2240 E. ADAMS SPRINGFIELD IL 62703 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$26.47</td> </tr> </table>	Total claim	\$26.47	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$26.47</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$26.47	Nonpriority amount	\$0.00
Total claim									
\$26.47									
Priority amount									
\$26.47									
Nonpriority amount									
\$0.00									

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2.3372. Priority creditor's name and mailing address JONES, ANTOINETTE 2052 JONATHAN CIRCLE SHELBY TOWNSHIP MI 48317 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$117.29	Priority amount \$117.29 Nonpriority amount \$0.00
2.3373. Priority creditor's name and mailing address JONES, APRIL D 123 OAKWOOD DR COMMERCE GA 30529 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$145.58	Priority amount \$145.58 Nonpriority amount \$0.00
2.3374. Priority creditor's name and mailing address JONES, ARIANA J 6124 MODELLI DRIVE GRAND PRAIRIE TX 75052 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$108.88	Priority amount \$108.88 Nonpriority amount \$0.00

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2.3375. Priority creditor's name and mailing address JONES, ARLEAN V 2950 N GREEN VALLEY PARKWAY APT 814 HENDERSON NV 89014 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$174.26	Priority amount \$174.26 Nonpriority amount \$0.00
2.3376. Priority creditor's name and mailing address JONES, ARRABIA M 450 VENTICELLO LAS VEGAS NV 89138 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$127.06	Priority amount \$127.06 Nonpriority amount \$0.00
2.3377. Priority creditor's name and mailing address JONES, ASIA L 7280 SOUTH BARRENS ROAD 301 ROANOKE VA 24019 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$529.01	Priority amount \$529.01 Nonpriority amount \$0.00

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2.3378. Priority creditor's name and mailing address JONES, CARMEN N 3623 CLEARBROOK ST MEMPHIS TN 38118 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$155.98	Priority amount \$155.98 Nonpriority amount \$0.00
2.3379. Priority creditor's name and mailing address JONES, CHARMANEY E 1175 IDLEWOOD AVE APT 205 KENNEWSAW GA 30144 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$29.91	Priority amount \$29.91 Nonpriority amount \$0.00
2.3380. Priority creditor's name and mailing address JONES, DEVIN N 124 GRAYSON ST WEST MONROE LA 71292 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,525.16	Priority amount \$3,525.16 Nonpriority amount \$0.00

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2.3381. Priority creditor's name and mailing address JONES, HEATHER C 310 TRUNKS BAY OCEANSIDE CA 92057-4221 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$680.86	Priority amount \$680.86 Nonpriority amount \$0.00
2.3382. Priority creditor's name and mailing address JONES, JADA L 4007 SWEENEY LAKE LN. RICHMOND TX 77406 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$91.70	Priority amount \$91.70 Nonpriority amount \$0.00
2.3383. Priority creditor's name and mailing address JONES, JASMIN D 3416 W 22ND AVE GARY IN 46404 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$63.65	Priority amount \$63.65 Nonpriority amount \$0.00

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2.3384.	Priority creditor's name and mailing address JONES, JASMINE R 1743 S MAIN ST 4 HOPKINSVILLE KY 42240 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$87.32</td></tr></table>	Total claim	\$87.32	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$87.32</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$87.32	Nonpriority amount	\$0.00
Total claim										
\$87.32										
Priority amount										
\$87.32										
Nonpriority amount										
\$0.00										
2.3385.	Priority creditor's name and mailing address JONES, KAYLIN M 1309 JACKSON LANDING RD PICAYUNE MS 39466 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$60.28</td></tr></table>	Total claim	\$60.28	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$60.28</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$60.28	Nonpriority amount	\$0.00
Total claim										
\$60.28										
Priority amount										
\$60.28										
Nonpriority amount										
\$0.00										
2.3386.	Priority creditor's name and mailing address JONES, KIMBERLY 1576 N GALLOWAY AVE. APT. 1018 MESQUITE TX 75149 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$67.65</td></tr></table>	Total claim	\$67.65	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$67.65</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$67.65	Nonpriority amount	\$0.00
Total claim										
\$67.65										
Priority amount										
\$67.65										
Nonpriority amount										
\$0.00										

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2.3387. Priority creditor's name and mailing address JONES, KIMBERLY L 3701 TRIESTE DR CARLSBAD CA 92010-2844 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$166.80</td> </tr> </table>	Total claim	\$166.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$166.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$166.80	Nonpriority amount	\$0.00
Total claim									
\$166.80									
Priority amount									
\$166.80									
Nonpriority amount									
\$0.00									
2.3388. Priority creditor's name and mailing address JONES, KRISTEN 15123 BY THE LAKE WAY CYPRESS TX 77429 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$32.00</td> </tr> </table>	Total claim	\$32.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$32.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$32.00	Nonpriority amount	\$0.00
Total claim									
\$32.00									
Priority amount									
\$32.00									
Nonpriority amount									
\$0.00									
2.3389. Priority creditor's name and mailing address JONES, KRISTEN N 101 LEAF LAKE BLVD BIRMINGHAM AL 35211 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$411.45</td> </tr> </table>	Total claim	\$411.45	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$411.45</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$411.45	Nonpriority amount	\$0.00
Total claim									
\$411.45									
Priority amount									
\$411.45									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3390. Priority creditor's name and mailing address JONES, LA TOYA 1531 HUDSON GRAHAM LANE CHARLOTTE NC 28216 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$22.27	Priority amount \$22.27 Nonpriority amount \$0.00
2.3391. Priority creditor's name and mailing address JONES, LOGAN A 2844 GALLIA PIKE FRANKLIN FURNACE OH 45629 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$65.69	Priority amount \$65.69 Nonpriority amount \$0.00
2.3392. Priority creditor's name and mailing address JONES, LYRIC D 11 GLOBE LANE WILLINGBORO NJ 08046 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$248.95	Priority amount \$248.95 Nonpriority amount \$0.00

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2.3393. Priority creditor's name and mailing address JONES, MADISON D 2377 MARSH HILL DR. ASHLAND KY 41102 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$532.80	Priority amount \$532.80 Nonpriority amount \$0.00
2.3394. Priority creditor's name and mailing address JONES, MAEGAN M 11738 CAPISTRANO DR INDIANAPOLIS IN 46236 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,539.03	Priority amount \$2,539.03 Nonpriority amount \$0.00
2.3395. Priority creditor's name and mailing address JONES, MAGGIE L 1207 TONY DR JONESBORO AR 72401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$151.24	Priority amount \$151.24 Nonpriority amount \$0.00

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2.3396. Priority creditor's name and mailing address JONES, MARISA 5234 71ST LUBBOCK TX 79424 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,764.15	Priority amount \$2,764.15 Nonpriority amount \$0.00
2.3397. Priority creditor's name and mailing address JONES, MCKENZIE E 737 CR 109 JONESBORO AR 72404 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$37.93	Priority amount \$37.93 Nonpriority amount \$0.00
2.3398. Priority creditor's name and mailing address JONES, NATALIE N 9823 UTOPIA DRIVE 2205 PENSACOLA FL 32514 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$174.28	Priority amount \$174.28 Nonpriority amount \$0.00

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2.3399. Priority creditor's name and mailing address JONES, NYASIA A 2112 BROAD STREET APT. E-45 DURHAM NC 27705 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$149.49	Priority amount \$149.49 Nonpriority amount \$0.00
2.3400. Priority creditor's name and mailing address JONES, PAMELA L 142 SOUTHAMPTON DR KISSIMMEE FL 34744 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,538.40	Priority amount \$2,538.40 Nonpriority amount \$0.00
2.3401. Priority creditor's name and mailing address JONES, PAYTON M 604 ROMA AVENUR JEFFERSONVILLE IN 47130 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$89.69	Priority amount \$89.69 Nonpriority amount \$0.00

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2.3402. Priority creditor's name and mailing address JONES, RAYMEL L 224 E RUARK DR SALISBURY MD 21804-2156 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$180.14</td> </tr> </table>	Total claim	\$180.14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$180.14</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$180.14	Nonpriority amount	\$0.00
Total claim									
\$180.14									
Priority amount									
\$180.14									
Nonpriority amount									
\$0.00									
2.3403. Priority creditor's name and mailing address JONES, SHAYON 427 HERITAGE HILLS DR COMMERCE GA 30529 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$61.60</td> </tr> </table>	Total claim	\$61.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$61.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$61.60	Nonpriority amount	\$0.00
Total claim									
\$61.60									
Priority amount									
\$61.60									
Nonpriority amount									
\$0.00									
2.3404. Priority creditor's name and mailing address JONES, SYDNEY G 5511 INDERMUHLE LN PLAINFIELD IN 46168 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$167.87</td> </tr> </table>	Total claim	\$167.87	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$167.87</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$167.87	Nonpriority amount	\$0.00
Total claim									
\$167.87									
Priority amount									
\$167.87									
Nonpriority amount									
\$0.00									

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2.3405. Priority creditor's name and mailing address JONES, TALISHA T 2644 COMMONWEALTH AVE JACKSONVILLE FL 32254 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$170.47	Priority amount \$170.47 Nonpriority amount \$0.00
2.3406. Priority creditor's name and mailing address JONES, TATYAYNA S 8473 BUCKTHORN DRIVE SAINT LOUIS MO 63134 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$49.02	Priority amount \$49.02 Nonpriority amount \$0.00
2.3407. Priority creditor's name and mailing address JONES, TAYJAH 4219 NADINE DR BALTIMORE MD 21215-2251 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,752.80	Priority amount \$1,752.80 Nonpriority amount \$0.00

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2.3408. Priority creditor's name and mailing address JONTE, SOPHIA 27539 BUCKEYE RD WINTERS CA 95694 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$172.20	Priority amount \$172.20 Nonpriority amount \$0.00
2.3409. Priority creditor's name and mailing address JORDAN, ALEXANDRIA K 2815 SUMMER WIND DR WINTER PARK FL 32792 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$237.50	Priority amount \$237.50 Nonpriority amount \$0.00
2.3410. Priority creditor's name and mailing address JORDAN, ANGELIQUE 1219 OAKDALE SPRINGFIELD IL 62703 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$272.50	Priority amount \$272.50 Nonpriority amount \$0.00

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2.3411.	Priority creditor's name and mailing address JORDAN, KAITLIN 3408 GATEWAY DR APT #8 EAU CLAIRE WI 54701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$723.22</td></tr></table>	Total claim	\$723.22	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$723.22</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$723.22	Nonpriority amount	\$0.00
Total claim										
\$723.22										
Priority amount										
\$723.22										
Nonpriority amount										
\$0.00										
2.3412.	Priority creditor's name and mailing address JORDAN, MACKENZIE A 501 N INGRAM SIKESTON MO 63801 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$268.84</td></tr></table>	Total claim	\$268.84	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$268.84</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$268.84	Nonpriority amount	\$0.00
Total claim										
\$268.84										
Priority amount										
\$268.84										
Nonpriority amount										
\$0.00										
2.3413.	Priority creditor's name and mailing address JORDAN, NICHOLE 2765 FIELD SPRING DRIVE LITHONIA GA 30058 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$240.00</td></tr></table>	Total claim	\$240.00	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$240.00</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$240.00	Nonpriority amount	\$0.00
Total claim										
\$240.00										
Priority amount										
\$240.00										
Nonpriority amount										
\$0.00										

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2.3414. Priority creditor's name and mailing address JORDAN, STACIA J 3913 JOUSTING ARCH VIRGINIA BEACH VA 23456 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$124.50	Priority amount \$124.50 Nonpriority amount \$0.00
2.3415. Priority creditor's name and mailing address JORDAN, YESSICA D 8810 NW 77TH CT 157 TAMARAC FL 33321 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$314.83	Priority amount \$314.83 Nonpriority amount \$0.00
2.3416. Priority creditor's name and mailing address JORGENSON, VERONICA L 3460 LIVINGSTON AVENUE NAVARRE MN 55391 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$103.33	Priority amount \$103.33 Nonpriority amount \$0.00

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2.3417. Priority creditor's name and mailing address JOSEPH-, CROMARTIE CHEYANNE M 14901 SE 179TH ST APT 16C 16C RENTON WA 98058 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$226.80	Priority amount \$226.80 Nonpriority amount \$0.00
2.3418. Priority creditor's name and mailing address JOSEPH, DOMINIQUE C 8813 STARFISH DRIVE BAKERSFIELD CA 93312 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$136.68	Priority amount \$136.68 Nonpriority amount \$0.00
2.3419. Priority creditor's name and mailing address JOSEPH, MAEGAN E 601 COTULLA DR KISSIMMEE FL 34758 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$41.48	Priority amount \$41.48 Nonpriority amount \$0.00

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2.3420. Priority creditor's name and mailing address JOSEPH, MONIQUE 8001 NW 68TH TER TAMARAC FL 33321 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$3,946.50</td> </tr> </table>	Total claim	\$3,946.50	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$3,946.50</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$3,946.50	Nonpriority amount	\$0.00
Total claim									
\$3,946.50									
Priority amount									
\$3,946.50									
Nonpriority amount									
\$0.00									
2.3421. Priority creditor's name and mailing address JOSEPH, NEHEMIE 2148 ESPLANADE PL TERRYTOWN LA 70056-2974 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$41.20</td> </tr> </table>	Total claim	\$41.20	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$41.20</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$41.20	Nonpriority amount	\$0.00
Total claim									
\$41.20									
Priority amount									
\$41.20									
Nonpriority amount									
\$0.00									
2.3422. Priority creditor's name and mailing address JOY, KENNEDI 10724 PETERFIELD LANE GLEN ALLEN VA 23059 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$154.86</td> </tr> </table>	Total claim	\$154.86	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$154.86</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$154.86	Nonpriority amount	\$0.00
Total claim									
\$154.86									
Priority amount									
\$154.86									
Nonpriority amount									
\$0.00									

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2.3423. Priority creditor's name and mailing address JUAREZ, CYNTHIA D 2235 N HAWTHORNE AVE MELROSE PARK IL 60164 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$24.75	Priority amount \$24.75 Nonpriority amount \$0.00
2.3424. Priority creditor's name and mailing address JUAREZ, ELIANA A 2112 E. VISTA WAY #33 VISTA CA 92084 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$258.00	Priority amount \$258.00 Nonpriority amount \$0.00
2.3425. Priority creditor's name and mailing address JUAREZ, JASMIN Z 4938 FIDLER AVE LAKEWOOD CA 90712 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$218.04	Priority amount \$218.04 Nonpriority amount \$0.00

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2.3426. Priority creditor's name and mailing address JUAREZ, VIVIAN JASMINE S 7352 WINDSOR LAKES PL. 10 INDIANAPOLIS IN 46237 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$445.50	Priority amount \$445.50 Nonpriority amount \$0.00
2.3427. Priority creditor's name and mailing address JUAREZ, YERENY C 14485 MONTEREY HWY SAN MARTIN CA 95046-9548 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,021.61	Priority amount \$1,021.61 Nonpriority amount \$0.00
2.3428. Priority creditor's name and mailing address JUDGE, TENIA 712B LIBERTY ST TALLAHASSEE FL 32310 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$257.01	Priority amount \$257.01 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3429. Priority creditor's name and mailing address JUDY FORTENBERRY, RANKIN COUNTY TAX COLLECTOR 211 E GOVERNMENT ST SUITE B BRANDON MS 39042-3268 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$3,014.08	Priority amount \$3,014.08 Nonpriority amount \$0.00
2.3430. Priority creditor's name and mailing address JUDY, ALAYNA 6207 PRESTWICK RUN FORT WAYNE IN 46835 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$59.90	Priority amount \$59.90 Nonpriority amount \$0.00
2.3431. Priority creditor's name and mailing address JUDY, MAKELA R 5920 SOUTH HEATHER DR. TEMPE AZ 85283 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$62.15	Priority amount \$62.15 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3432. Priority creditor's name and mailing address JULES-SERRIES, SHAWNY N 770 MAPLE ROAD WILLIAMSVILLE 11B WILLIAMSVILLE NY 14221 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$199.58	Priority amount \$199.58 Nonpriority amount \$0.00
2.3433. Priority creditor's name and mailing address JULIAN, RYAN A 74 POINT GROVE ROAD SOUTHWICK MA 01077 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$206.40	Priority amount \$206.40 Nonpriority amount \$0.00
2.3434. Priority creditor's name and mailing address JURGENS, SYLVIA N 1410 237TH PL SW BOTHELL WA 98021 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$550.56	Priority amount \$550.56 Nonpriority amount \$0.00

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2.3435. Priority creditor's name and mailing address JURKIEWICZ, KAYLA S 3573 S. 76TH ST. APT #4 MILWAUKEE WI 53220 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$583.16	Priority amount \$583.16 Nonpriority amount \$0.00
2.3436. Priority creditor's name and mailing address KAAHU-LUA, LIANAH-MARIE K 583 MALIO PL. WAILUKU HI 96793 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$484.63	Priority amount \$484.63 Nonpriority amount \$0.00
2.3437. Priority creditor's name and mailing address KACHEL, LANIE 20 KAYMAR DRIVE ROCHESTER NY 14616 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$333.89	Priority amount \$333.89 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3438. Priority creditor's name and mailing address KACHERSKY, REBAMARIE 700 4TH STREET EDDY TX 76524 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$219.62</td> </tr> </table>	Total claim	\$219.62	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$219.62</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$219.62	Nonpriority amount	\$0.00
Total claim									
\$219.62									
Priority amount									
\$219.62									
Nonpriority amount									
\$0.00									
2.3439. Priority creditor's name and mailing address KAEFER, LUCIA H 823 NW 28TH STREET FOR LAUDERDALE FL 33315 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$119.54</td> </tr> </table>	Total claim	\$119.54	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$119.54</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$119.54	Nonpriority amount	\$0.00
Total claim									
\$119.54									
Priority amount									
\$119.54									
Nonpriority amount									
\$0.00									
2.3440. Priority creditor's name and mailing address KAESSINGER, KATIE X 23522 LEYTE DR TORRANCE CA 90505 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$323.16</td> </tr> </table>	Total claim	\$323.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$323.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$323.16	Nonpriority amount	\$0.00
Total claim									
\$323.16									
Priority amount									
\$323.16									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3441. Priority creditor's name and mailing address KAISER, BRANDON E 9032 E 29TH PL 1726 TULSA OK 74129 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$242.92	Priority amount \$242.92 Nonpriority amount \$0.00
2.3442. Priority creditor's name and mailing address KAJOSEVIC, ALMA 167 BELMONT LN WHITMORE LAKE MI 48189 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,682.95	Priority amount \$3,682.95 Nonpriority amount \$0.00
2.3443. Priority creditor's name and mailing address KALAHIKI-PETERSON, KEANI P 47-561 AHILAMA RD. KANEOHE HI 96744 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$165.75	Priority amount \$165.75 Nonpriority amount \$0.00

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2.3444. Priority creditor's name and mailing address KALLA, SAMANTHA P 40 ZEPHYR LILY TRAIL PALM COAST FL 32164 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$508.77	Priority amount \$508.77 Nonpriority amount \$0.00
2.3445. Priority creditor's name and mailing address KALUA, KEALII K 11035 OTSEGO STREET APT #204 NORTH HOLLYWOOD CA 91601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,316.55	Priority amount \$1,316.55 Nonpriority amount \$0.00
2.3446. Priority creditor's name and mailing address KAMINSKI, ALEXIS E 2700 FEATHER RUN TRAIL E20 WEST COLUMBIA SC 29169 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$438.27	Priority amount \$438.27 Nonpriority amount \$0.00

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2.3447. Priority creditor's name and mailing address KANER, REBECCA A 2606 AVENUE N BROOKLYN NY 11210 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$148.20	Priority amount \$148.20 Nonpriority amount \$0.00
2.3448. Priority creditor's name and mailing address KANO, AALIYAH T 45-507 PUONI PLACE KANEOHE HI 96744 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$27.85	Priority amount \$27.85 Nonpriority amount \$0.00
2.3449. Priority creditor's name and mailing address KANTOR, LAUREN E 4332 VIREO AVENUE BRONX NY 10470 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$301.20	Priority amount \$301.20 Nonpriority amount \$0.00

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2.3450. Priority creditor's name and mailing address KAPLAN, KALENTIA M 723 ALFONSO STREET PENSACOLA FL 32505 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$103.38	Priority amount \$103.38 Nonpriority amount \$0.00
2.3451. Priority creditor's name and mailing address KAPUSTA, KATARZYNA 22 BOBWHITE DR. NORWALK CT 06851 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$91.30	Priority amount \$91.30 Nonpriority amount \$0.00
2.3452. Priority creditor's name and mailing address KARMEL, HELLEN 1067 SHENANDOAH DR. SE SALEM OR 97305 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$50.53	Priority amount \$50.53 Nonpriority amount \$0.00

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2.3453. Priority creditor's name and mailing address KARUZA, COURTNEY 285 18TH STREET UNIT C LYNDEN WA 98264 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$462.80	Priority amount \$462.80 Nonpriority amount \$0.00
2.3454. Priority creditor's name and mailing address KASOZI, MARY KASOZI 2051 ASPEN DR INDIANPOLIS IN 46123 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$135.60	Priority amount \$135.60 Nonpriority amount \$0.00
2.3455. Priority creditor's name and mailing address KASSEES, YAZMINE S 65 SPRING GROVE DR. SHERWOOD AR 72120 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$222.65	Priority amount \$222.65 Nonpriority amount \$0.00

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2.3456. Priority creditor's name and mailing address KATAVICH, CORRINE 1420 OUSLEY DRIVE GILROY CA 95020 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$468.38	Priority amount \$468.38 Nonpriority amount \$0.00
2.3457. Priority creditor's name and mailing address KATZ, BRIANNA 1851 WISTERIA CIRCLE BELLPORT NY 11713 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$61.20	Priority amount \$61.20 Nonpriority amount \$0.00
2.3458. Priority creditor's name and mailing address KAUFFMAN, EMMA A 2211 TECHNOLOGY BLVD 106 CONWAY SC 29526 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$40.79	Priority amount \$40.79 Nonpriority amount \$0.00

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2.3459. Priority creditor's name and mailing address KAUR, JASDEEP 1717 VERNA TEST CT STOCKTON CA 95206 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$153.48	Priority amount \$153.48 Nonpriority amount \$0.00
2.3460. Priority creditor's name and mailing address KAUR, MANPREET 107-0 SUTTER AVE OZONE PARK NY 11417 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$465.30	Priority amount \$465.30 Nonpriority amount \$0.00
2.3461. Priority creditor's name and mailing address KAWAKAMI, CIERRA M 4821 S.ROXBURY ST. SEATTLE WA 98118 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$369.90	Priority amount \$369.90 Nonpriority amount \$0.00

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2.3462. Priority creditor's name and mailing address KAWKA, JULIA P 1114 OAKLEY ST. BELVIDERE IL 61008 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,524.62	Priority amount \$3,524.62 Nonpriority amount \$0.00
2.3463. Priority creditor's name and mailing address KAY PACE, TAX COLLECTOR MADISON COUNTY P.O. BOX 113 CANTON MS 39046 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$2,460.16	Priority amount \$2,460.16 Nonpriority amount \$0.00
2.3464. Priority creditor's name and mailing address KAY, KAREN POB 1262 MCKENNA WA 98558 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,152.50	Priority amount \$2,152.50 Nonpriority amount \$0.00

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2.3465. Priority creditor's name and mailing address KAZIC, AMIRA 444 WOODMERE DR GARLAND TX 75043 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$100.24</td> </tr> </table>	Total claim	\$100.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$100.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$100.24	Nonpriority amount	\$0.00
Total claim									
\$100.24									
Priority amount									
\$100.24									
Nonpriority amount									
\$0.00									
2.3466. Priority creditor's name and mailing address KEARNEY, ALEXIS S 1531 ALASKA DRIVE RICHMOND VA 23224 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$530.09</td> </tr> </table>	Total claim	\$530.09	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$530.09</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$530.09	Nonpriority amount	\$0.00
Total claim									
\$530.09									
Priority amount									
\$530.09									
Nonpriority amount									
\$0.00									
2.3467. Priority creditor's name and mailing address KEE, ASHLEY N 904 S COLLEGE AVENUE COLUMBIA MO 65201 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1.89</td> </tr> </table>	Total claim	\$1.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1.89	Nonpriority amount	\$0.00
Total claim									
\$1.89									
Priority amount									
\$1.89									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3468. Priority creditor's name and mailing address KEE, OLIVIA 1281 E FRANCES LN GILBERT AZ 85295 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$139.37	Priority amount \$139.37 Nonpriority amount \$0.00
2.3469. Priority creditor's name and mailing address KEELY, LISA S 150 HARVEST MOON DR RICHLANDS NC 28574 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$332.43	Priority amount \$332.43 Nonpriority amount \$0.00
2.3470. Priority creditor's name and mailing address KEEN, ALEXANDRIA K 13124 D PLAZA OMAHA NE 68144 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$293.00	Priority amount \$293.00 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3471. Priority creditor's name and mailing address KEEN, AMANDA G 211 S CEDARBROOK SPRINGFIELD MO 65802 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,621.53	Priority amount \$2,621.53 Nonpriority amount \$0.00
2.3472. Priority creditor's name and mailing address KEENER-VANDITTI, PAMELA J 223 OMAR ST STRUTHERS OH 44471 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,004.75	Priority amount \$2,004.75 Nonpriority amount \$0.00
2.3473. Priority creditor's name and mailing address KEETON, HEATHER D 572 S BRADFORD NIXA MO 65714 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$5,116.44	Priority amount \$5,116.44 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3474. Priority creditor's name and mailing address KEITCH, KELLY 15919 STILLWOOD #2088 DALLAS TX 75248 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,939.70	Priority amount \$1,939.70 Nonpriority amount \$0.00
2.3475. Priority creditor's name and mailing address KELLER, ALEXIS E 9939 DOWNSVILLE PIKE HAGERSTOWN MD 21740 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$191.91	Priority amount \$191.91 Nonpriority amount \$0.00
2.3476. Priority creditor's name and mailing address KELLER, BRENDA 120 NENTEGO DRIVE FRUITLAND MD 21826 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$87.72	Priority amount \$87.72 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3477. Priority creditor's name and mailing address KELLER, CASSANDRA 5 NABBY RD 60 BROOKFIELD CT 06804 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$38.18	Priority amount \$38.18 Nonpriority amount \$0.00
2.3478. Priority creditor's name and mailing address KELLER, JENNIFER M 518 TANGERINE COVE DR VISTA CA 92083 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$90.96	Priority amount \$90.96 Nonpriority amount \$0.00
2.3479. Priority creditor's name and mailing address KELLY, APRIL 3422 BUTTS RD RAYMOND MS 39154 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,560.88	Priority amount \$1,560.88 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3480. Priority creditor's name and mailing address KELLY, BROOKE K 11112 S 84TH AVE` APT 3B PALOS HILLS IL 60465 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$97.90	Priority amount \$97.90 Nonpriority amount \$0.00
2.3481. Priority creditor's name and mailing address KELLY, ENFINITI B 1310 W. WEATHERSFIELD WAY SCHAUMBURG IL 60193 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$229.90	Priority amount \$229.90 Nonpriority amount \$0.00
2.3482. Priority creditor's name and mailing address KELLY, KAITLIN 249 HAYES NORTHLAKE IL 60164 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$24.75	Priority amount \$24.75 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3483. Priority creditor's name and mailing address KELLY, LEAH M 4913 HEATHER GLEN TRL MCKINNEY TX 75070 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$102.56	Priority amount \$102.56 Nonpriority amount \$0.00
2.3484. Priority creditor's name and mailing address KELLY, SALENA T 1506 AVENUE D GRAND PRAIRIE TX 75051 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$74.49	Priority amount \$74.49 Nonpriority amount \$0.00
2.3485. Priority creditor's name and mailing address KELLY, TAYLOR J 27 PARKDALE DRIVE FARMINGDALE NY 11735 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$60.84	Priority amount \$60.84 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3486. Priority creditor's name and mailing address KELSO, TACI F 1914 69TH AVE OLYMPIA WA 98501 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$210.24	Priority amount \$210.24 Nonpriority amount \$0.00
2.3487. Priority creditor's name and mailing address KENDRICK, DEIONA 893 EAST 209TH STREET EUCLID OH 44119 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$42.15	Priority amount \$42.15 Nonpriority amount \$0.00
2.3488. Priority creditor's name and mailing address KENEFIC, GABRIELLE L 903 GENE CRES CHESAPEAKE VA 23320 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$370.80	Priority amount \$370.80 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3489. Priority creditor's name and mailing address KENNEDY, AYLA C 2810 KENTUCKY AVE BALTIMORE MD 21213 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$287.65	Priority amount \$287.65 Nonpriority amount \$0.00
2.3490. Priority creditor's name and mailing address KENNEDY, KATELYNN R 68 S WELLS AVE #1 RENO NV 89502 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$25.16	Priority amount \$25.16 Nonpriority amount \$0.00
2.3491. Priority creditor's name and mailing address KENNETH L. MAUN TAX ASSESSOR COLLIN COUNTY 2300 BLOOMDALE ROAD, STE 2324 PO BOX 8046 MCKINNEY TX 75070-8046 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$8,620.87	Priority amount \$8,620.87 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3492. Priority creditor's name and mailing address KENT, ANALIESE M 1445 BOONE STREET TUPELO MS 38804 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$105.03</td> <td style="text-align: center;">\$105.03</td> </tr> </table>	Total claim	Priority amount	\$105.03	\$105.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$105.03	\$105.03								
Nonpriority amount									
\$0.00									
2.3493. Priority creditor's name and mailing address KENT, ANNETTE 315 W GRAND AVE APT 1 EAU CLAIRE WI 54703 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$577.17</td> <td style="text-align: center;">\$577.17</td> </tr> </table>	Total claim	Priority amount	\$577.17	\$577.17	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$577.17	\$577.17								
Nonpriority amount									
\$0.00									
2.3494. Priority creditor's name and mailing address KEOHAN, CHRISTA B 108 DUDLEY ST MEDFORD MA 02155-4010 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$857.45</td> <td style="text-align: center;">\$857.45</td> </tr> </table>	Total claim	Priority amount	\$857.45	\$857.45	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$857.45	\$857.45								
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3495. Priority creditor's name and mailing address KERBY, JOLENE J 151 TALL PINES RD FOUNTAIN INN SC 29644 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$153.04</td> </tr> </table>	Total claim	\$153.04	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$153.04</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$153.04	Nonpriority amount	\$0.00
Total claim									
\$153.04									
Priority amount									
\$153.04									
Nonpriority amount									
\$0.00									
2.3496. Priority creditor's name and mailing address KERG, SARAH M 27155 PHOENIX WAY OLMSTED TOWNSHIP OH 44138 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$162.94</td> </tr> </table>	Total claim	\$162.94	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$162.94</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$162.94	Nonpriority amount	\$0.00
Total claim									
\$162.94									
Priority amount									
\$162.94									
Nonpriority amount									
\$0.00									
2.3497. Priority creditor's name and mailing address KERR, ELEANOR J 2559 WOODS DR VICTORIA MN 55318 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$590.62</td> </tr> </table>	Total claim	\$590.62	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$590.62</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$590.62	Nonpriority amount	\$0.00
Total claim									
\$590.62									
Priority amount									
\$590.62									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3498. Priority creditor's name and mailing address KERR, NICOLE 51 OCEAN DRIVE PUNTA GORDA FL 33950 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$69.37</td> </tr> </table>	Total claim	\$69.37	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$69.37</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$69.37	Nonpriority amount	\$0.00
Total claim									
\$69.37									
Priority amount									
\$69.37									
Nonpriority amount									
\$0.00									
2.3499. Priority creditor's name and mailing address KERR, TABITHA P 7507 STARGAZER DRIVE HANAHAN SC 29410 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$700.35</td> </tr> </table>	Total claim	\$700.35	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$700.35</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$700.35	Nonpriority amount	\$0.00
Total claim									
\$700.35									
Priority amount									
\$700.35									
Nonpriority amount									
\$0.00									
2.3500. Priority creditor's name and mailing address KESCOLI, BRANDY S 3223 N KYLE LOOP FLAGSTAFF AZ 86004 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$75.60</td> </tr> </table>	Total claim	\$75.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$75.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$75.60	Nonpriority amount	\$0.00
Total claim									
\$75.60									
Priority amount									
\$75.60									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3501. Priority creditor's name and mailing address KEYS, TREMELL I 2804 GLENN HILLS CIR AUGUSTA GA 30906 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$107.54	Priority amount \$107.54 Nonpriority amount \$0.00
2.3502. Priority creditor's name and mailing address KEYSTONE COLLECTIONS GROUP P.O.BOX 489 IRWIN PA 15642 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$72.03	Priority amount \$72.03 Nonpriority amount \$0.00
2.3503. Priority creditor's name and mailing address KHAIRZADAH, FARHAT F 17402 MILL STONE WAY LATHROP CA 95330 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$97.20	Priority amount \$97.20 Nonpriority amount \$0.00

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2.3504. Priority creditor's name and mailing address KHALID, RUBAB 27781 POINTERS LANE SALISBURY MD 21801 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$116.15	Priority amount \$116.15 Nonpriority amount \$0.00
2.3505. Priority creditor's name and mailing address KHALIQ, MARYAM 2605 24TH AVE ASTORIA NY 11102 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$371.40	Priority amount \$371.40 Nonpriority amount \$0.00
2.3506. Priority creditor's name and mailing address KHAN, HAMID M 4153 PRAIRIE VIEW TRAIL MEDINA MN 55340 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$12,846.94	Priority amount \$12,846.94 Nonpriority amount \$0.00

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2.3507. Priority creditor's name and mailing address KHAN, SANAM A 7449 LINDA LN FALLS CHURCH VA 20101 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$99.80	Priority amount \$99.80 Nonpriority amount \$0.00
2.3508. Priority creditor's name and mailing address KHOUNBORINE, BRITTNEY S 12400 EDISON DR. OKLAHOMA CITY OK 73120 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$167.12	Priority amount \$167.12 Nonpriority amount \$0.00
2.3509. Priority creditor's name and mailing address KIEFT, BRITNEY M 1209 KIMBARK AVE KALAMAZOO MI 49006 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$144.03	Priority amount \$144.03 Nonpriority amount \$0.00

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2.3510. Priority creditor's name and mailing address KILLEN, JAHNESTA S 4609 COMANCHE RD. NE ALBUQUERQUE NM 87110 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$84.46	Priority amount \$84.46 Nonpriority amount \$0.00
2.3511. Priority creditor's name and mailing address KILPATRICK, DANIELLE 5290 BIG ISLAND DRIVE 4312 JACKSONVILLE FL 32246 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$221.32	Priority amount \$221.32 Nonpriority amount \$0.00
2.3512. Priority creditor's name and mailing address KIM, MONICA T 1042 DARBY DR TRACY CA 95377 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$527.40	Priority amount \$527.40 Nonpriority amount \$0.00

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2.3513. Priority creditor's name and mailing address KIMBLE-BADGETT, CHELSEY C 17 PINEBROOK DRIVE EASTHAMPTON MA 01027 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$302.64	Priority amount \$302.64 Nonpriority amount \$0.00
2.3514. Priority creditor's name and mailing address KIMBREL, ANNASTASIA E 1015 HALL AVE 19 KILLEEN TX 76541 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$760.56	Priority amount \$760.56 Nonpriority amount \$0.00
2.3515. Priority creditor's name and mailing address KIMBREW, AUDE 1212 METZE ROAD 16C COLUMBIA SC 29210 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$59.09	Priority amount \$59.09 Nonpriority amount \$0.00

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2.3516. Priority creditor's name and mailing address KIMBULU, MELISSA L 110 COLLEGE PARK CIRCLE 124 LINCOLN NE 68505 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$36.45	Priority amount \$36.45 Nonpriority amount \$0.00
2.3517. Priority creditor's name and mailing address KIMMEY, SAMANTHA P 500 N HIGHLAND AVE TUCSON AZ 85719 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$79.42	Priority amount \$79.42 Nonpriority amount \$0.00
2.3518. Priority creditor's name and mailing address KING, BRENDA 251 EISENHOWER DRIVE APT 332 BILOXI MS 39531 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$94.67	Priority amount \$94.67 Nonpriority amount \$0.00

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2.3519. Priority creditor's name and mailing address KING, BRENDA C 5136 RAVENWOOD DR GREEN CV SPGS FL 32043-8184 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,071.42</td> </tr> </table>	Total claim	\$2,071.42	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,071.42</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,071.42	Nonpriority amount	\$0.00
Total claim									
\$2,071.42									
Priority amount									
\$2,071.42									
Nonpriority amount									
\$0.00									
2.3520. Priority creditor's name and mailing address KING, BRITTANY N 1577 NORTH PERRY HIGHWAY FREDONIA PA 16124 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$553.08</td> </tr> </table>	Total claim	\$553.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$553.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$553.08	Nonpriority amount	\$0.00
Total claim									
\$553.08									
Priority amount									
\$553.08									
Nonpriority amount									
\$0.00									
2.3521. Priority creditor's name and mailing address KING, CARRIE D 4800 UNIVERSITY DR. APT 2G DURHAM NC 27707 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$33.66</td> </tr> </table>	Total claim	\$33.66	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$33.66</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$33.66	Nonpriority amount	\$0.00
Total claim									
\$33.66									
Priority amount									
\$33.66									
Nonpriority amount									
\$0.00									

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2.3522. Priority creditor's name and mailing address KING, CHERIYAH 423 MEADOW DRIVE #3 TROY IL 62294 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$66.14	Priority amount \$66.14 Nonpriority amount \$0.00
2.3523. Priority creditor's name and mailing address KING, EMILY M 406 CLYDE AVENUE FRUITLAND MD 21826 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$134.95	Priority amount \$134.95 Nonpriority amount \$0.00
2.3524. Priority creditor's name and mailing address KING, ISABEL R 3001 W. WEDINGTON DR. 57 FAYETTEVILLE AR 72701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$196.10	Priority amount \$196.10 Nonpriority amount \$0.00

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2.3525. Priority creditor's name and mailing address KING, JUSTYCE 16710 BLACKJACK OAK LN 303 WOODBRIDGE VA 22191 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$71.44	Priority amount \$71.44 Nonpriority amount \$0.00
2.3526. Priority creditor's name and mailing address KING, KAYLAH 2018 LOUETTA MIST DR SPRING TX 77388 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$226.00	Priority amount \$226.00 Nonpriority amount \$0.00
2.3527. Priority creditor's name and mailing address KING, LAASIA M 1940 ORCHARD HOLLOW LN UNIT108 RALEIGH NC 27603 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$670.41	Priority amount \$670.41 Nonpriority amount \$0.00

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2.3528.	Priority creditor's name and mailing address KING, LIBERTY 700 WHIPPLE AVE. NW CANTON OH 44708 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$193.06</td></tr></table>	Total claim	\$193.06	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$193.06</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$193.06	Nonpriority amount	\$0.00
Total claim										
\$193.06										
Priority amount										
\$193.06										
Nonpriority amount										
\$0.00										
2.3529.	Priority creditor's name and mailing address KING, SAMANTHA 19 SHERMAN ST PITTSBURGH PA 15209 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$86.21</td></tr></table>	Total claim	\$86.21	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$86.21</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$86.21	Nonpriority amount	\$0.00
Total claim										
\$86.21										
Priority amount										
\$86.21										
Nonpriority amount										
\$0.00										
2.3530.	Priority creditor's name and mailing address KING, SERAFIN N 315 SOUTH WATER LANE NEW BRAUNFELS TX 78130 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$76.59</td></tr></table>	Total claim	\$76.59	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$76.59</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$76.59	Nonpriority amount	\$0.00
Total claim										
\$76.59										
Priority amount										
\$76.59										
Nonpriority amount										
\$0.00										

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2.3531. Priority creditor's name and mailing address KINGERY, DARIUS D 9445 E 39TH PL TULSA OK 74145 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$449.07	Priority amount \$449.07 Nonpriority amount \$0.00
2.3532. Priority creditor's name and mailing address KINKEAD, ALYSSA L 2850 SE COOKE RD MILWAUKIE OR 97267 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$185.16	Priority amount \$185.16 Nonpriority amount \$0.00
2.3533. Priority creditor's name and mailing address KINNEY, HAILEY PO BOX 84 GEORGETOWN PA 15043 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$92.98	Priority amount \$92.98 Nonpriority amount \$0.00

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2.3534. Priority creditor's name and mailing address KINNEY, KRISTINA 3046 SECANE PLACE PHILADELPHIA PA 19154 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$602.54	Priority amount \$602.54 Nonpriority amount \$0.00
2.3535. Priority creditor's name and mailing address KINSEY, KRISTA R 605 SOUTH NORTHLAKE BLVD APT 84 ALTAMONTE SPRINGS FL 32701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,525.96	Priority amount \$2,525.96 Nonpriority amount \$0.00
2.3536. Priority creditor's name and mailing address KIRKPATRICK, ALLYSSA A 9681C FITZSIMMONS LOOP FORT DRUM NY 13603 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$124.32	Priority amount \$124.32 Nonpriority amount \$0.00

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2.3537. Priority creditor's name and mailing address KIRSCHNER, KAYLA M 2223 HARRISON AVE MUSKEGON MI 49441 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,033.40	Priority amount \$2,033.40 Nonpriority amount \$0.00
2.3538. Priority creditor's name and mailing address KISER, KARALYN M 4353 HUNSBERGER DRIVE UNIT C WARRENTON VA 20187 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,204.65	Priority amount \$1,204.65 Nonpriority amount \$0.00
2.3539. Priority creditor's name and mailing address KISER, MADISYN L 908 WISCONSIN AVENUE SAINT JOSEPH MI 49085 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$203.50	Priority amount \$203.50 Nonpriority amount \$0.00

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2.3540. Priority creditor's name and mailing address KISSOON, MILEENA C 49 PLAZA AVE WATERBURY CT 06710 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$57.32</td> </tr> </table>	Total claim	\$57.32	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$57.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$57.32	Nonpriority amount	\$0.00
Total claim									
\$57.32									
Priority amount									
\$57.32									
Nonpriority amount									
\$0.00									
2.3541. Priority creditor's name and mailing address KITSMILLER, LISA R 7500 SO ULSTER PLACE CENTENNIAL CO 80112 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$244.08</td> </tr> </table>	Total claim	\$244.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$244.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$244.08	Nonpriority amount	\$0.00
Total claim									
\$244.08									
Priority amount									
\$244.08									
Nonpriority amount									
\$0.00									
2.3542. Priority creditor's name and mailing address KITSMILLER, MARY E 7500 S. ULSTER PL. CENTENNIAL CO 80112 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$142.08</td> </tr> </table>	Total claim	\$142.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$142.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$142.08	Nonpriority amount	\$0.00
Total claim									
\$142.08									
Priority amount									
\$142.08									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3543. Priority creditor's name and mailing address KIWAKYOU, RAMONA 5572 CEDAR GARDEN CT SAN JOSE CA 95123-1520 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$6,443.71	Priority amount \$6,443.71 Nonpriority amount \$0.00
2.3544. Priority creditor's name and mailing address KLEIN, MACKENZIE A 1026 GRANDVILLE AVENUE SW 1 GRAND RAPIDS MI 49503 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$130.15	Priority amount \$130.15 Nonpriority amount \$0.00
2.3545. Priority creditor's name and mailing address KLEMENT, JESSICA A 1337 SE ROANOKE ST. PORT SAINT LUCIE FL 34952 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,434.00	Priority amount \$1,434.00 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3546. Priority creditor's name and mailing address KLINGMAN, ANNA K 6275 QUAIL RIDGE EAST PLAINFIELD IN 46168 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$94.08	Priority amount \$94.08 Nonpriority amount \$0.00
2.3547. Priority creditor's name and mailing address KLOBERDANZ, JADEN M 300 HEIDIE LANE MILLIKEN CO 80543 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$33.52	Priority amount \$33.52 Nonpriority amount \$0.00
2.3548. Priority creditor's name and mailing address KLONCZ, ALLISEN 12420 278TH AVE NW ZIMMERMAN MN 55398 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$54.43	Priority amount \$54.43 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**2.3549. **Priority creditor's name and mailing address**KLOSOWSKI, KORI L
2929 DARMOUTH DRIVE
JANESVILLE WI 53548**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$444.15

Priority amount

\$444.15

Nonpriority amount

\$0.00

2.3550. **Priority creditor's name and mailing address**KLOTH, ALANA
16642 MILLRIDGE LANE
HOUSTON TX 77095**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$110.25

Priority amount

\$110.25

Nonpriority amount

\$0.00

2.3551. **Priority creditor's name and mailing address**KLUTTS, BRENNIA SAGE
4716 N HARVARD AVE
WARR ACRES OK 73122**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$50.75

Priority amount

\$50.75

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3552. Priority creditor's name and mailing address KNIGHT, ELEANOR G 15 SOLDIERS RTE SPANISH FORT AL 36527-3009 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$394.84	Priority amount \$394.84 Nonpriority amount \$0.00
2.3553. Priority creditor's name and mailing address KNIGHT, FAUNA N 19 DURHAM TERRACE EASTAMPTON NJ 08060 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$137.88	Priority amount \$137.88 Nonpriority amount \$0.00
2.3554. Priority creditor's name and mailing address KNIGHT, JERYCE 5445 NETHERLANDS AVE BRONX NY 10471 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$156.30	Priority amount \$156.30 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3555. Priority creditor's name and mailing address KNIGHT, JOCELYN R 1202 FOREST VIEW DR AVENEL NJ 07001-2182 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,473.32	Priority amount \$3,473.32 Nonpriority amount \$0.00
2.3556. Priority creditor's name and mailing address KNISELY, TAYLOR M 283 BEDFORD STREET CLAYSBURG PA 16625 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$375.38	Priority amount \$375.38 Nonpriority amount \$0.00
2.3557. Priority creditor's name and mailing address KNOTT, ALEXANDRA 2140 ETHAN WAY SACRAMENTO CA 95825 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$474.76	Priority amount \$474.76 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3558. Priority creditor's name and mailing address KNOWLES, VONDREA R 8753 W. RUNION DR PEORIA AZ 85382 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$59.40</td> </tr> </table>	Total claim	\$59.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$59.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$59.40	Nonpriority amount	\$0.00
Total claim									
\$59.40									
Priority amount									
\$59.40									
Nonpriority amount									
\$0.00									
2.3559. Priority creditor's name and mailing address KO, CHRISTINA 11390 LAMPSON AVE 14 GARDEN GROVE CA 92840 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$826.73</td> </tr> </table>	Total claim	\$826.73	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$826.73</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$826.73	Nonpriority amount	\$0.00
Total claim									
\$826.73									
Priority amount									
\$826.73									
Nonpriority amount									
\$0.00									
2.3560. Priority creditor's name and mailing address KO, HANA 1251 HEULU ST. 906 HONOLULU HI 96822 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$116.86</td> </tr> </table>	Total claim	\$116.86	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$116.86</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$116.86	Nonpriority amount	\$0.00
Total claim									
\$116.86									
Priority amount									
\$116.86									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3561.	Priority creditor's name and mailing address KOCH, KELCIE 2450 PEACH TREE DRIVE APT. 7 FAIRFIELD CA 94533-4710 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,906.39</td> </tr> </table>	Total claim	\$1,906.39	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,906.39</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,906.39	Nonpriority amount	\$0.00
Total claim										
\$1,906.39										
Priority amount										
\$1,906.39										
Nonpriority amount										
\$0.00										
2.3562.	Priority creditor's name and mailing address KOERICK, MEGHAN 35600 PULPIT ROCK RD ANTWERP NY 13608 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$77.37</td> </tr> </table>	Total claim	\$77.37	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$77.37</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$77.37	Nonpriority amount	\$0.00
Total claim										
\$77.37										
Priority amount										
\$77.37										
Nonpriority amount										
\$0.00										
2.3563.	Priority creditor's name and mailing address KOLAREVIC, MARINA 3900 NORMANDIE DR. BOISE ID 83705 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$95.99</td> </tr> </table>	Total claim	\$95.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$95.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$95.99	Nonpriority amount	\$0.00
Total claim										
\$95.99										
Priority amount										
\$95.99										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3564. Priority creditor's name and mailing address KOLESAR, CHEYENNE 502 WEST RIVER RD #56 HOOKSETT NH 03106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,308.80	Priority amount \$1,308.80 Nonpriority amount \$0.00
2.3565. Priority creditor's name and mailing address KOLESZAR, AMANDA L 6513 S VIEW LN GILBERT AZ 85298-4887 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,739.07	Priority amount \$2,739.07 Nonpriority amount \$0.00
2.3566. Priority creditor's name and mailing address KOLISCHAK, ZOE M 133 QUEENSBURY RD WINSTON SALEM NC 27104-3537 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,180.20	Priority amount \$1,180.20 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3567. Priority creditor's name and mailing address KOLLER, LINDSEY M 418 NORTH ROTARY DRIVE HIGH POINT NC 27262 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,265.56	Priority amount \$3,265.56 Nonpriority amount \$0.00
2.3568. Priority creditor's name and mailing address KOLTAY, SIERRA J 569 CULVER PKWY ROCHESTER NY 14609 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$81.25	Priority amount \$81.25 Nonpriority amount \$0.00
2.3569. Priority creditor's name and mailing address KOM, SOPHIA T 720 BEDLOW DR STOCKTON CA 95210-2704 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$757.42	Priority amount \$757.42 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3570. Priority creditor's name and mailing address KOMOROWSKI, MICHELE R 54 PELLEGRINO RD STONINGTON CT 06378-2128 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$5,681.40</td> </tr> </table>	Total claim	\$5,681.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$5,681.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$5,681.40	Nonpriority amount	\$0.00
Total claim									
\$5,681.40									
Priority amount									
\$5,681.40									
Nonpriority amount									
\$0.00									
2.3571. Priority creditor's name and mailing address KONDRATYUK, NATASHA A 12408 NE 20TH ST VANCOUVER WA 98684 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$216.36</td> </tr> </table>	Total claim	\$216.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$216.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$216.36	Nonpriority amount	\$0.00
Total claim									
\$216.36									
Priority amount									
\$216.36									
Nonpriority amount									
\$0.00									
2.3572. Priority creditor's name and mailing address KONGVONGSAY, KYLA E 4550 S JADE AVE WICHITA KS 67216 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$31.46</td> </tr> </table>	Total claim	\$31.46	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$31.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$31.46	Nonpriority amount	\$0.00
Total claim									
\$31.46									
Priority amount									
\$31.46									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3573. Priority creditor's name and mailing address KOON, AIYANA L 434 S 19TH STREET TERRE HAUTE IN 47807 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$529.32	Priority amount \$529.32 Nonpriority amount \$0.00
2.3574. Priority creditor's name and mailing address KOONS, KATI 113 GROVE RUN ROAD COMMERCIAL POINT OH 43116 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,821.10	Priority amount \$1,821.10 Nonpriority amount \$0.00
2.3575. Priority creditor's name and mailing address KOOS, CARLYNNA M 2958 BRIDLEWOOD DR. EL DORADO HILLS CA 95762 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$166.80	Priority amount \$166.80 Nonpriority amount \$0.00

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2.3576. Priority creditor's name and mailing address KORDIC, KATELYN N 930 SOUTH BOULEVARD EDMOND OK 73034 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$596.71	Priority amount \$596.71 Nonpriority amount \$0.00
2.3577. Priority creditor's name and mailing address KORNEYCHUK, BREANNA M 1220 BELLE MEADE WAY BURLESON TX 76028 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,164.30	Priority amount \$1,164.30 Nonpriority amount \$0.00
2.3578. Priority creditor's name and mailing address KORSON, MICHAELA N 911 LYDIA STREET LOUISVILLE KY 40217 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$634.46	Priority amount \$634.46 Nonpriority amount \$0.00

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2.3579. Priority creditor's name and mailing address KOVALESKI, PAIGE A 62 SKYLINE CIRCLE SEWELL NJ 08080 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$337.70	Priority amount \$337.70 Nonpriority amount \$0.00
2.3580. Priority creditor's name and mailing address KOWALESKI, MEGAN E 513 OAKLAWN AVE GREEN BAY WI 54304 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$43.48	Priority amount \$43.48 Nonpriority amount \$0.00
2.3581. Priority creditor's name and mailing address KRACHKOWSKI, ERIKA M 3000 S RANDOLPH ST 269 ARLINGTON VA 22206 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,649.39	Priority amount \$1,649.39 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3582. Priority creditor's name and mailing address KRAMER, JESSICA L 1643 BURRSVILLE ROAD BRICK NJ 08724 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$44.69	Priority amount \$44.69 Nonpriority amount \$0.00
2.3583. Priority creditor's name and mailing address KRAMER, KAREN M 1221 ARBOR COMMONS PL 104 BRANDON FL 33511 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$70.22	Priority amount \$70.22 Nonpriority amount \$0.00
2.3584. Priority creditor's name and mailing address KRAMER, OLIVIA N 5241 GARFIELD AVE PENNSAUKEN NJ 08109 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$196.65	Priority amount \$196.65 Nonpriority amount \$0.00

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2.3585. Priority creditor's name and mailing address KRAUSE, KRISTIN M 1599 VAN ECK RD NE PALM BAY FL 32907-2356 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$4,079.18	Priority amount \$4,079.18 Nonpriority amount \$0.00
2.3586. Priority creditor's name and mailing address KRAUSERT, STEPHANIE L 3951 N FARWELL 4 MILWAUKEE WI 53211 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$128.92	Priority amount \$128.92 Nonpriority amount \$0.00
2.3587. Priority creditor's name and mailing address KRAWCZYK, CHRISTY M 216 COUNTRYSIDE LN WILLIAMSVILLE NY 14221-1521 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$42.40	Priority amount \$42.40 Nonpriority amount \$0.00

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2.3588. Priority creditor's name and mailing address KRAYNAK, PAIGE M 519 NEWPORT DR. GREENSBURG PA 15601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$250.09</td> </tr> </table>	Total claim	\$250.09	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$250.09</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$250.09	Nonpriority amount	\$0.00
Total claim									
\$250.09									
Priority amount									
\$250.09									
Nonpriority amount									
\$0.00									
2.3589. Priority creditor's name and mailing address KREJCI, HEATHER A 2000 WESTOWN PKWY BUILDING 1 APT WEST DES MOINES IA 50265 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$60.95</td> </tr> </table>	Total claim	\$60.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$60.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$60.95	Nonpriority amount	\$0.00
Total claim									
\$60.95									
Priority amount									
\$60.95									
Nonpriority amount									
\$0.00									
2.3590. Priority creditor's name and mailing address KREJCI, SKYLAR N 4786 SW 165TH AVENUE RD OCALA FL 34481 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$146.27</td> </tr> </table>	Total claim	\$146.27	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$146.27</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$146.27	Nonpriority amount	\$0.00
Total claim									
\$146.27									
Priority amount									
\$146.27									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3591. Priority creditor's name and mailing address KREMER, ALYSSA 1220 VILLAGE LANE DULUTH MN 55812 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$75.43	Priority amount \$75.43 Nonpriority amount \$0.00
2.3592. Priority creditor's name and mailing address KREMINSKI, DIANA M 2818 ANDOVER WAY WOODSTOCK GA 30189 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$265.78	Priority amount \$265.78 Nonpriority amount \$0.00
2.3593. Priority creditor's name and mailing address KRESS, ANNA N 34 PENNY LANE BINGHAMTON NY 13905 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$731.38	Priority amount \$731.38 Nonpriority amount \$0.00

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2.3594. Priority creditor's name and mailing address KRETSU, KRINA V 10334 SE 230TH PL KENT WA 98031 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$440.31	Priority amount \$440.31 Nonpriority amount \$0.00
2.3595. Priority creditor's name and mailing address KREUGER, SARA B 1040 ACADEMY DR CONWAY SC 29526 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$200.36	Priority amount \$200.36 Nonpriority amount \$0.00
2.3596. Priority creditor's name and mailing address KRISTEEN ROE, TAX A/C 4151 COUNTY PARK CT. BRYAN TX 77802 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$2,821.47	Priority amount \$2,821.47 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3597. Priority creditor's name and mailing address KROETSCH, ABBYLYNNE J 11535 BLUERIDGE STREET. SCHOOLCRAFT MI 49087 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$135.98	Priority amount \$135.98 Nonpriority amount \$0.00
2.3598. Priority creditor's name and mailing address KROHN, WILLIAM 3104 PONTALUNA RD FRUITPORT MI 49415 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$153.09	Priority amount \$153.09 Nonpriority amount \$0.00
2.3599. Priority creditor's name and mailing address KROLL, MIKAYLA 477 OVERLOOK RD VALLEY MILLS TX 76689 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$470.14	Priority amount \$470.14 Nonpriority amount \$0.00

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2.3600.	Priority creditor's name and mailing address KRUL, LEANNA B 948 STAMLER DRIVE TOMS RIVER NJ 08753 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$149.30</td> </tr> </table>	Total claim	\$149.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$149.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$149.30	Nonpriority amount	\$0.00
Total claim										
\$149.30										
Priority amount										
\$149.30										
Nonpriority amount										
\$0.00										
2.3601.	Priority creditor's name and mailing address KRUPSKI, KATHERINE H 204 S SALISBURY ST APT 1 WEST LAFAYETTE IN 47906 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$100.85</td> </tr> </table>	Total claim	\$100.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$100.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$100.85	Nonpriority amount	\$0.00
Total claim										
\$100.85										
Priority amount										
\$100.85										
Nonpriority amount										
\$0.00										
2.3602.	Priority creditor's name and mailing address KRUSENSTJERNA, LORI A 20913 54TH AVE W LYNNWOOD WA 98036 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,208.66</td> </tr> </table>	Total claim	\$2,208.66	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,208.66</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,208.66	Nonpriority amount	\$0.00
Total claim										
\$2,208.66										
Priority amount										
\$2,208.66										
Nonpriority amount										
\$0.00										

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2.3603. Priority creditor's name and mailing address KRZYS, JANIE E 110 JAIME LANE FOLLANSBEE WV 26037 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$81.83</td> </tr> </table>	Total claim	\$81.83	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$81.83</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$81.83	Nonpriority amount	\$0.00
Total claim									
\$81.83									
Priority amount									
\$81.83									
Nonpriority amount									
\$0.00									
2.3604. Priority creditor's name and mailing address KSIAZEK, ANGELIKA 85 CAMP AVE. APT. 2B STAMFORD CT 06907 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$650.86</td> </tr> </table>	Total claim	\$650.86	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$650.86</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$650.86	Nonpriority amount	\$0.00
Total claim									
\$650.86									
Priority amount									
\$650.86									
Nonpriority amount									
\$0.00									
2.3605. Priority creditor's name and mailing address KUBAY, JANNETA 3512 NE 17TH PL RENTON WA 98056 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$360.84</td> </tr> </table>	Total claim	\$360.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$360.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$360.84	Nonpriority amount	\$0.00
Total claim									
\$360.84									
Priority amount									
\$360.84									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3606. Priority creditor's name and mailing address KUE, ISABELLA 7858 HIGHWAY 124 W HOSCHTON GA 30548 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$568.37	Priority amount \$568.37 Nonpriority amount \$0.00
2.3607. Priority creditor's name and mailing address KUE, VANESSA 9438 NORTH AMORET AVENUE KANSAS CITY MO 64154 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$218.01	Priority amount \$218.01 Nonpriority amount \$0.00
2.3608. Priority creditor's name and mailing address KUKUCZKA, SARAH L 7873 MELVIN AVE RESEDA CA 91335-1608 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$739.71	Priority amount \$739.71 Nonpriority amount \$0.00

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2.3609. Priority creditor's name and mailing address KULAKOWSKI, NOELLE M 9977 SOUTH CANTERBURY ROAD PHILADELPHIA PA 19114 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$169.43</td> </tr> </table>	Total claim	\$169.43	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$169.43</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$169.43	Nonpriority amount	\$0.00
Total claim									
\$169.43									
Priority amount									
\$169.43									
Nonpriority amount									
\$0.00									
2.3610. Priority creditor's name and mailing address KUNDU, SNEHAN 8609 LANCOME DR PLANO TX 75025 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$173.09</td> </tr> </table>	Total claim	\$173.09	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$173.09</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$173.09	Nonpriority amount	\$0.00
Total claim									
\$173.09									
Priority amount									
\$173.09									
Nonpriority amount									
\$0.00									
2.3611. Priority creditor's name and mailing address KUROSAWA, JOAQUINA 729 HAIKU ROAD HAIKU HI 96708 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$173.22</td> </tr> </table>	Total claim	\$173.22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$173.22</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$173.22	Nonpriority amount	\$0.00
Total claim									
\$173.22									
Priority amount									
\$173.22									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3612. Priority creditor's name and mailing address KURTH, ALYSON A 243 S PINE STREET FALL CREEK WI 54742 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$782.39	Priority amount \$782.39 Nonpriority amount \$0.00
2.3613. Priority creditor's name and mailing address KUTSUFLAKIS, AGUSTINA A 21 EAST 17TH ST LINDEN NJ 07036 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$150.10	Priority amount \$150.10 Nonpriority amount \$0.00
2.3614. Priority creditor's name and mailing address LA, RUE IAN C 17618 OSPREY RD ARLINGTON WA 98223 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$4,702.76	Priority amount \$4,702.76 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3615. Priority creditor's name and mailing address LABARAN, ANGELA 18330 N 79TH AVE AP T2127 GLENDALE AZ 85308 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,549.36</td> </tr> </table>	Total claim	\$1,549.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,549.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,549.36	Nonpriority amount	\$0.00
Total claim									
\$1,549.36									
Priority amount									
\$1,549.36									
Nonpriority amount									
\$0.00									
2.3616. Priority creditor's name and mailing address LABARCA, TABATHA R 23 APACHE TERRACE FREDERICKSBURG VA 22401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$33.44</td> </tr> </table>	Total claim	\$33.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$33.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$33.44	Nonpriority amount	\$0.00
Total claim									
\$33.44									
Priority amount									
\$33.44									
Nonpriority amount									
\$0.00									
2.3617. Priority creditor's name and mailing address LABBE, MORGAN A 8 PLATT AVENUE 2 MERIDEN CT 06451 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$46.26</td> </tr> </table>	Total claim	\$46.26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$46.26</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$46.26	Nonpriority amount	\$0.00
Total claim									
\$46.26									
Priority amount									
\$46.26									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3618. Priority creditor's name and mailing address LABRIE, CAPBRIELLA A 84 COLONIAL RD HARRISVILLE RI 02830 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$118.80	Priority amount \$118.80 Nonpriority amount \$0.00
2.3619. Priority creditor's name and mailing address LACEY, MONIQUE 347 S. GLADSTONE AVE AURORA IL 60506 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$531.52	Priority amount \$531.52 Nonpriority amount \$0.00
2.3620. Priority creditor's name and mailing address LACHAPELLE, CARMELLE 91-35 195TH ST APT A8 HOLLIS NY 11423 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$187.80	Priority amount \$187.80 Nonpriority amount \$0.00

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2.3621. Priority creditor's name and mailing address LACOE, HALEY A 3907 BRIACREST DR NORMAN OK 73072 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$149.72</td> </tr> </table>	Total claim	\$149.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$149.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$149.72	Nonpriority amount	\$0.00
Total claim									
\$149.72									
Priority amount									
\$149.72									
Nonpriority amount									
\$0.00									
2.3622. Priority creditor's name and mailing address LACOVARA, MEGAN 8 FIRESIDE COURT NORWALK CT 06850 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$40.91</td> </tr> </table>	Total claim	\$40.91	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$40.91</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$40.91	Nonpriority amount	\$0.00
Total claim									
\$40.91									
Priority amount									
\$40.91									
Nonpriority amount									
\$0.00									
2.3623. Priority creditor's name and mailing address LACSON, ANGELICA 13922 STAR RUBY AVENUE EASTVALE CA 92880 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$38.40</td> </tr> </table>	Total claim	\$38.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$38.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$38.40	Nonpriority amount	\$0.00
Total claim									
\$38.40									
Priority amount									
\$38.40									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3624. Priority creditor's name and mailing address LACY, SARAH C 1110 ST. APT 75 75 EL CAJON CA 92020 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$186.84	Priority amount \$186.84 Nonpriority amount \$0.00
2.3625. Priority creditor's name and mailing address LADD, LINDSAY P 567 BRIDGETTE DRIVE CLARKSVILLE TN 37042 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$62.47	Priority amount \$62.47 Nonpriority amount \$0.00
2.3626. Priority creditor's name and mailing address LADD, MICHELLE L 20 RUSTIC ACRES DRIVE WOLCOTT CT 06716-1736 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$6,780.95	Priority amount \$6,780.95 Nonpriority amount \$0.00

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2.3627. Priority creditor's name and mailing address LAFAYETTE CONSOLIDATED GOVERNMENT P.O. BOX 4024 LAFAYETTE LA 70502 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$550.00	Priority amount \$550.00 Nonpriority amount \$0.00
2.3628. Priority creditor's name and mailing address LAFFERTY, CARLY P 490 OLD STAGE ROAD LEWISBERRY PA 17339 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$221.49	Priority amount \$221.49 Nonpriority amount \$0.00
2.3629. Priority creditor's name and mailing address LAFLEUR, LAKESHIA 1320 N HOUSTON AVE 400A HUMBLE TX 77338 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$156.16	Priority amount \$156.16 Nonpriority amount \$0.00

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2.3630. Priority creditor's name and mailing address LAGLIVA, ANJELICA G 8000 WEST RIDGE DRIY BROADVIEW HEIGHTS OH 44147 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$119.88</td> </tr> </table>	Total claim	\$119.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$119.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$119.88	Nonpriority amount	\$0.00
Total claim									
\$119.88									
Priority amount									
\$119.88									
Nonpriority amount									
\$0.00									
2.3631. Priority creditor's name and mailing address LAGUNAS, DIANA 8158 LOG HOLLOW DR. HOUSTON TX 77040 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$56.24</td> </tr> </table>	Total claim	\$56.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$56.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$56.24	Nonpriority amount	\$0.00
Total claim									
\$56.24									
Priority amount									
\$56.24									
Nonpriority amount									
\$0.00									
2.3632. Priority creditor's name and mailing address LAGUNAS, MARIA L 668 S COMANCHE DR 5202 ARVIN CA 93203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$127.08</td> </tr> </table>	Total claim	\$127.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$127.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$127.08	Nonpriority amount	\$0.00
Total claim									
\$127.08									
Priority amount									
\$127.08									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3633. Priority creditor's name and mailing address LAGUNERA, KATRINA ANN P 7555 MISSION ST. DALY CITY CA 94014 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$839.18</td></tr></table>	Total claim	\$839.18	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$839.18</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$839.18	Nonpriority amount	\$0.00
Total claim									
\$839.18									
Priority amount									
\$839.18									
Nonpriority amount									
\$0.00									
2.3634. Priority creditor's name and mailing address LAHART, AMANDA C 6017 62ND COURT EAST PALMETTO FL 34221 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$79.63</td></tr></table>	Total claim	\$79.63	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$79.63</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$79.63	Nonpriority amount	\$0.00
Total claim									
\$79.63									
Priority amount									
\$79.63									
Nonpriority amount									
\$0.00									
2.3635. Priority creditor's name and mailing address LAHN, MADISON 7248 MAHAFFEY DRIVE NEW PORT RICHEY FL 34653 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$260.40</td></tr></table>	Total claim	\$260.40	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$260.40</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$260.40	Nonpriority amount	\$0.00
Total claim									
\$260.40									
Priority amount									
\$260.40									
Nonpriority amount									
\$0.00									

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2.3636. Priority creditor's name and mailing address LAINEZ, JENNIFER 2918 STEELHEAD DR. HOUSTON TX 77045 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$64.64	Priority amount \$64.64 Nonpriority amount \$0.00
2.3637. Priority creditor's name and mailing address LAINEZ, JERLIN E 1166 CRENSHAW BLVD APT # 5 LOS ANGELES CA 90019 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$214.00	Priority amount \$214.00 Nonpriority amount \$0.00
2.3638. Priority creditor's name and mailing address LAL, SUSANNA U 261 IRIS COURT APT. C STOCKTON CA 95210 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$788.41	Priority amount \$788.41 Nonpriority amount \$0.00

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2.3639.	Priority creditor's name and mailing address LAM, MELISSA 105 ENCLAVE CIR APT 4 CAPE GIRARDEAU MO 63701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$27.78</td></tr></table>	Total claim	\$27.78	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$27.78</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$27.78	Nonpriority amount	\$0.00
Total claim										
\$27.78										
Priority amount										
\$27.78										
Nonpriority amount										
\$0.00										
2.3640.	Priority creditor's name and mailing address LAMANTIA, KIMBERLY K 6123 W 81ST PL BURBANK IL 60459 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$86.81</td></tr></table>	Total claim	\$86.81	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$86.81</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$86.81	Nonpriority amount	\$0.00
Total claim										
\$86.81										
Priority amount										
\$86.81										
Nonpriority amount										
\$0.00										
2.3641.	Priority creditor's name and mailing address LAMAR, DE'BRIASHA D 836 DAWNING LANE JOHNS ISLAND SC 29455 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$259.87</td></tr></table>	Total claim	\$259.87	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$259.87</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$259.87	Nonpriority amount	\$0.00
Total claim										
\$259.87										
Priority amount										
\$259.87										
Nonpriority amount										
\$0.00										

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2.3642. Priority creditor's name and mailing address LAMAR, KIRSTEN J 1347 LAVIN LANE DRIVE NORTH FORT MYERS FL 33917 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$88.41	Priority amount \$88.41 Nonpriority amount \$0.00
2.3643. Priority creditor's name and mailing address LAMAR, SHARMAE 2494 EMERALD RIDGE LOOP TALLAHASSEE FL 32303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$158.88	Priority amount \$158.88 Nonpriority amount \$0.00
2.3644. Priority creditor's name and mailing address LAMB, JENNIFER A 5521 ROSEHILL ROAD 104 SARASOTA FL 34233 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,996.20	Priority amount \$2,996.20 Nonpriority amount \$0.00

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2.3645. Priority creditor's name and mailing address LAMB, SAVANNAH S 203 CRESTLEIGH DRIVE WINCHESTER VA 22602 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$128.04	Priority amount \$128.04 Nonpriority amount \$0.00
2.3646. Priority creditor's name and mailing address LAMBERT, PEYTON 12413 238TH ST GREENWOOD NE 68366-2162 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$80.04	Priority amount \$80.04 Nonpriority amount \$0.00
2.3647. Priority creditor's name and mailing address LAMBERT, SOPHIA 192 BEACH ST BRIDGEPORT CT 06608-1903 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,912.37	Priority amount \$1,912.37 Nonpriority amount \$0.00

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2.3648. Priority creditor's name and mailing address LAMBERTSEN, HAYLEY M 6340 CARVER OAKS DR. APT. 1521 FAYETTEVILLE NC 28311 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$444.65	Priority amount \$444.65 Nonpriority amount \$0.00
2.3649. Priority creditor's name and mailing address LAMBUS, LAUREN A 13099 WESTHEIMER ROAD APT # 2506 HOUSTON TX 77077 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$29.50	Priority amount \$29.50 Nonpriority amount \$0.00
2.3650. Priority creditor's name and mailing address LAMPHERE, BRIDGET 133 BAYBERRY DR ROYERSFORD PA 19468 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$8,709.58	Priority amount \$8,709.58 Nonpriority amount \$0.00

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2.3651. Priority creditor's name and mailing address LANDIS, CHELSEA A 2351 ROBIN LANE MOUND MN 55364 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$30.07	Priority amount \$30.07 Nonpriority amount \$0.00
2.3652. Priority creditor's name and mailing address LANDON, HALEY S 15937 W. DODGE RD 2C OMAHA NE 68118 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$178.02	Priority amount \$178.02 Nonpriority amount \$0.00
2.3653. Priority creditor's name and mailing address LANDON-SCOTT, COURTNEY 8136 N EDGE O WOODS DR BROWN DEER WI 53223 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$101.21	Priority amount \$101.21 Nonpriority amount \$0.00

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2.3654. Priority creditor's name and mailing address LANDRUM, ALLYSA 1681 E FLINT ST CHANDLER AZ 85225-5235 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$286.56	Priority amount \$286.56 Nonpriority amount \$0.00
2.3655. Priority creditor's name and mailing address LANE, JAUNIECE N 640 DR MARY MCLEOD BETHUNE BLV DAYTONA BEACH FL 32114 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$221.06	Priority amount \$221.06 Nonpriority amount \$0.00
2.3656. Priority creditor's name and mailing address LANE, NIKIAH 90 EAST MARSHALL ROAD LANSLOWNE PA 19050 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$84.03	Priority amount \$84.03 Nonpriority amount \$0.00

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2.3657. Priority creditor's name and mailing address LANE, ROSA V 11 BALDWIN DRIVE FREDRICKSBURG VA 22406 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$135.38	Priority amount \$135.38 Nonpriority amount \$0.00
2.3658. Priority creditor's name and mailing address LANG, CASSIE J 3106 PALOMINO WAY GRAND JUNCTION CO 81504 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$104.34	Priority amount \$104.34 Nonpriority amount \$0.00
2.3659. Priority creditor's name and mailing address LANG, TRENADY G 708 HOYT HALL YPSILANTI MI 48197 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$39.96	Priority amount \$39.96 Nonpriority amount \$0.00

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2.3660. Priority creditor's name and mailing address LANGE, SARA K 1539 WATER OAK CT CASTLE ROCK CO 80108 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$241.87	Priority amount \$241.87 Nonpriority amount \$0.00
2.3661. Priority creditor's name and mailing address LANGEWISCH, AMY M 440 HILLCREST BLVD. BALLWIN MO 63021 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,514.68	Priority amount \$2,514.68 Nonpriority amount \$0.00
2.3662. Priority creditor's name and mailing address LAPID, JEANETTE C 9306 COUGAR COURT MANASSAS PARK VA 20111 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$74.68	Priority amount \$74.68 Nonpriority amount \$0.00

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2.3663. Priority creditor's name and mailing address LAPORTE, ELIZABETH 1098 DURANGO ST SE PALM BAY FL 32909 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,097.10</td> <td style="text-align: center;">\$1,097.10</td> </tr> </table>	Total claim	Priority amount	\$1,097.10	\$1,097.10	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$1,097.10	\$1,097.10								
Nonpriority amount									
\$0.00									
2.3664. Priority creditor's name and mailing address LARA, REYES M 413 S EASTLAND AVE PEORIA IL 61604 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$238.68</td> <td style="text-align: center;">\$238.68</td> </tr> </table>	Total claim	Priority amount	\$238.68	\$238.68	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$238.68	\$238.68								
Nonpriority amount									
\$0.00									
2.3665. Priority creditor's name and mailing address LARK, SHERRI 64 LINDSEY MARIE LN MUNFORD TN 38058 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,254.55</td> <td style="text-align: center;">\$2,254.55</td> </tr> </table>	Total claim	Priority amount	\$2,254.55	\$2,254.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$2,254.55	\$2,254.55								
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3666. Priority creditor's name and mailing address LAROSE, KIMBERLY A 368 CHANNING DRIVE CHAMBERSBURG PA 17201-3209 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,319.63</td> </tr> </table>	Total claim	\$2,319.63	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,319.63</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,319.63	Nonpriority amount	\$0.00
Total claim									
\$2,319.63									
Priority amount									
\$2,319.63									
Nonpriority amount									
\$0.00									
2.3667. Priority creditor's name and mailing address LARSEN, JESSICA N 214 TOMS RIVER RD JACKSON NJ 08527-3715 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$174.08</td> </tr> </table>	Total claim	\$174.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$174.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$174.08	Nonpriority amount	\$0.00
Total claim									
\$174.08									
Priority amount									
\$174.08									
Nonpriority amount									
\$0.00									
2.3668. Priority creditor's name and mailing address LARSON, KIRSTEN S 120 OAK TRAIL CHICKAMAUGA GA 30707 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$473.55</td> </tr> </table>	Total claim	\$473.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$473.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$473.55	Nonpriority amount	\$0.00
Total claim									
\$473.55									
Priority amount									
\$473.55									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3669. Priority creditor's name and mailing address LARSON, NICOLE 2510 WHITLEY ROAD FORT MILL SC 29708 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$572.36	Priority amount \$572.36 Nonpriority amount \$0.00
2.3670. Priority creditor's name and mailing address LARSON, ROSANNE 6120 N MCKINLEY RD FLUSHING MI 48433-1169 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$6,725.95	Priority amount \$6,725.95 Nonpriority amount \$0.00
2.3671. Priority creditor's name and mailing address LASALLE, DESIREE G 7561 N WAUKEGAN RD NILES IL 60714 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$372.41	Priority amount \$372.41 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3672. Priority creditor's name and mailing address LASSIG, ALYSSA M 8222 KINGSBROOK RD APT 328 HOUSTON TX 77024 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,814.80</td> </tr> </table>	Total claim	\$1,814.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,814.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,814.80	Nonpriority amount	\$0.00
Total claim									
\$1,814.80									
Priority amount									
\$1,814.80									
Nonpriority amount									
\$0.00									
2.3673. Priority creditor's name and mailing address LATCHMAN, KERRI 203 WESTWOOD DR BRENTWOOD NY 11717 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$148.20</td> </tr> </table>	Total claim	\$148.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$148.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$148.20	Nonpriority amount	\$0.00
Total claim									
\$148.20									
Priority amount									
\$148.20									
Nonpriority amount									
\$0.00									
2.3674. Priority creditor's name and mailing address LATIMER, JASMINE J 800 SWADLEY RD # 400 400 JOHNSON CITY TN 37601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$92.01</td> </tr> </table>	Total claim	\$92.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$92.01</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$92.01	Nonpriority amount	\$0.00
Total claim									
\$92.01									
Priority amount									
\$92.01									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3675. Priority creditor's name and mailing address LATTA, MICHAEL P 211 PARABLE COVE PFLUGERVILLE TX 78660 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$5,009.74	Priority amount \$5,009.74 Nonpriority amount \$0.00
2.3676. Priority creditor's name and mailing address LAU, ANNAI 417 NORTH F STEET IMPERIAL CA 92251 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$181.56	Priority amount \$181.56 Nonpriority amount \$0.00
2.3677. Priority creditor's name and mailing address LAUBER, MADISON E 400 NORTH E ST MILFORD NE 68405 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$476.52	Priority amount \$476.52 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3678. Priority creditor's name and mailing address LAUZON, ALANNA L 2331 TWIN LAKES DR APT 2B YPSILANTI MI 48197 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$924.14	Priority amount \$924.14 Nonpriority amount \$0.00
2.3679. Priority creditor's name and mailing address LAVELLE, ANNMARIE 78-09 64TH LANE GLENDALE NY 11385 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$967.90	Priority amount \$967.90 Nonpriority amount \$0.00
2.3680. Priority creditor's name and mailing address LAVOTA, ALEX M N53 W35741 HILLVIEW CT OCONOMOWOC WI 53066 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$489.45	Priority amount \$489.45 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3681. Priority creditor's name and mailing address LAW, SAMANTHA D 5027 N TEE PEE LN LAS VEGAS NV 89149 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$230.71</td> </tr> </table>	Total claim	\$230.71	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$230.71</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$230.71	Nonpriority amount	\$0.00
Total claim									
\$230.71									
Priority amount									
\$230.71									
Nonpriority amount									
\$0.00									
2.3682. Priority creditor's name and mailing address LAWLER, KELSEY N 4562 TURNEY RD MADISON OH 44057 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$25.80</td> </tr> </table>	Total claim	\$25.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$25.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$25.80	Nonpriority amount	\$0.00
Total claim									
\$25.80									
Priority amount									
\$25.80									
Nonpriority amount									
\$0.00									
2.3683. Priority creditor's name and mailing address LAWLER, PATIENCE R 11423 LUCKY DAN DR NOBLESVILLE IN 46060 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$91.06</td> </tr> </table>	Total claim	\$91.06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$91.06</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$91.06	Nonpriority amount	\$0.00
Total claim									
\$91.06									
Priority amount									
\$91.06									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3684. Priority creditor's name and mailing address LAWRENCE, ALANA J 9190 CASCADE FALLS DRIVE BRISTOW VA 20136 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$147.83	Priority amount \$147.83 Nonpriority amount \$0.00
2.3685. Priority creditor's name and mailing address LAWRENCE, BRIELLE N 700 GREGORY ST 303 NORMAL IL 61761 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$62.46	Priority amount \$62.46 Nonpriority amount \$0.00
2.3686. Priority creditor's name and mailing address LAWRENCE-IVEY, QUIANA 218 EIGHTEENTH AVE NEWARK NJ 07108 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$91.78	Priority amount \$91.78 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3687. Priority creditor's name and mailing address LAWSON, JANESHA 115 LIZ ROAD LAPINE AL 36046 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$43.95	Priority amount \$43.95 Nonpriority amount \$0.00
2.3688. Priority creditor's name and mailing address LAWSON, KENIESHA 416 ROCKAWAY PARKWAY APT 17B BROOKLYN NY 11212 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$44.40	Priority amount \$44.40 Nonpriority amount \$0.00
2.3689. Priority creditor's name and mailing address LAX, ALEXIS 355 CASWELL AVE OAKLAND CA 94603 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$192.96	Priority amount \$192.96 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3690.	Priority creditor's name and mailing address LAYNE, DANIELLE 5109 GOLDSBORO DR APT 20J HAMPTON VA 23605 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$107.39</td> </tr> </table>	Total claim	\$107.39	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$107.39</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$107.39	Nonpriority amount	\$0.00
Total claim										
\$107.39										
Priority amount										
\$107.39										
Nonpriority amount										
\$0.00										
2.3691.	Priority creditor's name and mailing address LAZ, JASMINE E 24315 SANDHILL TRAILS CT HOCKLEY TX 77447-7678 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$133.00</td> </tr> </table>	Total claim	\$133.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$133.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$133.00	Nonpriority amount	\$0.00
Total claim										
\$133.00										
Priority amount										
\$133.00										
Nonpriority amount										
\$0.00										
2.3692.	Priority creditor's name and mailing address LAZZARI-MORGAN, DESTINY A 2678 WOODMEADOW DR SE APT H GRAND RAPIDS MI 49546 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$65.21</td> </tr> </table>	Total claim	\$65.21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$65.21</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$65.21	Nonpriority amount	\$0.00
Total claim										
\$65.21										
Priority amount										
\$65.21										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3693. Priority creditor's name and mailing address LEANOS, SABRINDA 4208 MARIA ST MISSION TX 78573 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$206.83	Priority amount \$206.83 Nonpriority amount \$0.00
2.3694. Priority creditor's name and mailing address LEAP, EMILY F 1311 3RD AVE 1ST FLOOR ALTOONA PA 16602 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$108.54	Priority amount \$108.54 Nonpriority amount \$0.00
2.3695. Priority creditor's name and mailing address LEATHERMAN, AMANDA 208 IRONMASTER DR THURMONT MD 21788 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$138.92	Priority amount \$138.92 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3696. Priority creditor's name and mailing address LEATHERS, SHALIET C 1501 W CLUB BLVD APT A DURHAM NC 27705 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$59.24	Priority amount \$59.24 Nonpriority amount \$0.00
2.3697. Priority creditor's name and mailing address LECLAIRE, CYNTHIA 2036 LANEY DR SANGER TX 76266 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,770.74	Priority amount \$2,770.74 Nonpriority amount \$0.00
2.3698. Priority creditor's name and mailing address LECOINTE, KEYRA-NICOLE 10 COLD SPRING LN NEWBURGH NY 12550 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$171.27	Priority amount \$171.27 Nonpriority amount \$0.00

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2.3699. Priority creditor's name and mailing address LEDESMA, JENNIFER 5498 BABB AVE RIVERSIDE CA 92503 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$347.76	Priority amount \$347.76 Nonpriority amount \$0.00
2.3700. Priority creditor's name and mailing address LEE COUNTY TAX COLLECTOR P.O. BOX 271 TUPELO MS 38802 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$2,597.29	Priority amount \$2,597.29 Nonpriority amount \$0.00
2.3701. Priority creditor's name and mailing address LEE, AMANDA 5285 PONDVIEW LN BIG LAKE MN 55309-8268 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,315.94	Priority amount \$2,315.94 Nonpriority amount \$0.00

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2.3702. Priority creditor's name and mailing address LEE, BLOSSUM 1126 HARMON CIRCLE SUN PRAIRIE WI 53590 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$96.64</td> </tr> </table>	Total claim	\$96.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$96.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$96.64	Nonpriority amount	\$0.00
Total claim									
\$96.64									
Priority amount									
\$96.64									
Nonpriority amount									
\$0.00									
2.3703. Priority creditor's name and mailing address LEE, BRITTANY N 538 E 10TH ST LOVELAND CO 80537 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,445.12</td> </tr> </table>	Total claim	\$1,445.12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,445.12</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,445.12	Nonpriority amount	\$0.00
Total claim									
\$1,445.12									
Priority amount									
\$1,445.12									
Nonpriority amount									
\$0.00									
2.3704. Priority creditor's name and mailing address LEE, DANIELLE 8610 S MARYLAND PKWY 3109 LAS VEGAS NV 89123 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$49.26</td> </tr> </table>	Total claim	\$49.26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$49.26</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$49.26	Nonpriority amount	\$0.00
Total claim									
\$49.26									
Priority amount									
\$49.26									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3705. Priority creditor's name and mailing address LEE, DESTINY 2927 E VIA TERRANO ONTARIO CA 91764 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$130.20</td> <td>\$130.20</td> </tr> </table>	Total claim	Priority amount	\$130.20	\$130.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$130.20	\$130.20								
Nonpriority amount									
\$0.00									
2.3706. Priority creditor's name and mailing address LEE, EBONY F 2903 BAINBRIDGE DRIVE APT L DURHAM NC 27713 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$129.80</td> <td>\$129.80</td> </tr> </table>	Total claim	Priority amount	\$129.80	\$129.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$129.80	\$129.80								
Nonpriority amount									
\$0.00									
2.3707. Priority creditor's name and mailing address LEE, ELISSA J 4 MIDWOOD AVENUE EDISON NJ 08820 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$76.55</td> <td>\$76.55</td> </tr> </table>	Total claim	Priority amount	\$76.55	\$76.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$76.55	\$76.55								
Nonpriority amount									
\$0.00									

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2.3708. Priority creditor's name and mailing address LEE, EMANI S 4250 HOULDSWORTH DR CHARLOTTE NC 28213 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$655.05	Priority amount \$655.05 Nonpriority amount \$0.00
2.3709. Priority creditor's name and mailing address LEE, GIA 540 N LOCUST ST APPLETON WI 54914-2716 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,263.91	Priority amount \$2,263.91 Nonpriority amount \$0.00
2.3710. Priority creditor's name and mailing address LEE, HANNAH O 510 N. 38TH AVE APT #13 HATTIESBURG MS 39401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$130.87	Priority amount \$130.87 Nonpriority amount \$0.00

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2.3711. Priority creditor's name and mailing address LEE, JODIE 3313 HIDDEN HILLS CT. ANTIOCH CA 94531 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$158.40	Priority amount \$158.40 Nonpriority amount \$0.00
2.3712. Priority creditor's name and mailing address LEE, KACEY-ROSE L 1854 MIDFIELD AVE APT. #6 SAN JOSE CA 95122 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$211.20	Priority amount \$211.20 Nonpriority amount \$0.00
2.3713. Priority creditor's name and mailing address LEE, KATIE 2147 ARCADE STREET MAPLEWOOD MN 55109 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$36.19	Priority amount \$36.19 Nonpriority amount \$0.00

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2.3714. Priority creditor's name and mailing address LEE, LISA 1625 HAZEL ST. N. SAINT PAUL MN 55119 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$646.80	Priority amount \$646.80 Nonpriority amount \$0.00
2.3715. Priority creditor's name and mailing address LEE, MARGARET M 2515 HAWTHORN RD MARENGO IL 60152 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$630.27	Priority amount \$630.27 Nonpriority amount \$0.00
2.3716. Priority creditor's name and mailing address LEE, MARKELL J 4545 N. 15TH ST. APT 222 PHOENIX AZ 85014 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$77.88	Priority amount \$77.88 Nonpriority amount \$0.00

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2.3717. Priority creditor's name and mailing address LEE, NICOLE 845 SE 142ND AVE PORTLAND OR 97233 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$137.64	Priority amount \$137.64 Nonpriority amount \$0.00
2.3718. Priority creditor's name and mailing address LEE, NICOLE S 46 MILLBROOK DRIVE 1 MIDDLETOWN NJ 07748 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$84.34	Priority amount \$84.34 Nonpriority amount \$0.00
2.3719. Priority creditor's name and mailing address LEE, SHANNA 91 PROSPECT STREET APT 19 EAST ORANGE NJ 07017 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,535.09	Priority amount \$1,535.09 Nonpriority amount \$0.00

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2.3720. Priority creditor's name and mailing address LEE, TAMARA M 2442 CHESTNUT RIDGE PLACE HOOVER AL 35216 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,665.27	Priority amount \$2,665.27 Nonpriority amount \$0.00
2.3721. Priority creditor's name and mailing address LEE, TAVIN B 502 WYANDOT WOODS BLVD. 20 HOLLYTREE D MONROE OH 45050 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$298.92	Priority amount \$298.92 Nonpriority amount \$0.00
2.3722. Priority creditor's name and mailing address LEEN, KYA E 13001 IRVING AVE BURNSVILLE MN 55337 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$130.15	Priority amount \$130.15 Nonpriority amount \$0.00

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2.3723. Priority creditor's name and mailing address LEFLORE, YVETTE D 8715 PLUM CREEK COURT 4756 COUNTRY L FRANKLIN OH 45005 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$48.56</td></tr></table>	Total claim	\$48.56	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$48.56</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$48.56	Nonpriority amount	\$0.00
Total claim									
\$48.56									
Priority amount									
\$48.56									
Nonpriority amount									
\$0.00									
2.3724. Priority creditor's name and mailing address LEFTHAND, ELIZABETH R 708 S. EUCLID AVE. APT. #1 SIOUX FALLS SD 57104 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$223.41</td></tr></table>	Total claim	\$223.41	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$223.41</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$223.41	Nonpriority amount	\$0.00
Total claim									
\$223.41									
Priority amount									
\$223.41									
Nonpriority amount									
\$0.00									
2.3725. Priority creditor's name and mailing address LEGEL, AUDREY A 292 TWINBROOK DR SHEPHERDSVILLE KY 40165 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$188.73</td></tr></table>	Total claim	\$188.73	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$188.73</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$188.73	Nonpriority amount	\$0.00
Total claim									
\$188.73									
Priority amount									
\$188.73									
Nonpriority amount									
\$0.00									

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2.3726. Priority creditor's name and mailing address LEGGETT, ISIS J 7400 BAY RD UNIVERSITY CENTER MI 48710 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$78.63	Priority amount \$78.63 Nonpriority amount \$0.00
2.3727. Priority creditor's name and mailing address LEHOSKY, AISLYNN B 608 TORRANCE ROAD TORRANCE PA 15779 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$252.08	Priority amount \$252.08 Nonpriority amount \$0.00
2.3728. Priority creditor's name and mailing address LEI, MEG 2079 LAKERIDGE CIRCLE #101 CHULA VISTA CA 91913 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$108.00	Priority amount \$108.00 Nonpriority amount \$0.00

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2.3729. Priority creditor's name and mailing address LEIB, KELSEY 317 N CEDAR ST O'FALLON IL 62269 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$90.80</td> </tr> </table>	Total claim	\$90.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$90.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$90.80	Nonpriority amount	\$0.00
Total claim									
\$90.80									
Priority amount									
\$90.80									
Nonpriority amount									
\$0.00									
2.3730. Priority creditor's name and mailing address LEISTRA, TIFFANY G 207 N 2ND AUSTIN AR 72007 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$78.54</td> </tr> </table>	Total claim	\$78.54	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$78.54</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$78.54	Nonpriority amount	\$0.00
Total claim									
\$78.54									
Priority amount									
\$78.54									
Nonpriority amount									
\$0.00									
2.3731. Priority creditor's name and mailing address LEMAY, NICOLE M 1910 3RD ST. N SAINT CLOUD MN 56303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$132.62</td> </tr> </table>	Total claim	\$132.62	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$132.62</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$132.62	Nonpriority amount	\$0.00
Total claim									
\$132.62									
Priority amount									
\$132.62									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3732. Priority creditor's name and mailing address LEMIS, KRISTEN K 206 MIDLASS DR 1D BALTIMORE MD 21220 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$785.18</td> </tr> </table>	Total claim	\$785.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$785.18</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$785.18	Nonpriority amount	\$0.00
Total claim									
\$785.18									
Priority amount									
\$785.18									
Nonpriority amount									
\$0.00									
2.3733. Priority creditor's name and mailing address LEMKE, AVIV F 1189 NORFOLK DR NW ACWORTH GA 30102 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$122.89</td> </tr> </table>	Total claim	\$122.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$122.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$122.89	Nonpriority amount	\$0.00
Total claim									
\$122.89									
Priority amount									
\$122.89									
Nonpriority amount									
\$0.00									
2.3734. Priority creditor's name and mailing address LEMON, JUSTINE A 1242 VANDERBILT DRIVE ORMOND BEACH FL 32174 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$20.47</td> </tr> </table>	Total claim	\$20.47	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$20.47</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$20.47	Nonpriority amount	\$0.00
Total claim									
\$20.47									
Priority amount									
\$20.47									
Nonpriority amount									
\$0.00									

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2.3735. Priority creditor's name and mailing address LEMUS, JESSICA 2828 NW 27TH ST OKLAHOMA CITY OK 73107-2107 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,277.28	Priority amount \$1,277.28 Nonpriority amount \$0.00
2.3736. Priority creditor's name and mailing address LEMUS, LAURA M 101 ANDREA DRIVE VACAVILLE CA 95687 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$154.56	Priority amount \$154.56 Nonpriority amount \$0.00
2.3737. Priority creditor's name and mailing address LENARD, MACEY D 479 DR. DAVIS RD CALHOUN LA 71225 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$151.67	Priority amount \$151.67 Nonpriority amount \$0.00

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2.3738. Priority creditor's name and mailing address LENGUA, JOCELYN 12033 BLACKHEATH CIRCLE ORLANDO FL 32837 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,953.51	Priority amount \$3,953.51 Nonpriority amount \$0.00
2.3739. Priority creditor's name and mailing address LENHART, CASSIDY R 2936 EAST LAKE DRIVE NORMAN OK 73071 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$205.12	Priority amount \$205.12 Nonpriority amount \$0.00
2.3740. Priority creditor's name and mailing address LENNON, BRIANNA L 1102 JOSELSON AVE. BAY SHORE NY 11706 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$200.76	Priority amount \$200.76 Nonpriority amount \$0.00

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2.3741. Priority creditor's name and mailing address LENNON, LUNDI 3182 DARLINGTON OAK DR DORAVILLE GA 30340 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,218.56	Priority amount \$1,218.56 Nonpriority amount \$0.00
2.3742. Priority creditor's name and mailing address LENOIR, MAIYA 12041 CEEDARCREEK DR. CINCINNATI OH 45240 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$72.68	Priority amount \$72.68 Nonpriority amount \$0.00
2.3743. Priority creditor's name and mailing address LENTZ, VIRGINIA F 5510 NEW YORK AVE NASHVILLE TN 37209 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$120.03	Priority amount \$120.03 Nonpriority amount \$0.00

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2.3744. Priority creditor's name and mailing address LEON, ANA L 11 N MCLEAN BLVD ELGIN IL 60123 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$510.54	Priority amount \$510.54 Nonpriority amount \$0.00
2.3745. Priority creditor's name and mailing address LEON, CAROLINA PARQUE DEL RIO PA 9 PLAZA TIN TRUJILLO ALTO PR 00976 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,071.85	Priority amount \$1,071.85 Nonpriority amount \$0.00
2.3746. Priority creditor's name and mailing address LEON, CAROLINA 614 SOUTH STREET ELGIN IL 60123 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$155.26	Priority amount \$155.26 Nonpriority amount \$0.00

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2.3747. Priority creditor's name and mailing address LEON, ESMERALDA 10350 WEST MCDOWELL ROAD 3225 AVONDALE AZ 85392 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$147.51	Priority amount \$147.51 Nonpriority amount \$0.00
2.3748. Priority creditor's name and mailing address LEON, JAQUELINE 142 4TH AVE SW APARTMENT 5 PACIFIC WA 98047 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$107.40	Priority amount \$107.40 Nonpriority amount \$0.00
2.3749. Priority creditor's name and mailing address LEON, JESSICA K 657 LEON SAPP RD DOUGLAS GA 31533 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$96.29	Priority amount \$96.29 Nonpriority amount \$0.00

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2.3750. Priority creditor's name and mailing address LEON, SARA 1706 W. SUNSET BLVD 222 LOS ANGELES CA 90026 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$263.22</td> </tr> </table>	Total claim	\$263.22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$263.22</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$263.22	Nonpriority amount	\$0.00
Total claim									
\$263.22									
Priority amount									
\$263.22									
Nonpriority amount									
\$0.00									
2.3751. Priority creditor's name and mailing address LEON, SHADAY B 3400 WICKHAM AVENUE 4 BRONX NY 10469 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$156.00</td> </tr> </table>	Total claim	\$156.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$156.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$156.00	Nonpriority amount	\$0.00
Total claim									
\$156.00									
Priority amount									
\$156.00									
Nonpriority amount									
\$0.00									
2.3752. Priority creditor's name and mailing address LEON, YULYDIA 407 SPARKAMAN RD PLANT CITY FL 33566 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$103.47</td> </tr> </table>	Total claim	\$103.47	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$103.47</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$103.47	Nonpriority amount	\$0.00
Total claim									
\$103.47									
Priority amount									
\$103.47									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3753. Priority creditor's name and mailing address LEONE, LUCIANA 126 N CURTIS PL TOMS RIVER NJ 08753 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$270.70</td> <td>\$270.70</td> </tr> </table>	Total claim	Priority amount	\$270.70	\$270.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$270.70	\$270.70								
Nonpriority amount									
\$0.00									
2.3754. Priority creditor's name and mailing address LEON-SOTO, MARIA G 4743 LOEW RD SW BYRON CENTER MI 49315 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$45.97</td> <td>\$45.97</td> </tr> </table>	Total claim	Priority amount	\$45.97	\$45.97	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$45.97	\$45.97								
Nonpriority amount									
\$0.00									
2.3755. Priority creditor's name and mailing address LEPRE, ALEXANDRA V 2133 HOLLY HILL RD MANCHESTER NJ 08759 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$106.91</td> <td>\$106.91</td> </tr> </table>	Total claim	Priority amount	\$106.91	\$106.91	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$106.91	\$106.91								
Nonpriority amount									
\$0.00									

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2.3756. Priority creditor's name and mailing address LESSARD, BETHANY E 6624 HEREFORD DR LOS ANGELES CA 90022-4714 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$695.84	Priority amount \$695.84 Nonpriority amount \$0.00
2.3757. Priority creditor's name and mailing address LESSMANN, MADISON D 45-535 LULUKU RD #A93 KANEOHE HI 96744 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$184.11	Priority amount \$184.11 Nonpriority amount \$0.00
2.3758. Priority creditor's name and mailing address LESTER, ASHLEY A 16239 BILL CAMPBELL RD. PRAIRIE GROVE AR 72753 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$91.86	Priority amount \$91.86 Nonpriority amount \$0.00

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2.3759. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
LESTER, BREANNA 112 PINWOOD DR GOLDSBORO NC 27534		\$160.80	\$160.80
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.3760. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
LESTER, PATRICIA A P.O. BOX 1382 WINSLOW AZ 86047		\$271.56	\$271.56
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.3761. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
LETT, NARDYA 3930 LAWNWOOD DR RICHMOND VA 23234		\$160.30	\$160.30
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3762. Priority creditor's name and mailing address LEUTHARDT, JESSE A 60 CHICHESTER AVE CENTER MORICHES NY 11934 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$206.76	Priority amount \$206.76 Nonpriority amount \$0.00
2.3763. Priority creditor's name and mailing address LEVAN, ASHLEY 60 MORTON ST BRENTWOOD NY 11717 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,349.12	Priority amount \$1,349.12 Nonpriority amount \$0.00
2.3764. Priority creditor's name and mailing address LEVER, ZARIA C 15033 POND VILLAGE DR TAYLOR MI 48180 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$164.93	Priority amount \$164.93 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3765. Priority creditor's name and mailing address LEVERETT, KAYLA 7875 WATERWAY DR NW 302 CONCORD NC 28027 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$104.22</td> </tr> </table>	Total claim	\$104.22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$104.22</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$104.22	Nonpriority amount	\$0.00
Total claim									
\$104.22									
Priority amount									
\$104.22									
Nonpriority amount									
\$0.00									
2.3766. Priority creditor's name and mailing address LEWANDOWSKI, MARLENA 733 GARLAND STREET PHILADELPHIA PA 19124 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,692.59</td> </tr> </table>	Total claim	\$1,692.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,692.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,692.59	Nonpriority amount	\$0.00
Total claim									
\$1,692.59									
Priority amount									
\$1,692.59									
Nonpriority amount									
\$0.00									
2.3767. Priority creditor's name and mailing address LEWIS, ADORIA 14300 TANDEM BLVD APT 126 AUSTIN TX 78728 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$32.40</td> </tr> </table>	Total claim	\$32.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$32.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$32.40	Nonpriority amount	\$0.00
Total claim									
\$32.40									
Priority amount									
\$32.40									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3768. Priority creditor's name and mailing address LEWIS, ADWOA J 1053 JACKSON STREET BALDWIN NY 11510 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$200.52	Priority amount \$200.52 Nonpriority amount \$0.00
2.3769. Priority creditor's name and mailing address LEWIS, AMANDA 948 NORTHERN WAY UNIT 8 GRAND JUNCTION CO 81506 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$123.74	Priority amount \$123.74 Nonpriority amount \$0.00
2.3770. Priority creditor's name and mailing address LEWIS, ASHLEY 17 ELMWOOD CT WILLINGBORO NJ 08046-2273 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$560.40	Priority amount \$560.40 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3771. Priority creditor's name and mailing address LEWIS, ASHLEY T 7531 BARN STONE DR CHARLOTTE NC 28227-8724 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,109.56	Priority amount \$1,109.56 Nonpriority amount \$0.00
2.3772. Priority creditor's name and mailing address LEWIS, DAVIDA A 4729 SADDLEHORN TRAIL MIDDLEBURG FL 32068 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$29.61	Priority amount \$29.61 Nonpriority amount \$0.00
2.3773. Priority creditor's name and mailing address LEWIS, DERIC L 801 S MAIN ST APT 33 MT HOLLY NC 28120 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,240.59	Priority amount \$2,240.59 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3774. Priority creditor's name and mailing address LEWIS, EBONY J 1000 SW 62ND BLVD 2516 GAINESVILLE FL 32607 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$70.22	Priority amount \$70.22 Nonpriority amount \$0.00
2.3775. Priority creditor's name and mailing address LEWIS, HAILEY M 599 266 RD MILFORD NE 68405 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$72.90	Priority amount \$72.90 Nonpriority amount \$0.00
2.3776. Priority creditor's name and mailing address LEWIS, HANNAH M 1050 RUE LIMOGES SLIDELL LA 70458 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$155.97	Priority amount \$155.97 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.3777. Priority creditor's name and mailing address**LEWIS, I'JONIE N
1909 16TH AVE EAST
BRADENTON FL 34208**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$75.46

Priority amount

\$75.46

Nonpriority amount

\$0.00

2.3778. Priority creditor's name and mailing addressLEWIS, JASMINE N
12855 SAND DOLLAR WAY
BALTIMORE MD 21220**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$247.86

Priority amount

\$247.86

Nonpriority amount

\$0.00

2.3779. Priority creditor's name and mailing addressLEWIS, JAYANA M
1702 EDGEFIELD DRIVE
GARLAND TX 75040**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$261.44

Priority amount

\$261.44

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3780. Priority creditor's name and mailing address LEWIS, KARISSA P 786 NANCE ROAD MADISON AL 35757 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$64.89	Priority amount \$64.89 Nonpriority amount \$0.00
2.3781. Priority creditor's name and mailing address LEWIS, LYEISHA R 19940 GLASTONBURY RD DETROIT MI 48219 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$497.59	Priority amount \$497.59 Nonpriority amount \$0.00
2.3782. Priority creditor's name and mailing address LEWIS, MICHELLE 34 MEADOW ST ANSONIA CT 06401-2521 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$180.76	Priority amount \$180.76 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3783. Priority creditor's name and mailing address LEWIS, RAVEN R 11800 CITY PARK CENTRAL LANE 624 HOUSTON TX 77047 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$59.76	Priority amount \$59.76 Nonpriority amount \$0.00
2.3784. Priority creditor's name and mailing address LEWIS, SHELBY N 304 SHYRE LAKE LANE MCDONOUGH GA 30253 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$176.62	Priority amount \$176.62 Nonpriority amount \$0.00
2.3785. Priority creditor's name and mailing address LEWIS, STEPHANIE 9252 SANTA MONICA WAY NEW PORT RICHEY FL 34655 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$74.03	Priority amount \$74.03 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3786. Priority creditor's name and mailing address LEWIS, TAYLOR 744 CHURCH RD HATFIELD PA 19440 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$95.84</td> </tr> </table>	Total claim	\$95.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$95.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$95.84	Nonpriority amount	\$0.00
Total claim									
\$95.84									
Priority amount									
\$95.84									
Nonpriority amount									
\$0.00									
2.3787. Priority creditor's name and mailing address LEWIS, TIMBER T 379 HARCO DR. COLUMBUS GA 31906 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$204.26</td> </tr> </table>	Total claim	\$204.26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$204.26</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$204.26	Nonpriority amount	\$0.00
Total claim									
\$204.26									
Priority amount									
\$204.26									
Nonpriority amount									
\$0.00									
2.3788. Priority creditor's name and mailing address LEWIS, UNIQUEK L 1013 GAEL DR. UNIT D JOLIET IL 60435 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$266.31</td> </tr> </table>	Total claim	\$266.31	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$266.31</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$266.31	Nonpriority amount	\$0.00
Total claim									
\$266.31									
Priority amount									
\$266.31									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3789. Priority creditor's name and mailing address LEYBA, ANGELINA R 229 ALCAZAR ST NE ALBUQUERQUE NM 87108 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$86.48</td> </tr> </table>	Total claim	\$86.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$86.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$86.48	Nonpriority amount	\$0.00
Total claim									
\$86.48									
Priority amount									
\$86.48									
Nonpriority amount									
\$0.00									
2.3790. Priority creditor's name and mailing address LEYENDECKER, JAMIE R 90 LIBERTYVILLE ROAD WANTAGE NJ 07461 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$232.80</td> </tr> </table>	Total claim	\$232.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$232.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$232.80	Nonpriority amount	\$0.00
Total claim									
\$232.80									
Priority amount									
\$232.80									
Nonpriority amount									
\$0.00									
2.3791. Priority creditor's name and mailing address LIAROMATIS, ASHLEY F 710 N SPRUCE ST NIXA MO 65714 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$149.04</td> </tr> </table>	Total claim	\$149.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$149.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$149.04	Nonpriority amount	\$0.00
Total claim									
\$149.04									
Priority amount									
\$149.04									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3792. Priority creditor's name and mailing address LIAS, SABRINA R 130 SUNRISE DR. POTTSTOWN PA 19464 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$72.80	Priority amount \$72.80 Nonpriority amount \$0.00
2.3793. Priority creditor's name and mailing address LIBASSI, SAVANNAH 2682 ALLOUEZ AVENUE GREEN BAY WI 54311 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,545.28	Priority amount \$1,545.28 Nonpriority amount \$0.00
2.3794. Priority creditor's name and mailing address LIBO, MARIA ABIGAIL 7686 FLOUNDER BAY AVE. LAS VEGAS NV 89179 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$56.27	Priority amount \$56.27 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3795. Priority creditor's name and mailing address LICKENFELT, BROOKE M 138 GLENN AVENUE JEANNETTE PA 15644 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$119.55	Priority amount \$119.55 Nonpriority amount \$0.00
2.3796. Priority creditor's name and mailing address LIDSTER, JAMIE L 1017 S 4TH AVE SIOUX FALLS SD 57105-0818 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$330.75	Priority amount \$330.75 Nonpriority amount \$0.00
2.3797. Priority creditor's name and mailing address LIGHT, COURTNEY L 150 INDIANA ST. ALICIA AR 72410 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$77.42	Priority amount \$77.42 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3798. Priority creditor's name and mailing address LIGHT, HANAIEI N 471 LILIHUA PLACE WAILUKU HI 96793 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$286.34	Priority amount \$286.34 Nonpriority amount \$0.00
2.3799. Priority creditor's name and mailing address LIGHT, KAILEY M 206 SCOTLAND ROAD P.O. BOX 143 WINDHAM CT 06280 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$461.69	Priority amount \$461.69 Nonpriority amount \$0.00
2.3800. Priority creditor's name and mailing address LIGHTNER, JORDAN A 5600 CARMICHAEL ROAD APT 2208 MONTGOMERY AL 36117 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$237.11	Priority amount \$237.11 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3801. Priority creditor's name and mailing address LIGON, GIANNA 2247 UNIVERSITY HILLS BLVD APT. 202-B TOLEDO OH 43606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$73.10	Priority amount \$73.10 Nonpriority amount \$0.00
2.3802. Priority creditor's name and mailing address LILE, STACIA W 520 YALE BLVD. SAINT CHARLES MO 63301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$110.08	Priority amount \$110.08 Nonpriority amount \$0.00
2.3803. Priority creditor's name and mailing address LILLY, MALAYSIA J 229 SILVER EAGLE RD SACRAMENTO CA 95838 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$169.44	Priority amount \$169.44 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3804. Priority creditor's name and mailing address LIM, JUNINA 2619 E. PLAZA BLVD 208 NATIONAL CITY CA 91950 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$74.04	Priority amount \$74.04 Nonpriority amount \$0.00
2.3805. Priority creditor's name and mailing address LIMA, MELISA I 7624 CRESSWELL DRIVE ARLINGTON TX 76001 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,269.29	Priority amount \$1,269.29 Nonpriority amount \$0.00
2.3806. Priority creditor's name and mailing address LIMASA, TAMARA J 654 KAIEMI ST KAILUA HI 96734-2015 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$5,212.66	Priority amount \$5,212.66 Nonpriority amount \$0.00

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2.3807. Priority creditor's name and mailing address LIMBACK, JESSICA L 3023 E LEWIS DR FLAGSTAFF AZ 86004 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$72.84	Priority amount \$72.84 Nonpriority amount \$0.00
2.3808. Priority creditor's name and mailing address LINARES, ODALIS A 6819 PERRY PENNEY DR ANNANDALE VA 22003 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$199.50	Priority amount \$199.50 Nonpriority amount \$0.00
2.3809. Priority creditor's name and mailing address LINARES, VALERIE L 16219 CROOKED ARROW DR. SUGAR LAND TX 77498 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$183.37	Priority amount \$183.37 Nonpriority amount \$0.00

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2.3810. Priority creditor's name and mailing address LINCOURT, MALLORY 1400 WASHINGTON AVE ALBANY NY 12222 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$158.73	Priority amount \$158.73 Nonpriority amount \$0.00
2.3811. Priority creditor's name and mailing address LINDEN, DANIELLE 323 LANDER DRIVE HENDERSON NV 89074 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$55.11	Priority amount \$55.11 Nonpriority amount \$0.00
2.3812. Priority creditor's name and mailing address LINDER, MELANIE 3192 LEXINGTON AVE. MOHEGAN LAKE NY 10547 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$48.36	Priority amount \$48.36 Nonpriority amount \$0.00

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2.3813. Priority creditor's name and mailing address LINDLEY, KATELYNN B 1002 PINE STREET VAN BUREN AR 72956 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$80.94</td> </tr> </table>	Total claim	\$80.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$80.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$80.94	Nonpriority amount	\$0.00
Total claim									
\$80.94									
Priority amount									
\$80.94									
Nonpriority amount									
\$0.00									
2.3814. Priority creditor's name and mailing address LINDNER, SARA R 4035 DONATELLO AVE NORTH PORT FL 34286 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$159.89</td> </tr> </table>	Total claim	\$159.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$159.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$159.89	Nonpriority amount	\$0.00
Total claim									
\$159.89									
Priority amount									
\$159.89									
Nonpriority amount									
\$0.00									
2.3815. Priority creditor's name and mailing address LINDO, ASHLEY 24 HILLCREST AVE APT. 1A STATEN ISLAND NY 10308 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$189.30</td> </tr> </table>	Total claim	\$189.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$189.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$189.30	Nonpriority amount	\$0.00
Total claim									
\$189.30									
Priority amount									
\$189.30									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3816. Priority creditor's name and mailing address LINDSAY, LAKETHA R 359 ALLEN STREET 359 ALLEN STRE SPARTANBURG SC 29303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$57.55	Priority amount \$57.55 Nonpriority amount \$0.00
2.3817. Priority creditor's name and mailing address LINDSAY, TYASIA L 845 FIELDHAVEN DR. CHARLOTTESVILLE VA 22903 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$59.90	Priority amount \$59.90 Nonpriority amount \$0.00
2.3818. Priority creditor's name and mailing address LINDSEY, AMBER N 1204 TELLURIDE CT BARTLETT IL 60103 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$61.37	Priority amount \$61.37 Nonpriority amount \$0.00

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2.3819. Priority creditor's name and mailing address LINEBERRY, KATHY 1203 HERITAGE LINKS DRIVE WAKE FOREST NC 27587 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$6,773.98	Priority amount \$6,773.98 Nonpriority amount \$0.00
2.3820. Priority creditor's name and mailing address LIPROT, KAYLA M 2250 JEFFERSON DR. SE GRAND RAPIDS MI 49507 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$233.41	Priority amount \$233.41 Nonpriority amount \$0.00
2.3821. Priority creditor's name and mailing address LISSETT, JENIFER 8400 SOUTH MARYLAND PARKWAY 2054 LAS VEGAS NV 89123 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$113.69	Priority amount \$113.69 Nonpriority amount \$0.00

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2.3822. Priority creditor's name and mailing address LITTLE, COURTNEY A 8720 DWIGHT BOYER RD WATERVLIET MI 49098 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$157.99</td> </tr> </table>	Total claim	\$157.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$157.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$157.99	Nonpriority amount	\$0.00
Total claim									
\$157.99									
Priority amount									
\$157.99									
Nonpriority amount									
\$0.00									
2.3823. Priority creditor's name and mailing address LITTLE, DREW N 480 W BUSH STREET SAGINAW MI 48604 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$512.38</td> </tr> </table>	Total claim	\$512.38	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$512.38</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$512.38	Nonpriority amount	\$0.00
Total claim									
\$512.38									
Priority amount									
\$512.38									
Nonpriority amount									
\$0.00									
2.3824. Priority creditor's name and mailing address LITTLE, WILLA L 2707B WELLINGTON DR. B CHAMPAIGN IL 61821 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$33.58</td> </tr> </table>	Total claim	\$33.58	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$33.58</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$33.58	Nonpriority amount	\$0.00
Total claim									
\$33.58									
Priority amount									
\$33.58									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3825. Priority creditor's name and mailing address LITTLEJOHN, JANASIA D 12 SHENANDOAH BLVD CORAM NY 11727 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$731.28	Priority amount \$731.28 Nonpriority amount \$0.00
2.3826. Priority creditor's name and mailing address LITTLETON, LOANA 11333 E WILSHIRE BLVD SPENCER OK 73084 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$65.62	Priority amount \$65.62 Nonpriority amount \$0.00
2.3827. Priority creditor's name and mailing address LIVAI, CRYSTAL M 3 HEIGHTS COURT ABBOTTSTOWN PA 17301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$6,207.75	Priority amount \$6,207.75 Nonpriority amount \$0.00

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2.3828. Priority creditor's name and mailing address LIVINGSTON, CORYNE 3120 B CHURCHILL AVE ERLANGER KY 41018 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$506.00	Priority amount \$506.00 Nonpriority amount \$0.00
2.3829. Priority creditor's name and mailing address LIVINGSTON, DEVON K 133 ACTON ROAD CHELMSFORD MA 01824 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$261.30	Priority amount \$261.30 Nonpriority amount \$0.00
2.3830. Priority creditor's name and mailing address LIZASO, NICOLE A 28 FORGE CT JACKSON NJ 08527 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$35.40	Priority amount \$35.40 Nonpriority amount \$0.00

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2.3831. Priority creditor's name and mailing address LLANOS, MARIA 30 03 92ND ST EAST ELMHURST NY 11369 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,969.64	Priority amount \$2,969.64 Nonpriority amount \$0.00
2.3832. Priority creditor's name and mailing address LLERENAS, GUADALUPE V 8750 ORION AVE 219 219 NORTH HILLS CA 91343 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$404.13	Priority amount \$404.13 Nonpriority amount \$0.00
2.3833. Priority creditor's name and mailing address LLOYD, SHONDA 4162 CHICKASAW TRAIL DOUGLASVILLE GA 30135 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$671.90	Priority amount \$671.90 Nonpriority amount \$0.00

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2.3834. Priority creditor's name and mailing address LOADER, CHRISTINA 603 PITTSBURGH AVENUE ERIE PA 16505 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$74.75	Priority amount \$74.75 Nonpriority amount \$0.00
2.3835. Priority creditor's name and mailing address LODS, KIERSEN B 1474 LOUMILEN DR. MUSKEGON MI 49445 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$457.93	Priority amount \$457.93 Nonpriority amount \$0.00
2.3836. Priority creditor's name and mailing address LOFTIS, SAVANNAH M 2169 CICOTTE AVE LINCOLN PARK MI 48146 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,309.35	Priority amount \$1,309.35 Nonpriority amount \$0.00

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2.3837. Priority creditor's name and mailing address LOFTY, AMBER 1024 MIDDLEBELT ROAD GARDEN CITY MI 48135 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$32.97</td> <td>\$32.97</td> </tr> </table>	Total claim	Priority amount	\$32.97	\$32.97	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$32.97	\$32.97								
Nonpriority amount									
\$0.00									
2.3838. Priority creditor's name and mailing address LOGAN, ASHLEY N 3136 12TH AVE N ST PETERSBURG FL 33713 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$415.20</td> <td>\$415.20</td> </tr> </table>	Total claim	Priority amount	\$415.20	\$415.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$415.20	\$415.20								
Nonpriority amount									
\$0.00									
2.3839. Priority creditor's name and mailing address LOGAN, NICOLE 3805 THOMPSON ST RICHMOND VA 23222 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$126.42</td> <td>\$126.42</td> </tr> </table>	Total claim	Priority amount	\$126.42	\$126.42	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$126.42	\$126.42								
Nonpriority amount									
\$0.00									

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2.3840. Priority creditor's name and mailing address LOISEAU, AMONI 2312 WILLIAM MAXWELL LANE APT. SPRINGFIELD IL 62703 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$94.61</td> </tr> </table>	Total claim	\$94.61	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$94.61</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$94.61	Nonpriority amount	\$0.00
Total claim									
\$94.61									
Priority amount									
\$94.61									
Nonpriority amount									
\$0.00									
2.3841. Priority creditor's name and mailing address LOMAX, BRITTNEY 4134ELBRIDGE ST PHILADELPHIA PA 19135 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$156.45</td> </tr> </table>	Total claim	\$156.45	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$156.45</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$156.45	Nonpriority amount	\$0.00
Total claim									
\$156.45									
Priority amount									
\$156.45									
Nonpriority amount									
\$0.00									
2.3842. Priority creditor's name and mailing address LOMBARDO, SYDNEY L 3701 MARBLE RIDGE LANE MASON OH 45040 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$30.36</td> </tr> </table>	Total claim	\$30.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$30.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$30.36	Nonpriority amount	\$0.00
Total claim									
\$30.36									
Priority amount									
\$30.36									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3843. Priority creditor's name and mailing address LOMELINO, KAILEY N 416 COUGAR LAKE ROAD 1D EDWARDSVILLE IL 62025 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$108.40	Priority amount \$108.40 Nonpriority amount \$0.00
2.3844. Priority creditor's name and mailing address LONG, AURIANNA 26 CAYUGA ROAD SEA RANCH LAKES FL 33308 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$376.11	Priority amount \$376.11 Nonpriority amount \$0.00
2.3845. Priority creditor's name and mailing address LONG, CHENELLE S 9 EDGAR ST. EAST ORANGE NJ 07018 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$6,209.26	Priority amount \$6,209.26 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3846. Priority creditor's name and mailing address LONG, EMELIA K 827 EAST GRANDVIEW BLVD APT. 302 ERIE PA 16504 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$670.64	Priority amount \$670.64 Nonpriority amount \$0.00
2.3847. Priority creditor's name and mailing address LONG, KELLY 6332 SHIRLEY POND RD. HARRISON TN 37341 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$164.86	Priority amount \$164.86 Nonpriority amount \$0.00
2.3848. Priority creditor's name and mailing address LONG, KELSEA 1140 WALNUT AVE APT 14 GRAND JUNCTION CO 81501 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$153.52	Priority amount \$153.52 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.3849. Priority creditor's name and mailing address**LONG, KIANNA L
485 MCDOWELL AVENUE
HAGERSTOWN MD 21740**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$38.89

Priority amount

\$38.89

Nonpriority amount

\$0.00

2.3850. Priority creditor's name and mailing addressLONG, PAIGE N
6177 STATE HIGHWAY 22
HILLSBORO TX 76645**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$2,403.77

Priority amount

\$2,403.77

Nonpriority amount

\$0.00

2.3851. Priority creditor's name and mailing addressLONG, TARA L
3271 SYLVAN HEIGHTS DR
HOLLIDAYSBURG PA 16648-2817**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$2,855.32

Priority amount

\$2,855.32

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3852. Priority creditor's name and mailing address LONGUEMIRE, TIARRA L 6300 WEST MICHIGAN AVENUE APT G1 LANSING MI 48917 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$184.54	Priority amount \$184.54 Nonpriority amount \$0.00
2.3853. Priority creditor's name and mailing address LOPEZ, ALEXANDRIA R 2530 SKYVIEW AVE FEASTERVILLE PA 19053 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$136.71	Priority amount \$136.71 Nonpriority amount \$0.00
2.3854. Priority creditor's name and mailing address LOPEZ, ALMA 1520 ATOKAD DR TRLR 37 SOUTH SIOUX CITY NE 68776 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$165.20	Priority amount \$165.20 Nonpriority amount \$0.00

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2.3855. Priority creditor's name and mailing address LOPEZ, ANTERA I 250 GERBER DAIRY RD. WINTER HAVEN FL 33880 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$269.62	Priority amount \$269.62 Nonpriority amount \$0.00
2.3856. Priority creditor's name and mailing address LOPEZ, APRIL 5033 TRABUCO CANYON DR BAKERSFIELD CA 93307 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$72.00	Priority amount \$72.00 Nonpriority amount \$0.00
2.3857. Priority creditor's name and mailing address LOPEZ, ASHLY 2852 MARSH STREET LOS ANGELES CA 90039 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$135.24	Priority amount \$135.24 Nonpriority amount \$0.00

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2.3858. Priority creditor's name and mailing address LOPEZ, ATZIRI M 4161 PERLITA AVE APT B LOS ANGELES CA 90039-1337 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$339.96	Priority amount \$339.96 Nonpriority amount \$0.00
2.3859. Priority creditor's name and mailing address LOPEZ, BIANCA M 25769 BASIL CT MORENO VALLEY CA 92553 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$71.76	Priority amount \$71.76 Nonpriority amount \$0.00
2.3860. Priority creditor's name and mailing address LOPEZ, BRIANA M 7605 E WINTERBERRY ST WICHITA KS 67226 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$26.30	Priority amount \$26.30 Nonpriority amount \$0.00

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2.3861. Priority creditor's name and mailing address LOPEZ, CIARA N 1213 TEMPLE DR PACHECO CA 94553 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$261.36	Priority amount \$261.36 Nonpriority amount \$0.00
2.3862. Priority creditor's name and mailing address LOPEZ, CRYSTAL A 2854 E. FRONTERA ST. C ANAHEIM CA 92806 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$144.84	Priority amount \$144.84 Nonpriority amount \$0.00
2.3863. Priority creditor's name and mailing address LOPEZ, DALENA A 7504 WINDCREST DR. EL PASO TX 79912 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$179.95	Priority amount \$179.95 Nonpriority amount \$0.00

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2.3864. Priority creditor's name and mailing address LOPEZ, DALIA 305 FIELDSDR. DR. GARLAND TX 75043 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$581.15</td> </tr> </table>	Total claim	\$581.15	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$581.15</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$581.15	Nonpriority amount	\$0.00
Total claim									
\$581.15									
Priority amount									
\$581.15									
Nonpriority amount									
\$0.00									
2.3865. Priority creditor's name and mailing address LOPEZ, DENISSE F 7501 WOODSIDE LN 22 LORTON VA 22079 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$50.13</td> </tr> </table>	Total claim	\$50.13	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$50.13</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$50.13	Nonpriority amount	\$0.00
Total claim									
\$50.13									
Priority amount									
\$50.13									
Nonpriority amount									
\$0.00									
2.3866. Priority creditor's name and mailing address LOPEZ, DESIREE M PARQUE VICTORIA 207 SAN JUAN PR 00915 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$146.96</td> </tr> </table>	Total claim	\$146.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$146.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$146.96	Nonpriority amount	\$0.00
Total claim									
\$146.96									
Priority amount									
\$146.96									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3867. Priority creditor's name and mailing address LOPEZ, DOROTHY 560 PROSPECT ST 212 PAWTUCKET RI 02860 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$326.38	Priority amount \$326.38 Nonpriority amount \$0.00
2.3868. Priority creditor's name and mailing address LOPEZ, FABIOLA A 3998 NESTOR LN NE SALEM OR 97305 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$45.99	Priority amount \$45.99 Nonpriority amount \$0.00
2.3869. Priority creditor's name and mailing address LOPEZ, GABRIELA M 1516 W 30TH ST LOS ANGELES CA 90007 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$62.94	Priority amount \$62.94 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3870. Priority creditor's name and mailing address LOPEZ, ITZEL 5539 HARVESTHILL RD APT2121 DALLAS TX 75230 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$191.47	Priority amount \$191.47 Nonpriority amount \$0.00
2.3871. Priority creditor's name and mailing address LOPEZ, JACKELYN E 134 6TH STREET 2 PELHAM NY 10803 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$577.08	Priority amount \$577.08 Nonpriority amount \$0.00
2.3872. Priority creditor's name and mailing address LOPEZ, JASMIR 202 W ROOSEVELT AVE UNIT 116C PHOENIX AZ 85003 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$4,405.05	Priority amount \$4,405.05 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3873. Priority creditor's name and mailing address LOPEZ, JENNIFER 8110 E SPEEDWAY BLVD APT 9112 TUCSON AZ 85710 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$122.65	Priority amount \$122.65 Nonpriority amount \$0.00
2.3874. Priority creditor's name and mailing address LOPEZ, JESSICA H 109 EASTWOOD COURT SAN JOSE CA 95116 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$172.20	Priority amount \$172.20 Nonpriority amount \$0.00
2.3875. Priority creditor's name and mailing address LOPEZ, KAREN E 126 BRUNO AVENUE PITTSBURG CA 94565 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$677.97	Priority amount \$677.97 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3876. Priority creditor's name and mailing address LOPEZ, KRYSTAL N 4311 SANTA ANITA LN PASADENA TX 77503 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$197.63	Priority amount \$197.63 Nonpriority amount \$0.00
2.3877. Priority creditor's name and mailing address LOPEZ, LETICIA E 186 JAMES DRIVE MERCEDES TX 78570 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$554.72	Priority amount \$554.72 Nonpriority amount \$0.00
2.3878. Priority creditor's name and mailing address LOPEZ, LOPEZ EDITH Y 157 FALLBROOK AVE SPC 18 ARVIN CA 93203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$163.68	Priority amount \$163.68 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3879. Priority creditor's name and mailing address LOPEZ, LUIS 13 0.5 HANCOCK STREET 2 WORCESTER MA 01610 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$799.92	Priority amount \$799.92 Nonpriority amount \$0.00
2.3880. Priority creditor's name and mailing address LOPEZ, MAIRA C 528 RYE ST WOODBURN OR 97071-5566 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$112.57	Priority amount \$112.57 Nonpriority amount \$0.00
2.3881. Priority creditor's name and mailing address LOPEZ, MARICRUZ A 24336 FM 508 HARLINGEN TX 78550-1660 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$131.21	Priority amount \$131.21 Nonpriority amount \$0.00

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2.3882. Priority creditor's name and mailing address LOPEZ, MARILYN 152 SOUTH AVENUE 58 APT #10 LOS ANGELES CA 90042 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$96.60	Priority amount \$96.60 Nonpriority amount \$0.00
2.3883. Priority creditor's name and mailing address LOPEZ, NATALIA V 25616 S. 194TH ST. QUEEN CREEK AZ 85142 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$52.03	Priority amount \$52.03 Nonpriority amount \$0.00
2.3884. Priority creditor's name and mailing address LOPEZ, NATALIE 11581 BUSH LN. FORNEY TX 75126 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$149.74	Priority amount \$149.74 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3885. Priority creditor's name and mailing address LOPEZ, RAMIREZ NAIDH F 30 CEDAR DR STERLING VA 20164 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$86.45	Priority amount \$86.45 Nonpriority amount \$0.00
2.3886. Priority creditor's name and mailing address LOPEZ, SAMANTHA J 740 N. BROADMOOR AVE WEST COVINA CA 91790 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$188.64	Priority amount \$188.64 Nonpriority amount \$0.00
2.3887. Priority creditor's name and mailing address LOPEZ, TATIANA 430 E 68TH ST LOS ANGELES CA 90003-1909 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$355.08	Priority amount \$355.08 Nonpriority amount \$0.00

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2.3888. Priority creditor's name and mailing address LOPEZ, TATIANA M 1501 CALCUTTA DR UNIT 56 BAKERSFIELD CA 93307 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$57.00	Priority amount \$57.00 Nonpriority amount \$0.00
2.3889. Priority creditor's name and mailing address LOPEZ, TELXY M 5 LINLEW DRIVE 9 DERRY NH 03038 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$38.00	Priority amount \$38.00 Nonpriority amount \$0.00
2.3890. Priority creditor's name and mailing address LOPEZ, TIARA A 72 TRAVER CIRCLE ROCHESTER NY 14609 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$192.36	Priority amount \$192.36 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3891. Priority creditor's name and mailing address LOPEZ, VICTORIA 1244 DENNERY RD 107 SAN DIEGO CA 92154-6441 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$6,055.06	Priority amount \$6,055.06 Nonpriority amount \$0.00
2.3892. Priority creditor's name and mailing address LOPEZ, YVETTE 1019 BAYSIDE DR. PALATINE IL 60074 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,235.26	Priority amount \$3,235.26 Nonpriority amount \$0.00
2.3893. Priority creditor's name and mailing address LOPEZ-GONZALEZ, BRENDA I 1712 KENNETH ST MODESTO CA 95351 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$176.64	Priority amount \$176.64 Nonpriority amount \$0.00

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2.3894. Priority creditor's name and mailing address LOPEZ-SILVAR, KRISTINE 7424 E 146TH ST LOT #19 NOBLESVILLE IN 46062 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$373.75	Priority amount \$373.75 Nonpriority amount \$0.00
2.3895. Priority creditor's name and mailing address LOQUET, NICOLE M 975. S SPORTS FAN DRIVE APARTMENT 202 FAYETTEVILLE AR 72701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$121.37	Priority amount \$121.37 Nonpriority amount \$0.00
2.3896. Priority creditor's name and mailing address LORENZ, KIM E 75 SOUTH MAIN STREET 413 ATTLEBORO MA 02703 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,597.22	Priority amount \$2,597.22 Nonpriority amount \$0.00

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2.3897. Priority creditor's name and mailing address LORENZANA, OLIVIA V 1285 EAST 7TH ST. RENO NV 89512 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$289.29</td> </tr> </table>	Total claim	\$289.29	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$289.29</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$289.29	Nonpriority amount	\$0.00
Total claim									
\$289.29									
Priority amount									
\$289.29									
Nonpriority amount									
\$0.00									
2.3898. Priority creditor's name and mailing address LORRIUS, SYDEJHA E 115 WOODLAND AVE YONKERS NY 10703 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$177.60</td> </tr> </table>	Total claim	\$177.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$177.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$177.60	Nonpriority amount	\$0.00
Total claim									
\$177.60									
Priority amount									
\$177.60									
Nonpriority amount									
\$0.00									
2.3899. Priority creditor's name and mailing address LOSOYA, CRISTAL P 4422 RUSSELL AVE LOS ANGELES CA 90027 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$94.80</td> </tr> </table>	Total claim	\$94.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$94.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$94.80	Nonpriority amount	\$0.00
Total claim									
\$94.80									
Priority amount									
\$94.80									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3900.	Priority creditor's name and mailing address LOTOZYNSKI, MEREJILDA M 3505 QUAST LN. TOLEDO OH 43623 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$266.99</td> </tr> </table>	Total claim	\$266.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$266.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$266.99	Nonpriority amount	\$0.00
Total claim										
\$266.99										
Priority amount										
\$266.99										
Nonpriority amount										
\$0.00										
2.3901.	Priority creditor's name and mailing address LOUIMA, KERSIE 3239 CORAL RIDGE DR. CORAL SPRINGS FL 33065 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$232.06</td> </tr> </table>	Total claim	\$232.06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$232.06</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$232.06	Nonpriority amount	\$0.00
Total claim										
\$232.06										
Priority amount										
\$232.06										
Nonpriority amount										
\$0.00										
2.3902.	Priority creditor's name and mailing address LOUIS, FABRIANA 2428 ALISTER CT ORLANDO FL 32837 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$93.91</td> </tr> </table>	Total claim	\$93.91	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$93.91</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$93.91	Nonpriority amount	\$0.00
Total claim										
\$93.91										
Priority amount										
\$93.91										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3903. Priority creditor's name and mailing address LOUISSAINT, ENNIE 615 SEA PINE WAY UNIT B GREENACRES FL 33415 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$181.47	Priority amount \$181.47 Nonpriority amount \$0.00
2.3904. Priority creditor's name and mailing address LOUISSAINT, SOPHIA 1555 NW 65TH TERR MARGATE FL 33063 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,479.40	Priority amount \$1,479.40 Nonpriority amount \$0.00
2.3905. Priority creditor's name and mailing address LOUVIERE, ERIN M 3514 DEAN RD NESBIT MS 38651 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$123.19	Priority amount \$123.19 Nonpriority amount \$0.00

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2.3906.	Priority creditor's name and mailing address LOVATO, RACHAEL 11774 EAST 7TH AVENUE AURORA CO 80010 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$110.33</td> </tr> </table>	Total claim	\$110.33	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$110.33</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$110.33	Nonpriority amount	\$0.00
Total claim										
\$110.33										
Priority amount										
\$110.33										
Nonpriority amount										
\$0.00										
2.3907.	Priority creditor's name and mailing address LOVE, ALICIA L 122 WASHINGTON ST GRAMBLING LA 71245-2217 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$693.50</td> </tr> </table>	Total claim	\$693.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$693.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$693.50	Nonpriority amount	\$0.00
Total claim										
\$693.50										
Priority amount										
\$693.50										
Nonpriority amount										
\$0.00										
2.3908.	Priority creditor's name and mailing address LOVE, ASHLEY M 2319 LAFAYETTE AVE SE GRAND RAPIDS MI 49507 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$232.07</td> </tr> </table>	Total claim	\$232.07	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$232.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$232.07	Nonpriority amount	\$0.00
Total claim										
\$232.07										
Priority amount										
\$232.07										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3909. Priority creditor's name and mailing address LOVE, JAKARA B 3504 ROBIN AVE WYOMING MI 49509 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$44.86	Priority amount \$44.86 Nonpriority amount \$0.00
2.3910. Priority creditor's name and mailing address LOVE, JANEL L 14119 MARY BOWIE PKWY UPPER MARBORO MD 20774 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$81.00	Priority amount \$81.00 Nonpriority amount \$0.00
2.3911. Priority creditor's name and mailing address LOVE, SALENA E 3040 E CHARLESTON BLVD APT 3117 LAS VEGAS NV 89104 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$76.56	Priority amount \$76.56 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3912. Priority creditor's name and mailing address LOVE, TALORE L 2200 N. EL SERENO AVE. ALTADENA CA 91001 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$641.97	Priority amount \$641.97 Nonpriority amount \$0.00
2.3913. Priority creditor's name and mailing address LOVETT, BASHEBA S 46 N WEST ST YORK PA 17401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$34.95	Priority amount \$34.95 Nonpriority amount \$0.00
2.3914. Priority creditor's name and mailing address LOWERY, KAITLYN B 851 FEILDS DR 424 BOWLING GREEN KY 42104 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$224.32	Priority amount \$224.32 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3915. Priority creditor's name and mailing address LOYA, TANYA J 1403 N ADAMS ST AMARILLO TX 79107 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$274.19	Priority amount \$274.19 Nonpriority amount \$0.00
2.3916. Priority creditor's name and mailing address LOYD, JASMINE 1910 STERLING HILL DRIVE FUQUAY VARINA NC 27526 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$152.40	Priority amount \$152.40 Nonpriority amount \$0.00
2.3917. Priority creditor's name and mailing address LOZANO, ALEXIS K 1213 MELROSE DR WACO TX 76710-4138 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$240.11	Priority amount \$240.11 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3918. Priority creditor's name and mailing address LOZANO, BIBIANA 115 E LIGUSTRUM DR SAN ANTONIO TX 78228 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$800.33</td> </tr> </table>	Total claim	\$800.33	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$800.33</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$800.33	Nonpriority amount	\$0.00
Total claim									
\$800.33									
Priority amount									
\$800.33									
Nonpriority amount									
\$0.00									
2.3919. Priority creditor's name and mailing address LOZANO, CARLA L 1425 LITTLE ORCHARD STREET SAN JOSE CA 95110 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$211.50</td> </tr> </table>	Total claim	\$211.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$211.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$211.50	Nonpriority amount	\$0.00
Total claim									
\$211.50									
Priority amount									
\$211.50									
Nonpriority amount									
\$0.00									
2.3920. Priority creditor's name and mailing address LOZANO, LAURA E 7701 HARDESON RD 22 EVERETT WA 98203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$217.80</td> </tr> </table>	Total claim	\$217.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$217.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$217.80	Nonpriority amount	\$0.00
Total claim									
\$217.80									
Priority amount									
\$217.80									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3921. Priority creditor's name and mailing address LOZANO-CASTILLO, CECILIA 3128 S 10TH ST MILWAUKEE WI 53215 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$39.20	Priority amount \$39.20 Nonpriority amount \$0.00
2.3922. Priority creditor's name and mailing address LU, CINTHIA 5110 S MANHATTAN AVE 5210 TAMPA FL 33611 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$126.56	Priority amount \$126.56 Nonpriority amount \$0.00
2.3923. Priority creditor's name and mailing address LUANGRATH, VIVIENNE S 99-503 HOKEA ST. AIEA HI 96701-2754 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$140.06	Priority amount \$140.06 Nonpriority amount \$0.00

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2.3924. Priority creditor's name and mailing address LUANNE CARAWAY HAYS COUNTY TAX ASSESSOR 712 S STAGECOACH TRAIL SUITE 1120 SAN MARCOS TX 78666-5071 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$4,975.92	Priority amount \$4,975.92 Nonpriority amount \$0.00
2.3925. Priority creditor's name and mailing address LUARCA, CARMENESTELL K 532 SPRUCE RD BOLINGBROOK IL 60440 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$154.69	Priority amount \$154.69 Nonpriority amount \$0.00
2.3926. Priority creditor's name and mailing address LUBBERT, CHRISTINA E 415 BELVEDERE WEST COLGATE WI 53017 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$6,221.94	Priority amount \$6,221.94 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3927. Priority creditor's name and mailing address LUBBOCK CENTRAL APPRAISAL P.O. BOX 10568-2109 AVENUE Q LUBBOCK TX 79408-3568 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$3,169.52	Priority amount \$3,169.52 Nonpriority amount \$0.00
2.3928. Priority creditor's name and mailing address LUCAS, ANGEL L 1573 ETHEL LINCOLN PARK MI 48146 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$576.96	Priority amount \$576.96 Nonpriority amount \$0.00
2.3929. Priority creditor's name and mailing address LUCAS, ELIZABETH M 55 ROBINWOOD DRIVE MASTIC BEACH NY 11951 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$232.56	Priority amount \$232.56 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3930. Priority creditor's name and mailing address LUCAS, NAOMI M 34 BONNIE DRIVE WESTBURY NY 11590 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$291.24</td> </tr> </table>	Total claim	\$291.24	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$291.24</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$291.24	Nonpriority amount	\$0.00
Total claim									
\$291.24									
Priority amount									
\$291.24									
Nonpriority amount									
\$0.00									
2.3931. Priority creditor's name and mailing address LUCAS, RENEE L 2693 TWYMANS MILL RD MADISON VA 22727 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$34.13</td> </tr> </table>	Total claim	\$34.13	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$34.13</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$34.13	Nonpriority amount	\$0.00
Total claim									
\$34.13									
Priority amount									
\$34.13									
Nonpriority amount									
\$0.00									
2.3932. Priority creditor's name and mailing address LUCAS, SAMANTHA A 2000 COUNTRY CLUB DRIVE WOODRIDGE IL 60517 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$353.82</td> </tr> </table>	Total claim	\$353.82	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$353.82</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$353.82	Nonpriority amount	\$0.00
Total claim									
\$353.82									
Priority amount									
\$353.82									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3933.	Priority creditor's name and mailing address LUCERO, AGUSTINA 114 CEDAR RD EAST NORTHPORT NY 11731 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$746.06</td> </tr> </table>	Total claim	\$746.06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$746.06</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$746.06	Nonpriority amount	\$0.00
Total claim										
\$746.06										
Priority amount										
\$746.06										
Nonpriority amount										
\$0.00										
2.3934.	Priority creditor's name and mailing address LUCERO, ILEANA 2222 N GRAND ST PUEBLO CO 81003 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$562.27</td> </tr> </table>	Total claim	\$562.27	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$562.27</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$562.27	Nonpriority amount	\$0.00
Total claim										
\$562.27										
Priority amount										
\$562.27										
Nonpriority amount										
\$0.00										
2.3935.	Priority creditor's name and mailing address LUCIANO, ALLISON J 901S O'LEARY ST 151 FLAGSTAFF AZ 86001 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$261.37</td> </tr> </table>	Total claim	\$261.37	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$261.37</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$261.37	Nonpriority amount	\$0.00
Total claim										
\$261.37										
Priority amount										
\$261.37										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3936. Priority creditor's name and mailing address LUCKETT, ANTONIESHA R 1103 CLEVELAND STREET TUPELO MS 38801 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$467.30</td> </tr> </table>	Total claim	\$467.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$467.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$467.30	Nonpriority amount	\$0.00
Total claim									
\$467.30									
Priority amount									
\$467.30									
Nonpriority amount									
\$0.00									
2.3937. Priority creditor's name and mailing address LUGO, ISABELLA M 2457 WALGROVE AVE LOS ANGELES CA 90066 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$203.39</td> </tr> </table>	Total claim	\$203.39	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$203.39</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$203.39	Nonpriority amount	\$0.00
Total claim									
\$203.39									
Priority amount									
\$203.39									
Nonpriority amount									
\$0.00									
2.3938. Priority creditor's name and mailing address LUGO, LINDSAY B 4109 HANGING MOSS CT. JACKSONVILLE FL 32257 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$153.30</td> </tr> </table>	Total claim	\$153.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$153.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$153.30	Nonpriority amount	\$0.00
Total claim									
\$153.30									
Priority amount									
\$153.30									
Nonpriority amount									
\$0.00									

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2.3939. Priority creditor's name and mailing address LUGO, NATASHA E 280 CLOVER LANE G BEAVERCREEK OH 45440 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$162.88	Priority amount \$162.88 Nonpriority amount \$0.00
2.3940. Priority creditor's name and mailing address LUGO, YAINELYS 6118 WESTGATE DRIVE APT. 203 ORLANDO FL 32835 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$234.61	Priority amount \$234.61 Nonpriority amount \$0.00
2.3941. Priority creditor's name and mailing address LUIS, EMILY A 5526 SW 162 PL MIAMI FL 33185 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$258.84	Priority amount \$258.84 Nonpriority amount \$0.00

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2.3942. Priority creditor's name and mailing address LUKE, ABIGAIL C 85 KINGSTON AVE 1R BROOKLYN NY 11213 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$576.45	Priority amount \$576.45 Nonpriority amount \$0.00
2.3943. Priority creditor's name and mailing address LUMLEY, MACY L 110 NEW MELVILLE ROAD WILLARD MO 65781 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$111.03	Priority amount \$111.03 Nonpriority amount \$0.00
2.3944. Priority creditor's name and mailing address LUMPKINS, MONIQUE L 6029 S INDIANA AVE 102 CHICAGO IL 60637 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$501.83	Priority amount \$501.83 Nonpriority amount \$0.00

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2.3945. Priority creditor's name and mailing address LUNA, JESSICA 152 W 15TH AVE ESCONDIDO CA 92025 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$395.52	Priority amount \$395.52 Nonpriority amount \$0.00
2.3946. Priority creditor's name and mailing address LUNA, LYSET A 31475 SIERRA DEL SOL THOUSAND PALMS CA 92276 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$277.44	Priority amount \$277.44 Nonpriority amount \$0.00
2.3947. Priority creditor's name and mailing address LUNA, ROSAS MARIA D 750 WATERTHROUGH RD #746 SEBASTOPOL CA 95472 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$56.40	Priority amount \$56.40 Nonpriority amount \$0.00

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2.3948. Priority creditor's name and mailing address LUNDELL, KYLIE A 218 OLD ROUTE 40 HANCOCK MD 21750 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$194.33	Priority amount \$194.33 Nonpriority amount \$0.00
2.3949. Priority creditor's name and mailing address LUNDGREN, JESSICA C 8575 ANTCLIFF RD. HOWELL MI 48855 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$308.20	Priority amount \$308.20 Nonpriority amount \$0.00
2.3950. Priority creditor's name and mailing address LUPTOWSKI, CARLY L 1735 N. HURON RD. PINCONNING MI 48650 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$197.03	Priority amount \$197.03 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3951. Priority creditor's name and mailing address LUPU, ADELINA A 2121 PLANTATION COURT LAWRENCEVILLE GA 30044 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$137.60	Priority amount \$137.60 Nonpriority amount \$0.00
2.3952. Priority creditor's name and mailing address LUQUE, DANA 1063 CAREY AVE CLOVIS CA 93611 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$147.84	Priority amount \$147.84 Nonpriority amount \$0.00
2.3953. Priority creditor's name and mailing address LUSSO, GRETCHEN L 1208 MURRAY PT PLATTSMOUTH NE 68048 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$79.61	Priority amount \$79.61 Nonpriority amount \$0.00

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2.3954. Priority creditor's name and mailing address LUTHER, SARAH E 2622 EMMICK DR TOLEDO OH 43606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$108.67</td> </tr> </table>	Total claim	\$108.67	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$108.67</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$108.67	Nonpriority amount	\$0.00
Total claim									
\$108.67									
Priority amount									
\$108.67									
Nonpriority amount									
\$0.00									
2.3955. Priority creditor's name and mailing address LUTTERODT, PHILLIPINA A 2637 RIDGEMOOR DR SE KENTWOOD KENTWOOD MI 49512 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$69.84</td> </tr> </table>	Total claim	\$69.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$69.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$69.84	Nonpriority amount	\$0.00
Total claim									
\$69.84									
Priority amount									
\$69.84									
Nonpriority amount									
\$0.00									
2.3956. Priority creditor's name and mailing address LUWOYE, OLAJUMOKE 2852 BRASS CT AUSTELL GA 30106-1059 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$121.39</td> </tr> </table>	Total claim	\$121.39	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$121.39</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$121.39	Nonpriority amount	\$0.00
Total claim									
\$121.39									
Priority amount									
\$121.39									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3957. Priority creditor's name and mailing address LY, SUNSHINE 1776 MAC LN GREEN BAY WI 54311 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,158.98	Priority amount \$2,158.98 Nonpriority amount \$0.00
2.3958. Priority creditor's name and mailing address LYNCH, SIERRA 4728 PARK LANE ALPINE CA 91901 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$673.60	Priority amount \$673.60 Nonpriority amount \$0.00
2.3959. Priority creditor's name and mailing address LYON, KIANA N 1091 BARBADOS WAY CHARLESTON SC 29412 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$585.79	Priority amount \$585.79 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3960. Priority creditor's name and mailing address LYONS, CARITNEY L 2389 RENA VALLEY CIR APT 6 VAN BUREN AR 72956 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$63.55</td> </tr> </table>	Total claim	\$63.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$63.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$63.55	Nonpriority amount	\$0.00
Total claim									
\$63.55									
Priority amount									
\$63.55									
Nonpriority amount									
\$0.00									
2.3961. Priority creditor's name and mailing address LYTLE, AERYN M 3331 CASEY DR. 101 LAS VEGAS NV 89120 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$108.90</td> </tr> </table>	Total claim	\$108.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$108.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$108.90	Nonpriority amount	\$0.00
Total claim									
\$108.90									
Priority amount									
\$108.90									
Nonpriority amount									
\$0.00									
2.3962. Priority creditor's name and mailing address LYTLE, AMANDA K 1541 EDMORE AVE SACRAMENTO CA 95835 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$263.58</td> </tr> </table>	Total claim	\$263.58	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$263.58</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$263.58	Nonpriority amount	\$0.00
Total claim									
\$263.58									
Priority amount									
\$263.58									
Nonpriority amount									
\$0.00									

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2.3963. Priority creditor's name and mailing address MABIE, EMMA L 323 3RD AVE EAU CLAIRE WI 54703 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$131.86</td> </tr> </table>	Total claim	\$131.86	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$131.86</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$131.86	Nonpriority amount	\$0.00
Total claim									
\$131.86									
Priority amount									
\$131.86									
Nonpriority amount									
\$0.00									
2.3964. Priority creditor's name and mailing address MACADAM, JESSICA E 106 RYAN CIRCLE SPRING LAKE NC 28390 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$30.23</td> </tr> </table>	Total claim	\$30.23	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$30.23</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$30.23	Nonpriority amount	\$0.00
Total claim									
\$30.23									
Priority amount									
\$30.23									
Nonpriority amount									
\$0.00									
2.3965. Priority creditor's name and mailing address MACARENO, CINDY 65 SAMMIS AVE DOVER NJ 07801 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$376.98</td> </tr> </table>	Total claim	\$376.98	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$376.98</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$376.98	Nonpriority amount	\$0.00
Total claim									
\$376.98									
Priority amount									
\$376.98									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3966. Priority creditor's name and mailing address MACBLANE, MADISON J 18405 SHALLOWFORD LANE LOUISVILLE KY 40245 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$217.20	Priority amount \$217.20 Nonpriority amount \$0.00
2.3967. Priority creditor's name and mailing address MACIAS, BRITTANY L 1350 GINA DR OXNARD CA 93030 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,265.36	Priority amount \$3,265.36 Nonpriority amount \$0.00
2.3968. Priority creditor's name and mailing address MACIAS, CLARISSA A 1055 B ST BRAWLEY CA 92227-2007 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$66.96	Priority amount \$66.96 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3969. Priority creditor's name and mailing address MACIAS, EVELYN A 3013 CHINOOK LANE LAFAYETTE IN 47909 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$220.13</td> </tr> </table>	Total claim	\$220.13	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$220.13</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$220.13	Nonpriority amount	\$0.00
Total claim									
\$220.13									
Priority amount									
\$220.13									
Nonpriority amount									
\$0.00									
2.3970. Priority creditor's name and mailing address MACIAS, JANET 3504 BROADWAY AVE NORTH LAS VEGAS NV 89030-5901 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,921.48</td> </tr> </table>	Total claim	\$1,921.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,921.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,921.48	Nonpriority amount	\$0.00
Total claim									
\$1,921.48									
Priority amount									
\$1,921.48									
Nonpriority amount									
\$0.00									
2.3971. Priority creditor's name and mailing address MACIAS, KEANA C 3211 EAST MAYACAMA WAY ONTARIO CA 91761 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$254.88</td> </tr> </table>	Total claim	\$254.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$254.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$254.88	Nonpriority amount	\$0.00
Total claim									
\$254.88									
Priority amount									
\$254.88									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3972. Priority creditor's name and mailing address MACIEL, STEPHANIE A 17075 LACEBARK ST FONTANA CA 92337-6859 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$421.34</td> </tr> </table>	Total claim	\$421.34	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$421.34</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$421.34	Nonpriority amount	\$0.00
Total claim									
\$421.34									
Priority amount									
\$421.34									
Nonpriority amount									
\$0.00									
2.3973. Priority creditor's name and mailing address MACK, DEANDRIA L 513 AARON PLACE MCDONOUGH GA 30253 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$459.80</td> </tr> </table>	Total claim	\$459.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$459.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$459.80	Nonpriority amount	\$0.00
Total claim									
\$459.80									
Priority amount									
\$459.80									
Nonpriority amount									
\$0.00									
2.3974. Priority creditor's name and mailing address MACK, NANCY J 5630 STONEFIELD RD SLINGER WI 53086-9636 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$40.74</td> </tr> </table>	Total claim	\$40.74	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$40.74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$40.74	Nonpriority amount	\$0.00
Total claim									
\$40.74									
Priority amount									
\$40.74									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3975. Priority creditor's name and mailing address MACK, STEPHANIE 1834 SAN REMO DR COLUMBUS OH 43204 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$108.21</td> </tr> </table>	Total claim	\$108.21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$108.21</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$108.21	Nonpriority amount	\$0.00
Total claim									
\$108.21									
Priority amount									
\$108.21									
Nonpriority amount									
\$0.00									
2.3976. Priority creditor's name and mailing address MACUCH, STACY K 106 WEST MURROW LANE JACKSONVILLE NC 28546 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$135.58</td> </tr> </table>	Total claim	\$135.58	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$135.58</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$135.58	Nonpriority amount	\$0.00
Total claim									
\$135.58									
Priority amount									
\$135.58									
Nonpriority amount									
\$0.00									
2.3977. Priority creditor's name and mailing address MADDALENA, FRANCEY 7 BASH RD TOMS RIVER NJ 08753 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$78.59</td> </tr> </table>	Total claim	\$78.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$78.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$78.59	Nonpriority amount	\$0.00
Total claim									
\$78.59									
Priority amount									
\$78.59									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3978. Priority creditor's name and mailing address MADDOX, EMILY L 4013 CHRISTOPHER WAY SMC 11849 PLANO TX 75024 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$159.30</td> </tr> </table>	Total claim	\$159.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$159.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$159.30	Nonpriority amount	\$0.00
Total claim									
\$159.30									
Priority amount									
\$159.30									
Nonpriority amount									
\$0.00									
2.3979. Priority creditor's name and mailing address MADDOX, RA'SHON 301 E COLLEGE AVENUE SALISBURY MD 21804 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$626.36</td> </tr> </table>	Total claim	\$626.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$626.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$626.36	Nonpriority amount	\$0.00
Total claim									
\$626.36									
Priority amount									
\$626.36									
Nonpriority amount									
\$0.00									
2.3980. Priority creditor's name and mailing address MADISON, JAYLIE M 1418 THIRD ST. SE AUBURN WA 98002 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$255.60</td> </tr> </table>	Total claim	\$255.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$255.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$255.60	Nonpriority amount	\$0.00
Total claim									
\$255.60									
Priority amount									
\$255.60									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3981. Priority creditor's name and mailing address MADRIAGA, JANINE 91-1219 KANEANA ST 15B EWA BEACH HI 96706-3785 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,115.27</td> </tr> </table>	Total claim	\$2,115.27	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,115.27</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,115.27	Nonpriority amount	\$0.00
Total claim									
\$2,115.27									
Priority amount									
\$2,115.27									
Nonpriority amount									
\$0.00									
2.3982. Priority creditor's name and mailing address MADRID, CHELCYANN M 10705 PEARL RIVER AVE LAS VEGAS NV 89166 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$5,128.48</td> </tr> </table>	Total claim	\$5,128.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$5,128.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$5,128.48	Nonpriority amount	\$0.00
Total claim									
\$5,128.48									
Priority amount									
\$5,128.48									
Nonpriority amount									
\$0.00									
2.3983. Priority creditor's name and mailing address MADRIGAL, MEILYN 110 MANNERS AVE NAUGATUCK CT 06770 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$112.37</td> </tr> </table>	Total claim	\$112.37	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$112.37</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$112.37	Nonpriority amount	\$0.00
Total claim									
\$112.37									
Priority amount									
\$112.37									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3984. Priority creditor's name and mailing address MADRIL, CHRISTINA 5225 EAST 27TH STREET TUCSON AZ 85711 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$179.85</td> </tr> </table>	Total claim	\$179.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$179.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$179.85	Nonpriority amount	\$0.00
Total claim									
\$179.85									
Priority amount									
\$179.85									
Nonpriority amount									
\$0.00									
2.3985. Priority creditor's name and mailing address MADU, ASHLEY C 8002 SW 157 CT MIAMI FL 33193 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$305.15</td> </tr> </table>	Total claim	\$305.15	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$305.15</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$305.15	Nonpriority amount	\$0.00
Total claim									
\$305.15									
Priority amount									
\$305.15									
Nonpriority amount									
\$0.00									
2.3986. Priority creditor's name and mailing address MAESTAS, MIKAYLA D 2812 WILLIAM ST SE ALBUQUERQUE NM 87102 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$138.74</td> </tr> </table>	Total claim	\$138.74	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$138.74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$138.74	Nonpriority amount	\$0.00
Total claim									
\$138.74									
Priority amount									
\$138.74									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3987. Priority creditor's name and mailing address MAGAAN, CHRISTINA N 11 HOYT STREET APT 2A DANBURY CT 06810 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,609.73	Priority amount \$1,609.73 Nonpriority amount \$0.00
2.3988. Priority creditor's name and mailing address MAGALLON, HILLARY S 605 LIBERTY ST SOUTH BEND IN 46619 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$130.50	Priority amount \$130.50 Nonpriority amount \$0.00
2.3989. Priority creditor's name and mailing address MAGANA, AMELIA 1811 E. GRAND AVE 101 ESCONDIDO CA 92027 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$248.04	Priority amount \$248.04 Nonpriority amount \$0.00

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2.3990.	Priority creditor's name and mailing address MAGANA, ARIANA 2525 MARQUETTE CT FAIRFIELD CA 94533 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$372.00</td></tr></table>	Total claim	\$372.00	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$372.00</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$372.00	Nonpriority amount	\$0.00
Total claim										
\$372.00										
Priority amount										
\$372.00										
Nonpriority amount										
\$0.00										
2.3991.	Priority creditor's name and mailing address MAGANA, CARINA 224 WEST HARVARD BLVD. SANTA PAULA CA 93060 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$116.28</td></tr></table>	Total claim	\$116.28	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$116.28</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$116.28	Nonpriority amount	\$0.00
Total claim										
\$116.28										
Priority amount										
\$116.28										
Nonpriority amount										
\$0.00										
2.3992.	Priority creditor's name and mailing address MAGANA, CLAUDIA J 23524 KINGS VALLEY RD GERMANTOWN MD 20876 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$2,537.85</td></tr></table>	Total claim	\$2,537.85	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$2,537.85</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$2,537.85	Nonpriority amount	\$0.00
Total claim										
\$2,537.85										
Priority amount										
\$2,537.85										
Nonpriority amount										
\$0.00										

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2.3993. Priority creditor's name and mailing address MAGANA, ESMERALDA 639 HOWELL RD OXNARD CA 93033 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$72.96	Priority amount \$72.96 Nonpriority amount \$0.00
2.3994. Priority creditor's name and mailing address MAGANA, GUADALUPE M 6300 SW 188TH CT APT 49 BEAVERTON OR 97078 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$582.12	Priority amount \$582.12 Nonpriority amount \$0.00
2.3995. Priority creditor's name and mailing address MAGANA, JACQUELINE Y 98 LAWRENCE AVENUE LYNBROOK NY 11563 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,957.95	Priority amount \$2,957.95 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3996. Priority creditor's name and mailing address MAGBANUA, JESSIKA ANNE G 94-669 KEHELA ST WAIPAHU HI 96797-1229 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$560.08</td> </tr> </table>	Total claim	\$560.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$560.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$560.08	Nonpriority amount	\$0.00
Total claim									
\$560.08									
Priority amount									
\$560.08									
Nonpriority amount									
\$0.00									
2.3997. Priority creditor's name and mailing address MAGEE, KAYLA A 125 MARIETTA DRIVE NW 724 KENNESAW GA 30144 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$118.70</td> </tr> </table>	Total claim	\$118.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$118.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$118.70	Nonpriority amount	\$0.00
Total claim									
\$118.70									
Priority amount									
\$118.70									
Nonpriority amount									
\$0.00									
2.3998. Priority creditor's name and mailing address MAGLALANG, CECILY Z 1395 SHELBY DR FAIRFIELD CA 94534 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$306.24</td> </tr> </table>	Total claim	\$306.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$306.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$306.24	Nonpriority amount	\$0.00
Total claim									
\$306.24									
Priority amount									
\$306.24									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.3999.	Priority creditor's name and mailing address MAGNOTTA, THOMAS 18 NEW HAVEN AVE NANUET NY 10954-2228 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$5,197.89</td> </tr> </table>	Total claim	\$5,197.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$5,197.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$5,197.89	Nonpriority amount	\$0.00
Total claim										
\$5,197.89										
Priority amount										
\$5,197.89										
Nonpriority amount										
\$0.00										
2.4000.	Priority creditor's name and mailing address MAGUIRE, DARLA 108 FAY RD A FRAMINGHAM MA 01702-6867 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$624.62</td> </tr> </table>	Total claim	\$624.62	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$624.62</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$624.62	Nonpriority amount	\$0.00
Total claim										
\$624.62										
Priority amount										
\$624.62										
Nonpriority amount										
\$0.00										
2.4001.	Priority creditor's name and mailing address MAHAN, SARAH L 7875 WATERWAY DR. NW 302 CONCORD NC 28027 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$26.31</td> </tr> </table>	Total claim	\$26.31	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$26.31</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$26.31	Nonpriority amount	\$0.00
Total claim										
\$26.31										
Priority amount										
\$26.31										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4002.	Priority creditor's name and mailing address MAHARAJ, ANJILI 2901 SPANISH BAY DRIVE BRENTWOOD CA 94513 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$157.20</td> </tr> </table>	Total claim	\$157.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$157.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$157.20	Nonpriority amount	\$0.00
Total claim										
\$157.20										
Priority amount										
\$157.20										
Nonpriority amount										
\$0.00										
2.4003.	Priority creditor's name and mailing address MAHLER, VERONICA 20 HEVELEYN ROAD ELMSFORD NY 10523 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$262.60</td> </tr> </table>	Total claim	\$262.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$262.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$262.60	Nonpriority amount	\$0.00
Total claim										
\$262.60										
Priority amount										
\$262.60										
Nonpriority amount										
\$0.00										
2.4004.	Priority creditor's name and mailing address MAI, JENNIFER 4472 BLYTHE RD COLUMBUS OH 43224 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$38.07</td> </tr> </table>	Total claim	\$38.07	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$38.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$38.07	Nonpriority amount	\$0.00
Total claim										
\$38.07										
Priority amount										
\$38.07										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4005.	Priority creditor's name and mailing address MAIDEN, ATIYA 1911 AUDUBON DRIVE DRESHER PA 19025 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$183.32</td> </tr> </table>	Total claim	\$183.32	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$183.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$183.32	Nonpriority amount	\$0.00
Total claim										
\$183.32										
Priority amount										
\$183.32										
Nonpriority amount										
\$0.00										
2.4006.	Priority creditor's name and mailing address MAIELLO, MARY F 224 N. CHESTNUT STREET MASSAPEQUA NY 11758 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$364.80</td> </tr> </table>	Total claim	\$364.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$364.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$364.80	Nonpriority amount	\$0.00
Total claim										
\$364.80										
Priority amount										
\$364.80										
Nonpriority amount										
\$0.00										
2.4007.	Priority creditor's name and mailing address MAITIN, LILLIAN 798 BRYANT ST. STROUDSBURG PA 18360 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,819.12</td> </tr> </table>	Total claim	\$2,819.12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,819.12</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,819.12	Nonpriority amount	\$0.00
Total claim										
\$2,819.12										
Priority amount										
\$2,819.12										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4008.	Priority creditor's name and mailing address MAJOK, AMOU 6608 UNIVERSITY DRIVE SOUTH OMAHA NE 68182 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$82.44</td></tr></table>	Total claim	\$82.44	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$82.44</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$82.44	Nonpriority amount	\$0.00
Total claim										
\$82.44										
Priority amount										
\$82.44										
Nonpriority amount										
\$0.00										
2.4009.	Priority creditor's name and mailing address MAKAY, ALEXANDRIA M 401 NORTHERN DRIVE SALEM VA 24153 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$525.20</td></tr></table>	Total claim	\$525.20	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$525.20</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$525.20	Nonpriority amount	\$0.00
Total claim										
\$525.20										
Priority amount										
\$525.20										
Nonpriority amount										
\$0.00										
2.4010.	Priority creditor's name and mailing address MAKINSON, ASHLEY A 2364 GUNN ROAD KISSIMMEE FL 34746 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$83.90</td></tr></table>	Total claim	\$83.90	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$83.90</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$83.90	Nonpriority amount	\$0.00
Total claim										
\$83.90										
Priority amount										
\$83.90										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4011. Priority creditor's name and mailing address MALANI, KAELYNN E 865 7TH AVENUE SAN BRUNO CA 94066 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$214.44</td></tr></table>	Total claim	\$214.44	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$214.44</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$214.44	Nonpriority amount	\$0.00
Total claim									
\$214.44									
Priority amount									
\$214.44									
Nonpriority amount									
\$0.00									
2.4012. Priority creditor's name and mailing address MALAVET, KAILA J 440 KEAWE ST UNIT 515 HONOLULU HI 96813 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$633.42</td></tr></table>	Total claim	\$633.42	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$633.42</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$633.42	Nonpriority amount	\$0.00
Total claim									
\$633.42									
Priority amount									
\$633.42									
Nonpriority amount									
\$0.00									
2.4013. Priority creditor's name and mailing address MALCHAN, MAREENA 1610 RUTGERS STREET SCHENECTADY NY 12303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$311.46</td></tr></table>	Total claim	\$311.46	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$311.46</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$311.46	Nonpriority amount	\$0.00
Total claim									
\$311.46									
Priority amount									
\$311.46									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4014. Priority creditor's name and mailing address MALCOLM, RACQUEL 30 PINE ROCK RD NEW HAVEN CT 06511-1665 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$250.29</td> </tr> </table>	Total claim	\$250.29	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$250.29</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$250.29	Nonpriority amount	\$0.00
Total claim									
\$250.29									
Priority amount									
\$250.29									
Nonpriority amount									
\$0.00									
2.4015. Priority creditor's name and mailing address MALDONADO, ALEYSHA A 4230 SCHAPER AVE ERIE PA 16503 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$21.75</td> </tr> </table>	Total claim	\$21.75	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$21.75</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$21.75	Nonpriority amount	\$0.00
Total claim									
\$21.75									
Priority amount									
\$21.75									
Nonpriority amount									
\$0.00									
2.4016. Priority creditor's name and mailing address MALDONADO, CHERELYN HACIENDAS DEL CARRIBE SOLAR 6 STREET TOA ALTA PR 00953 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$78.22</td> </tr> </table>	Total claim	\$78.22	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$78.22</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$78.22	Nonpriority amount	\$0.00
Total claim									
\$78.22									
Priority amount									
\$78.22									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4017.	Priority creditor's name and mailing address MALDONADO, DESTINY K 2185 MONARCH RIDGE CIR EL CAJON CA 92019-3875 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$684.16</td> </tr> </table>	Total claim	\$684.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$684.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$684.16	Nonpriority amount	\$0.00
Total claim										
\$684.16										
Priority amount										
\$684.16										
Nonpriority amount										
\$0.00										
2.4018.	Priority creditor's name and mailing address MALDONADO, DIAMOND D 424 NORTH 2ND STREET ALLENTOWN PA 18102 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$147.60</td> </tr> </table>	Total claim	\$147.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$147.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$147.60	Nonpriority amount	\$0.00
Total claim										
\$147.60										
Priority amount										
\$147.60										
Nonpriority amount										
\$0.00										
2.4019.	Priority creditor's name and mailing address MALDONADO, SASHA 66 AUSTIN STREET 3 WORCESTER MA 01609 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$165.30</td> </tr> </table>	Total claim	\$165.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$165.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$165.30	Nonpriority amount	\$0.00
Total claim										
\$165.30										
Priority amount										
\$165.30										
Nonpriority amount										
\$0.00										

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2.4020. Priority creditor's name and mailing address MALDONADO, SHEILA 101 S. SHERRY AVE NORMAN OK 73069 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$203.37	Priority amount \$203.37 Nonpriority amount \$0.00
2.4021. Priority creditor's name and mailing address MALDONADO, TATJANA M 520 COPPERFIELD RD SPRING HILL FL 34606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$517.83	Priority amount \$517.83 Nonpriority amount \$0.00
2.4022. Priority creditor's name and mailing address MALINOWSKI, LAURA M 2715 BOARDWALK APT 616 ATLANTIC CITY NJ 08401-6424 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,635.12	Priority amount \$3,635.12 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4023. Priority creditor's name and mailing address MALLEY, GABRIELLA S 1907 CANVAS EDGE DRIVE HENDERSON NV 89044 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Total claim</th></tr><tr><td>\$50.41</td></tr></table>	Total claim	\$50.41	<table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Priority amount</th></tr><tr><td>\$50.41</td></tr></table> <table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$50.41	Nonpriority amount	\$0.00
Total claim									
\$50.41									
Priority amount									
\$50.41									
Nonpriority amount									
\$0.00									
2.4024. Priority creditor's name and mailing address MALLORY, RASHONDRA A 3496 LEE COURT KENNESAW GA 30144 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Total claim</th></tr><tr><td>\$121.06</td></tr></table>	Total claim	\$121.06	<table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Priority amount</th></tr><tr><td>\$121.06</td></tr></table> <table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$121.06	Nonpriority amount	\$0.00
Total claim									
\$121.06									
Priority amount									
\$121.06									
Nonpriority amount									
\$0.00									
2.4025. Priority creditor's name and mailing address MALLOY, JYNISE J 3212 KINGSWAY ROAD FORT WASHINGTON MD 20744 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Total claim</th></tr><tr><td>\$154.45</td></tr></table>	Total claim	\$154.45	<table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Priority amount</th></tr><tr><td>\$154.45</td></tr></table> <table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$154.45	Nonpriority amount	\$0.00
Total claim									
\$154.45									
Priority amount									
\$154.45									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4026. Priority creditor's name and mailing address MALONE, EARNESTINE M 665 GEARY STREET APT 10 SAN FRANCISCO CA 94102 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$6,346.75</td> </tr> </table>	Total claim	\$6,346.75	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$6,346.75</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	Priority amount	\$6,346.75	Nonpriority amount	\$0.00
Total claim									
\$6,346.75									
Priority amount									
\$6,346.75									
Nonpriority amount									
\$0.00									
2.4027. Priority creditor's name and mailing address MALONE, IRMA J 3651 CATTLE DR SACRAMENTO CA 95834 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$121.44</td> </tr> </table>	Total claim	\$121.44	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$121.44</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	Priority amount	\$121.44	Nonpriority amount	\$0.00
Total claim									
\$121.44									
Priority amount									
\$121.44									
Nonpriority amount									
\$0.00									
2.4028. Priority creditor's name and mailing address MALONE, JANELL M 1612 CLARICE WAY LOUISVILLE KY 40216 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$154.17</td> </tr> </table>	Total claim	\$154.17	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$154.17</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">\$0.00</td> </tr> </table>	Priority amount	\$154.17	Nonpriority amount	\$0.00
Total claim									
\$154.17									
Priority amount									
\$154.17									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4029.	Priority creditor's name and mailing address MALONEY, MEGAN 213 SPRUCE LAKE DRIVE MILFORD PA 18337 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$360.36</td> </tr> </table>	Total claim	\$360.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$360.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$360.36	Nonpriority amount	\$0.00
Total claim										
\$360.36										
Priority amount										
\$360.36										
Nonpriority amount										
\$0.00										
2.4030.	Priority creditor's name and mailing address MALOY, DAVID S 67 MOUNTAIN VIEW DR. BROOKFIELD CT 06804 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$169.27</td> </tr> </table>	Total claim	\$169.27	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$169.27</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$169.27	Nonpriority amount	\$0.00
Total claim										
\$169.27										
Priority amount										
\$169.27										
Nonpriority amount										
\$0.00										
2.4031.	Priority creditor's name and mailing address MAND, MAHALIA 4815 IRON HORSE TRAIL COLORADO SPRINGS CO 80917 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$790.00</td> </tr> </table>	Total claim	\$790.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$790.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$790.00	Nonpriority amount	\$0.00
Total claim										
\$790.00										
Priority amount										
\$790.00										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4032. Priority creditor's name and mailing address MANDELT, ASHLEY N 1280 E. FOX PLACE MUNDS PARK AZ 86017 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,819.42	Priority amount \$2,819.42 Nonpriority amount \$0.00
2.4033. Priority creditor's name and mailing address MANDICH, AMY 428 MAIN ST N SAINT MICHAEL MN 55376 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$570.01	Priority amount \$570.01 Nonpriority amount \$0.00
2.4034. Priority creditor's name and mailing address MANGIOLA, KARA 164 N AUTUMN DR ROCHESTER NY 14626-1338 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$264.74	Priority amount \$264.74 Nonpriority amount \$0.00

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2.4035. Priority creditor's name and mailing address MANGUAL, JASMINE 513 CAPE COD CIR VALRICO FL 33594-4378 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$266.81</td> </tr> </table>	Total claim	\$266.81	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$266.81</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$266.81	Nonpriority amount	\$0.00
Total claim									
\$266.81									
Priority amount									
\$266.81									
Nonpriority amount									
\$0.00									
2.4036. Priority creditor's name and mailing address MANIAGO, JILLIAN 325 WEBSTER DRIVE NEW MILFORD NJ 07646 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$81.62</td> </tr> </table>	Total claim	\$81.62	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$81.62</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$81.62	Nonpriority amount	\$0.00
Total claim									
\$81.62									
Priority amount									
\$81.62									
Nonpriority amount									
\$0.00									
2.4037. Priority creditor's name and mailing address MANISCALCO, SAMANTHA L 40 JEFFERSON STREET EAST ISLIP NY 11730 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$493.32</td> </tr> </table>	Total claim	\$493.32	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$493.32</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$493.32	Nonpriority amount	\$0.00
Total claim									
\$493.32									
Priority amount									
\$493.32									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4038. Priority creditor's name and mailing address MANJARREZ, STEPHANIE 5211 S. ST LOUIS AVE CHICAGO IL 60632-1512 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,291.19	Priority amount \$3,291.19 Nonpriority amount \$0.00
2.4039. Priority creditor's name and mailing address MANLEY, GABRIEL R 1294 COUNTY ROUTE 61 SHUSHAN NY 12873 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$215.57	Priority amount \$215.57 Nonpriority amount \$0.00
2.4040. Priority creditor's name and mailing address MANN, AMBER 14 SCHOFIELD STREET WEST WARWICK RI 02893 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,297.41	Priority amount \$1,297.41 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4041. Priority creditor's name and mailing address MANN, JASMIN C 24105 LEXINGTON FARMS DRIVE 24105 ALPHARETTA GA 30004 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$346.97</td></tr></table>	Total claim	\$346.97	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$346.97</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$346.97	Nonpriority amount	\$0.00
Total claim									
\$346.97									
Priority amount									
\$346.97									
Nonpriority amount									
\$0.00									
2.4042. Priority creditor's name and mailing address MANN, JOHNSON THAIZHANE K 1114 STRAWN CT FLOWER MOUND TX 75028 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$74.75</td></tr></table>	Total claim	\$74.75	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$74.75</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$74.75	Nonpriority amount	\$0.00
Total claim									
\$74.75									
Priority amount									
\$74.75									
Nonpriority amount									
\$0.00									
2.4043. Priority creditor's name and mailing address MANNING, ALEXIS L 452 BOSTWICK CIRCLE SAINT AUGUSTINE FL 32092 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$164.29</td></tr></table>	Total claim	\$164.29	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$164.29</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$164.29	Nonpriority amount	\$0.00
Total claim									
\$164.29									
Priority amount									
\$164.29									
Nonpriority amount									
\$0.00									

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2.4044. Priority creditor's name and mailing address MANNING, MEGAN M 2909 N OLIVER APT 5-528B WICHITA KS 67220 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$459.36</td> </tr> </table>	Total claim	\$459.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$459.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$459.36	Nonpriority amount	\$0.00
Total claim									
\$459.36									
Priority amount									
\$459.36									
Nonpriority amount									
\$0.00									
2.4045. Priority creditor's name and mailing address MANNING, SYDNEY 4909 NW 80TH TER KANSAS CITY MO 64151-1127 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,596.06</td> </tr> </table>	Total claim	\$2,596.06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,596.06</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,596.06	Nonpriority amount	\$0.00
Total claim									
\$2,596.06									
Priority amount									
\$2,596.06									
Nonpriority amount									
\$0.00									
2.4046. Priority creditor's name and mailing address MANNON, TRANIER 2405 ROCHDALE ST GARLAND TX 75040 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$130.61</td> </tr> </table>	Total claim	\$130.61	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$130.61</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$130.61	Nonpriority amount	\$0.00
Total claim									
\$130.61									
Priority amount									
\$130.61									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4047. Priority creditor's name and mailing address MANUEL, KAYLA J 87-185 MAMOALII PL WAIANAE HI 96792 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$66.41</td></tr></table>	Total claim	\$66.41	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$66.41</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$66.41	Nonpriority amount	\$0.00
Total claim									
\$66.41									
Priority amount									
\$66.41									
Nonpriority amount									
\$0.00									
2.4048. Priority creditor's name and mailing address MANZANO, SIMMONS IMANI M 3092 SINGLE TREE COURT LAKEWALES FL 33898 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$216.91</td></tr></table>	Total claim	\$216.91	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$216.91</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$216.91	Nonpriority amount	\$0.00
Total claim									
\$216.91									
Priority amount									
\$216.91									
Nonpriority amount									
\$0.00									
2.4049. Priority creditor's name and mailing address MANZANO-MEXICANO, DEYSI G 821 NC HWY 210 W LOT 5 HAMPSTEAD NC 28443 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$239.97</td></tr></table>	Total claim	\$239.97	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$239.97</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$239.97	Nonpriority amount	\$0.00
Total claim									
\$239.97									
Priority amount									
\$239.97									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4050.	Priority creditor's name and mailing address MAPP, STEPHANIE S 730 FRANKLIN GATEWAY V9 MARIETTA GA 30067 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$469.07</td> </tr> </table>	Total claim	\$469.07	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$469.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$469.07	Nonpriority amount	\$0.00
Total claim										
\$469.07										
Priority amount										
\$469.07										
Nonpriority amount										
\$0.00										
2.4051.	Priority creditor's name and mailing address MAQUEDA-MARTINEZ, DIANA 6240 DON ZAREMBO AVE LAS VEGAS NV 89108 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$558.84</td> </tr> </table>	Total claim	\$558.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$558.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$558.84	Nonpriority amount	\$0.00
Total claim										
\$558.84										
Priority amount										
\$558.84										
Nonpriority amount										
\$0.00										
2.4052.	Priority creditor's name and mailing address MARBURY-FRIEND, MARIAH 9125 LAWLER AVE APT 1 SKOKIE IL 60077 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$282.92</td> </tr> </table>	Total claim	\$282.92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$282.92</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$282.92	Nonpriority amount	\$0.00
Total claim										
\$282.92										
Priority amount										
\$282.92										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.4053. Priority creditor's name and mailing address**MARCH, HARRISON D
139 B CR 37 TYLER TX
TYLER TX 75670**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$686.18

Priority amount

\$686.18

Nonpriority amount

\$0.00

2.4054. Priority creditor's name and mailing addressMARCIANO, ESTEFANI
1022B JULIA LANE
LAFAYETTE IN 47905**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$442.49

Priority amount

\$442.49

Nonpriority amount

\$0.00

2.4055. Priority creditor's name and mailing addressMARCOS, STEPHANIE
886 FRIENDLY CIR
EL CAJON CA 92021**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$38.64

Priority amount

\$38.64

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4056.	Priority creditor's name and mailing address MARES, PAULINE C 1868 WHITNEY WAY EL CENTRO CA 92243 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$173.64</td> </tr> </table>	Total claim	\$173.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$173.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$173.64	Nonpriority amount	\$0.00
Total claim										
\$173.64										
Priority amount										
\$173.64										
Nonpriority amount										
\$0.00										
2.4057.	Priority creditor's name and mailing address MARES, PRISCILLA 7036 CHATUM LIGHT RUN BRADENTON FL 34212 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$378.60</td> </tr> </table>	Total claim	\$378.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$378.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$378.60	Nonpriority amount	\$0.00
Total claim										
\$378.60										
Priority amount										
\$378.60										
Nonpriority amount										
\$0.00										
2.4058.	Priority creditor's name and mailing address MARGRAF, ERIN M 721 MEADOWS DR ARGYLE TX 76226 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$251.37</td> </tr> </table>	Total claim	\$251.37	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$251.37</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$251.37	Nonpriority amount	\$0.00
Total claim										
\$251.37										
Priority amount										
\$251.37										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4059. Priority creditor's name and mailing address MARICICH, PAIGE M 629 FLORIDA PL GAMBRILLS MD 21054 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$148.98</td> </tr> </table>	Total claim	\$148.98	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$148.98</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$148.98	Nonpriority amount	\$0.00
Total claim									
\$148.98									
Priority amount									
\$148.98									
Nonpriority amount									
\$0.00									
2.4060. Priority creditor's name and mailing address MARIN, ANA M 3916 SHASTA DR. BLOOMINGTON IL 61705 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$277.88</td> </tr> </table>	Total claim	\$277.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$277.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$277.88	Nonpriority amount	\$0.00
Total claim									
\$277.88									
Priority amount									
\$277.88									
Nonpriority amount									
\$0.00									
2.4061. Priority creditor's name and mailing address MARIN, JR. VICTOR 1523 PRAIRIE ROCK NEW BRAUNFELS TX 78130 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,068.05</td> </tr> </table>	Total claim	\$2,068.05	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,068.05</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,068.05	Nonpriority amount	\$0.00
Total claim									
\$2,068.05									
Priority amount									
\$2,068.05									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4062.	Priority creditor's name and mailing address MARINES, KENNYA A 921 COLORADO ST. HARLINGEN TX 78550 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$120.54</td> </tr> </table>	Total claim	\$120.54	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$120.54</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$120.54	Nonpriority amount	\$0.00
Total claim										
\$120.54										
Priority amount										
\$120.54										
Nonpriority amount										
\$0.00										
2.4063.	Priority creditor's name and mailing address MARINO, AMANDA E 15G ADELAIDE RD NORWICH CT 06360 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$319.21</td> </tr> </table>	Total claim	\$319.21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$319.21</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$319.21	Nonpriority amount	\$0.00
Total claim										
\$319.21										
Priority amount										
\$319.21										
Nonpriority amount										
\$0.00										
2.4064.	Priority creditor's name and mailing address MARK, SEKEYAH 260 STONYFORD DR VACAVILLE CA 95687 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$136.80</td> </tr> </table>	Total claim	\$136.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$136.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$136.80	Nonpriority amount	\$0.00
Total claim										
\$136.80										
Priority amount										
\$136.80										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4065. Priority creditor's name and mailing address MARKHAM, KAITLIN R 9657 SW CHAMBERS RD AUGUSTA KS 67010 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$138.99	Priority amount \$138.99 Nonpriority amount \$0.00
2.4066. Priority creditor's name and mailing address MARKS, KAITLIN A 6126 AVILA STREET ENGLEWOOD FL 34224 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$125.88	Priority amount \$125.88 Nonpriority amount \$0.00
2.4067. Priority creditor's name and mailing address MARKWELL, SHANNON M 11949 ROCOSO RD LAKESIDE CA 92040 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$10,374.31	Priority amount \$10,374.31 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4068.	Priority creditor's name and mailing address MARMOLEJOS, KENNIBETH M 250 RYANS RIDGE AVENUE APT 911A EUSTIS FL 32726 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$1,178.63</td></tr></table>	Total claim	\$1,178.63	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$1,178.63</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,178.63	Nonpriority amount	\$0.00
Total claim										
\$1,178.63										
Priority amount										
\$1,178.63										
Nonpriority amount										
\$0.00										
2.4069.	Priority creditor's name and mailing address MARQUEZ, CHELSEA 117 MARKET STREET 3 BROCKTON STREET MA 02301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$229.08</td></tr></table>	Total claim	\$229.08	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$229.08</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$229.08	Nonpriority amount	\$0.00
Total claim										
\$229.08										
Priority amount										
\$229.08										
Nonpriority amount										
\$0.00										
2.4070.	Priority creditor's name and mailing address MARQUEZ, GABRIELA B 844 CROSS GATES BLVD SLIDELL LA 70461 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$102.00</td></tr></table>	Total claim	\$102.00	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$102.00</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$102.00	Nonpriority amount	\$0.00
Total claim										
\$102.00										
Priority amount										
\$102.00										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4071. Priority creditor's name and mailing address MARQUEZ, GLADIS 9800-8 OAK GROVE DRIVE DESCANSO CA 91916 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,675.99	Priority amount \$1,675.99 Nonpriority amount \$0.00
2.4072. Priority creditor's name and mailing address MARQUEZ, JULIA E 10124 RANGE RD SW ALBUQUERQUE NM 87121 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$231.54	Priority amount \$231.54 Nonpriority amount \$0.00
2.4073. Priority creditor's name and mailing address MARQUEZ, NATALIE C 4989 CR 4604 COMMERCE TX 75428 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$170.22	Priority amount \$170.22 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4074. Priority creditor's name and mailing address MARQUEZ, SONIA 10685 MULHALL ST EL MONTE CA 91731-1230 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$7,853.80	Priority amount \$7,853.80 Nonpriority amount \$0.00
2.4075. Priority creditor's name and mailing address MARQUEZ, VANESSA A 39915 TINDERBOX WAY MURRIETA CA 92562 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$139.92	Priority amount \$139.92 Nonpriority amount \$0.00
2.4076. Priority creditor's name and mailing address MARQUIS, JENNIFER 5018 BARBARA LANE MILTON FL 32570 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,663.40	Priority amount \$1,663.40 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4077. Priority creditor's name and mailing address MARRERO, CIERA I 205 MILL LANE UNIT 303 SAINT AUGUSTINE FL 32084 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$609.63	Priority amount \$609.63 Nonpriority amount \$0.00
2.4078. Priority creditor's name and mailing address MARRERO, KATHERINE 724 COUNTRY WOODS CIR KISSIMMEE FL 34744-4625 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,352.05	Priority amount \$1,352.05 Nonpriority amount \$0.00
2.4079. Priority creditor's name and mailing address MARRUJO, RANDI L 1007 N. ONONDAGA AVE. ANAHEIM CA 92801 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,857.79	Priority amount \$2,857.79 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4080.	Priority creditor's name and mailing address MARSHALL, BREYANNA S 2414 WINCH ST FORT WAYNE IN 46803 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$663.67</td> </tr> </table>	Total claim	\$663.67	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$663.67</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$663.67	Nonpriority amount	\$0.00
Total claim										
\$663.67										
Priority amount										
\$663.67										
Nonpriority amount										
\$0.00										
2.4081.	Priority creditor's name and mailing address MARSHALL, DIAMOND 5402 LIVINGSTON OAKS CIRCLE APT. 230 BIRMINGHAM AL 35215 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$285.86</td> </tr> </table>	Total claim	\$285.86	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$285.86</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$285.86	Nonpriority amount	\$0.00
Total claim										
\$285.86										
Priority amount										
\$285.86										
Nonpriority amount										
\$0.00										
2.4082.	Priority creditor's name and mailing address MARSHALL, DIANNE E 1044 S. LEXAN CRES NORFOLK VA 23508 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,007.58</td> </tr> </table>	Total claim	\$3,007.58	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,007.58</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$3,007.58	Nonpriority amount	\$0.00
Total claim										
\$3,007.58										
Priority amount										
\$3,007.58										
Nonpriority amount										
\$0.00										

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2.4083.	Priority creditor's name and mailing address MARSHALL, JASMINE D 3 EVERETT ST DERRY NH 03038 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$79.28</td> </tr> </table>	Total claim	\$79.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$79.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$79.28	Nonpriority amount	\$0.00
Total claim										
\$79.28										
Priority amount										
\$79.28										
Nonpriority amount										
\$0.00										
2.4084.	Priority creditor's name and mailing address MARSHALL, MAYA L 3301 MELROSE CLUB BLVD APT 512 RALEIGH NC 27603 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$274.32</td> </tr> </table>	Total claim	\$274.32	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$274.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$274.32	Nonpriority amount	\$0.00
Total claim										
\$274.32										
Priority amount										
\$274.32										
Nonpriority amount										
\$0.00										
2.4085.	Priority creditor's name and mailing address MARSHALL, OCTAVIA 3464 LANDSTOWN COURT VIRGINIA BEACH VA 23453 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$183.05</td> </tr> </table>	Total claim	\$183.05	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$183.05</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$183.05	Nonpriority amount	\$0.00
Total claim										
\$183.05										
Priority amount										
\$183.05										
Nonpriority amount										
\$0.00										

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2.4086.	Priority creditor's name and mailing address MARSHALL, SARENA M 1454A NORTH MT VERNON AVE WILLIAMSBURG VA 23185 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$231.28</td> </tr> </table>	Total claim	\$231.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$231.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$231.28	Nonpriority amount	\$0.00
Total claim										
\$231.28										
Priority amount										
\$231.28										
Nonpriority amount										
\$0.00										
2.4087.	Priority creditor's name and mailing address MARSHALL, SHARONTE A 2110 W SAN MIGUEL AVE N LAS VEGAS NV 89032 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$26.65</td> </tr> </table>	Total claim	\$26.65	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$26.65</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$26.65	Nonpriority amount	\$0.00
Total claim										
\$26.65										
Priority amount										
\$26.65										
Nonpriority amount										
\$0.00										
2.4088.	Priority creditor's name and mailing address MARSHALL, SYDNEY 114 SONGBIRD TRAIL YORKTOWN VA 23692 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$43.73</td> </tr> </table>	Total claim	\$43.73	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$43.73</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$43.73	Nonpriority amount	\$0.00
Total claim										
\$43.73										
Priority amount										
\$43.73										
Nonpriority amount										
\$0.00										

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2.4089.	Priority creditor's name and mailing address MARSHALL, TAKAYLA J 5932 MARGERY DR #103 RACINE WI 53406 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$109.26</td></tr></table>	Total claim	\$109.26	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$109.26</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$109.26	Nonpriority amount	\$0.00
Total claim										
\$109.26										
Priority amount										
\$109.26										
Nonpriority amount										
\$0.00										
2.4090.	Priority creditor's name and mailing address MARSHALL, TY'SHAE 1217 S. OCTAGON RD CAMDEN NJ 08104 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$259.31</td></tr></table>	Total claim	\$259.31	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$259.31</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$259.31	Nonpriority amount	\$0.00
Total claim										
\$259.31										
Priority amount										
\$259.31										
Nonpriority amount										
\$0.00										
2.4091.	Priority creditor's name and mailing address MARTE, SESSALEE M 119 SOUTH AVENUE STATEN ISLAND NY 10303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$164.70</td></tr></table>	Total claim	\$164.70	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$164.70</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$164.70	Nonpriority amount	\$0.00
Total claim										
\$164.70										
Priority amount										
\$164.70										
Nonpriority amount										
\$0.00										

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2.4092. Priority creditor's name and mailing address MARTEL, ISOBEL CASSANDR 739A COOKE ST WESTHAMPTON BEACH NY 11978 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$170.28</td> </tr> </table>	Total claim	\$170.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$170.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$170.28	Nonpriority amount	\$0.00
Total claim									
\$170.28									
Priority amount									
\$170.28									
Nonpriority amount									
\$0.00									
2.4093. Priority creditor's name and mailing address MARTI, YESENIA L 11431SW 35TH LANE MIAMI FL 33165 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$240.03</td> </tr> </table>	Total claim	\$240.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$240.03</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$240.03	Nonpriority amount	\$0.00
Total claim									
\$240.03									
Priority amount									
\$240.03									
Nonpriority amount									
\$0.00									
2.4094. Priority creditor's name and mailing address MARTIN, ALEXSIS J 14468 RUNYON DR. CORONA CA 92880 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$1,532.01</td> </tr> </table>	Total claim	\$1,532.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$1,532.01</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,532.01	Nonpriority amount	\$0.00
Total claim									
\$1,532.01									
Priority amount									
\$1,532.01									
Nonpriority amount									
\$0.00									

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2.4095.	Priority creditor's name and mailing address MARTIN, ASHLEY 10100 N 89TH AVE UNIT 40 PEORIA AZ 85345 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$33.22</td></tr></table>	Total claim	\$33.22	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$33.22</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$33.22	Nonpriority amount	\$0.00
Total claim										
\$33.22										
Priority amount										
\$33.22										
Nonpriority amount										
\$0.00										
2.4096.	Priority creditor's name and mailing address MARTIN, CHEYENNE R 104 WEDGEWOOD TERRACE RD. MADISON AL 35757 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$58.80</td></tr></table>	Total claim	\$58.80	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$58.80</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$58.80	Nonpriority amount	\$0.00
Total claim										
\$58.80										
Priority amount										
\$58.80										
Nonpriority amount										
\$0.00										
2.4097.	Priority creditor's name and mailing address MARTIN, JASMINE J 317 PERKINS CT SUISUN CITY CA 94585-4138 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$118.56</td></tr></table>	Total claim	\$118.56	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$118.56</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$118.56	Nonpriority amount	\$0.00
Total claim										
\$118.56										
Priority amount										
\$118.56										
Nonpriority amount										
\$0.00										

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2.4098.	Priority creditor's name and mailing address MARTIN, JONES KAYLA N 6038 CIRCUS LOOP MILLINGTON TN 38053 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$209.89</td> </tr> </table>	Total claim	\$209.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$209.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$209.89	Nonpriority amount	\$0.00
Total claim										
\$209.89										
Priority amount										
\$209.89										
Nonpriority amount										
\$0.00										
2.4099.	Priority creditor's name and mailing address MARTIN, NYA 3712 WARNER AVE LANDOVER HILLS MD 20784 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$127.46</td> </tr> </table>	Total claim	\$127.46	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$127.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$127.46	Nonpriority amount	\$0.00
Total claim										
\$127.46										
Priority amount										
\$127.46										
Nonpriority amount										
\$0.00										
2.4100.	Priority creditor's name and mailing address MARTIN, SARA 1549 E LAURA AVE VISALIA CA 93292 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$144.96</td> </tr> </table>	Total claim	\$144.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$144.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$144.96	Nonpriority amount	\$0.00
Total claim										
\$144.96										
Priority amount										
\$144.96										
Nonpriority amount										
\$0.00										

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2.4101. Priority creditor's name and mailing address MARTIN, TYRA M 3208 CRESCENT RUN CT LAS VEGAS NV 89117 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$71.53</td> </tr> </table>	Total claim	\$71.53	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$71.53</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$71.53	Nonpriority amount	\$0.00
Total claim									
\$71.53									
Priority amount									
\$71.53									
Nonpriority amount									
\$0.00									
2.4102. Priority creditor's name and mailing address MARTIN, TYREANNA 3516 W 157TH ST MARKHAM IL 60428 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$302.62</td> </tr> </table>	Total claim	\$302.62	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$302.62</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$302.62	Nonpriority amount	\$0.00
Total claim									
\$302.62									
Priority amount									
\$302.62									
Nonpriority amount									
\$0.00									
2.4103. Priority creditor's name and mailing address MARTINEZ, ALEJANDRA 2580 SENTER RD SPC 521 SAN JOSE CA 95111 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,056.76</td> </tr> </table>	Total claim	\$1,056.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,056.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,056.76	Nonpriority amount	\$0.00
Total claim									
\$1,056.76									
Priority amount									
\$1,056.76									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4104. Priority creditor's name and mailing address MARTINEZ, AMANDA 84477 VOLARE AVE INDIO CA 92203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$185.20</td> </tr> </table>	Total claim	\$185.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$185.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$185.20	Nonpriority amount	\$0.00
Total claim									
\$185.20									
Priority amount									
\$185.20									
Nonpriority amount									
\$0.00									
2.4105. Priority creditor's name and mailing address MARTINEZ, ANNETTE M 1621 CARLTONIA STREET PUEBLO CO 81006 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$966.25</td> </tr> </table>	Total claim	\$966.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$966.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$966.25	Nonpriority amount	\$0.00
Total claim									
\$966.25									
Priority amount									
\$966.25									
Nonpriority amount									
\$0.00									
2.4106. Priority creditor's name and mailing address MARTINEZ, AVILA KELSEY 2621 HOWE AVE APT. 217 SACRAMENTO CA 95821 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$47.64</td> </tr> </table>	Total claim	\$47.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$47.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$47.64	Nonpriority amount	\$0.00
Total claim									
\$47.64									
Priority amount									
\$47.64									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4107. Priority creditor's name and mailing address MARTINEZ, BIANCA 576 CLAY AVE ROCHESTER NY 14613-1045 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$279.27	Priority amount \$279.27 Nonpriority amount \$0.00
2.4108. Priority creditor's name and mailing address MARTINEZ, BRIANA 10630 PUEBLO PL NW ALBUQUERQUE NM 87114 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$360.60	Priority amount \$360.60 Nonpriority amount \$0.00
2.4109. Priority creditor's name and mailing address MARTINEZ, CAMILE 718 VERMONT AVE PORTSMOUTH VA 23707 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$38.22	Priority amount \$38.22 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4110. Priority creditor's name and mailing address MARTINEZ, CARINA L 1109 SAPPHIRE DR WESLACO TX 78599 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$567.94	Priority amount \$567.94 Nonpriority amount \$0.00
2.4111. Priority creditor's name and mailing address MARTINEZ, CASSIDY S 1001 S. MEADOWS PKWY 612 RENO NV 89521 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$7,000.43	Priority amount \$7,000.43 Nonpriority amount \$0.00
2.4112. Priority creditor's name and mailing address MARTINEZ, CHRISTINA M 501 OLA LANE ALLEN TX 75013 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$566.53	Priority amount \$566.53 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4113. Priority creditor's name and mailing address MARTINEZ, CLARIZA G 1302 N MARYLAND ST CARROLLTON TX 75006 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$298.04</td> </tr> </table>	Total claim	\$298.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$298.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$298.04	Nonpriority amount	\$0.00
Total claim									
\$298.04									
Priority amount									
\$298.04									
Nonpriority amount									
\$0.00									
2.4114. Priority creditor's name and mailing address MARTINEZ, CRISTINA M 3600 S CENTRAL AVE CICERO IL 60804 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$159.07</td> </tr> </table>	Total claim	\$159.07	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$159.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$159.07	Nonpriority amount	\$0.00
Total claim									
\$159.07									
Priority amount									
\$159.07									
Nonpriority amount									
\$0.00									
2.4115. Priority creditor's name and mailing address MARTINEZ, CYNTHIA A 877 LAVOIE AVENUE ELGIN IL 60120 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$397.98</td> </tr> </table>	Total claim	\$397.98	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$397.98</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$397.98	Nonpriority amount	\$0.00
Total claim									
\$397.98									
Priority amount									
\$397.98									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4116. Priority creditor's name and mailing address MARTINEZ, DESTINY A 1400 ISLETON PL #1 OXNARD CA 93030 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$24.36	Priority amount \$24.36 Nonpriority amount \$0.00
2.4117. Priority creditor's name and mailing address MARTINEZ, ELIZABETH 5167 ROEDER RD SAN JOSE CA 95111 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$576.30	Priority amount \$576.30 Nonpriority amount \$0.00
2.4118. Priority creditor's name and mailing address MARTINEZ, ESTEFANI 6309 ELGIN ST LOS ANGELES CA 90042 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$48.00	Priority amount \$48.00 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4119. Priority creditor's name and mailing address MARTINEZ, FELISA 6851 TAMARUS STREET UNIT 104 LAS VEGAS NV 89119 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,281.63	Priority amount \$1,281.63 Nonpriority amount \$0.00
2.4120. Priority creditor's name and mailing address MARTINEZ, GISELLE 33647 5TH ST UNION CITY CA 94587-2420 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,621.05	Priority amount \$1,621.05 Nonpriority amount \$0.00
2.4121. Priority creditor's name and mailing address MARTINEZ, GRACE L 15321 RINGNECK ST ROANOKE TX 76262 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$239.63	Priority amount \$239.63 Nonpriority amount \$0.00

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2.4122. Priority creditor's name and mailing address MARTINEZ, ISEL D 662 TUMBLEWEED CHAPARRAL NM 88081 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$2,438.50</td></tr></table>	Total claim	\$2,438.50	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$2,438.50</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$2,438.50	Nonpriority amount	\$0.00
Total claim									
\$2,438.50									
Priority amount									
\$2,438.50									
Nonpriority amount									
\$0.00									
2.4123. Priority creditor's name and mailing address MARTINEZ, JAZMIN I 3784 KIT FOX ST LAS VEGAS NV 89122 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$25.41</td></tr></table>	Total claim	\$25.41	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$25.41</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$25.41	Nonpriority amount	\$0.00
Total claim									
\$25.41									
Priority amount									
\$25.41									
Nonpriority amount									
\$0.00									
2.4124. Priority creditor's name and mailing address MARTINEZ, JENNIFER 3201 LOYOLA DR KENNER LA 70065 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$112.97</td></tr></table>	Total claim	\$112.97	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$112.97</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$112.97	Nonpriority amount	\$0.00
Total claim									
\$112.97									
Priority amount									
\$112.97									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4125. Priority creditor's name and mailing address MARTINEZ, JORDANIA 94-07 82ND PL OZONE PARK NY 11416 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$474.15</td> </tr> </table>	Total claim	\$474.15	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$474.15</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$474.15	Nonpriority amount	\$0.00
Total claim									
\$474.15									
Priority amount									
\$474.15									
Nonpriority amount									
\$0.00									
2.4126. Priority creditor's name and mailing address MARTINEZ, JOSELYN 7770 LAYDEN LN COMMERCE CITY CO 80022 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$86.25</td> </tr> </table>	Total claim	\$86.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$86.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$86.25	Nonpriority amount	\$0.00
Total claim									
\$86.25									
Priority amount									
\$86.25									
Nonpriority amount									
\$0.00									
2.4127. Priority creditor's name and mailing address MARTINEZ, JUANITA M 4200 MAYBROOK DRIVE LOT #34 GREENSBORO NC 27405 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$173.02</td> </tr> </table>	Total claim	\$173.02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$173.02</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$173.02	Nonpriority amount	\$0.00
Total claim									
\$173.02									
Priority amount									
\$173.02									
Nonpriority amount									
\$0.00									

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2.4128. Priority creditor's name and mailing address MARTINEZ, JULIET E 7546 STEWART AND GRAY RD 101 DOWNEY CA 90241 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$155.76</td> </tr> </table>	Total claim	\$155.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$155.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$155.76	Nonpriority amount	\$0.00
Total claim									
\$155.76									
Priority amount									
\$155.76									
Nonpriority amount									
\$0.00									
2.4129. Priority creditor's name and mailing address MARTINEZ, KAREN J 6568 N RAISINA FRESNO CA 93710 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$67.20</td> </tr> </table>	Total claim	\$67.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$67.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$67.20	Nonpriority amount	\$0.00
Total claim									
\$67.20									
Priority amount									
\$67.20									
Nonpriority amount									
\$0.00									
2.4130. Priority creditor's name and mailing address MARTINEZ, KATHERINE Z 6130 W 21 CT 104 HIALEAH FL 33016 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$419.82</td> </tr> </table>	Total claim	\$419.82	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$419.82</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$419.82	Nonpriority amount	\$0.00
Total claim									
\$419.82									
Priority amount									
\$419.82									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4131. Priority creditor's name and mailing address MARTINEZ, KIMBERLY 3 BERNIUS CT JERSEY CITY NJ 07304 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$635.25</td> </tr> </table>	Total claim	\$635.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$635.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$635.25	Nonpriority amount	\$0.00
Total claim									
\$635.25									
Priority amount									
\$635.25									
Nonpriority amount									
\$0.00									
2.4132. Priority creditor's name and mailing address MARTINEZ, LEXY V 311 NORTH GEORGIA MERCEDES TX 78570 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$64.68</td> </tr> </table>	Total claim	\$64.68	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$64.68</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$64.68	Nonpriority amount	\$0.00
Total claim									
\$64.68									
Priority amount									
\$64.68									
Nonpriority amount									
\$0.00									
2.4133. Priority creditor's name and mailing address MARTINEZ, LIZBETH 6835 SIMI PL. SAN DIEGO CA 92139 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$240.12</td> </tr> </table>	Total claim	\$240.12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$240.12</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$240.12	Nonpriority amount	\$0.00
Total claim									
\$240.12									
Priority amount									
\$240.12									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4134. Priority creditor's name and mailing address MARTINEZ, LYNN M 9551 BARLOW SPRINGS LN HUMBLE TX 77396 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$92.35	Priority amount \$92.35 Nonpriority amount \$0.00
2.4135. Priority creditor's name and mailing address MARTINEZ, MARIA D 1292 SE 9TH STREET HOMESTEAD FL 33035 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,500.80	Priority amount \$3,500.80 Nonpriority amount \$0.00
2.4136. Priority creditor's name and mailing address MARTINEZ, MARIA D 1292 SE 9TH STREET HOMESTEAD FL 33035 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,726.16	Priority amount \$1,726.16 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4137. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
MARTINEZ, MARIA YASMIN 2535 EDGEWOOD AVE NE SALEM OR 97301		\$112.24	\$112.24
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.4138. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
MARTINEZ, MARLENY 53551 HARRISON ST. 124 COACHELLA CA 92236		\$146.52	\$146.52
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.4139. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
MARTINEZ, MEAGAN 2602 DUNCAN DR AMARILLO TX 79109		\$83.55	\$83.55
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.4140. Priority creditor's name and mailing address**MARTINEZ, MEGHAN M
2505 SUNBURST LN
PEARLAND TX 77584-3176**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$2,184.04

Priority amount

\$2,184.04

Nonpriority amount

\$0.00

2.4141. Priority creditor's name and mailing addressMARTINEZ, MELISSA M
5318 KADENA GARDEN CT
NORTH LAS VEGAS NV 89031**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$422.43

Priority amount

\$422.43

Nonpriority amount

\$0.00

2.4142. Priority creditor's name and mailing addressMARTINEZ, MONICA
3648 W 71ST ST
CHICAGO IL 60629**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$2,401.54

Priority amount

\$2,401.54

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4143. Priority creditor's name and mailing address MARTINEZ, NADYIA A 3315 MESA VERDE GRAND PRAIRIE TX 75052 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$31.13</td> </tr> </table>	Total claim	\$31.13	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$31.13</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$31.13	Nonpriority amount	\$0.00
Total claim									
\$31.13									
Priority amount									
\$31.13									
Nonpriority amount									
\$0.00									
2.4144. Priority creditor's name and mailing address MARTINEZ, NANCY B 819 PARK AVE APT 1 HOBOKEN NJ 07030 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$4,272.90</td> </tr> </table>	Total claim	\$4,272.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$4,272.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$4,272.90	Nonpriority amount	\$0.00
Total claim									
\$4,272.90									
Priority amount									
\$4,272.90									
Nonpriority amount									
\$0.00									
2.4145. Priority creditor's name and mailing address MARTINEZ, NAOMI L 250 MAIN ST 18 SPOTSWOOD NJ 08884 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$149.30</td> </tr> </table>	Total claim	\$149.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$149.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$149.30	Nonpriority amount	\$0.00
Total claim									
\$149.30									
Priority amount									
\$149.30									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4146. Priority creditor's name and mailing address MARTINEZ, NICOLE A 4916 N. HARLEM AVE APT 2E HARWOOD HEIGHTS IL 60706 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$166.65	Priority amount \$166.65 Nonpriority amount \$0.00
2.4147. Priority creditor's name and mailing address MARTINEZ, PATRICIA E 340 WARTHAN ST COALINGA CA 93210 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$68.64	Priority amount \$68.64 Nonpriority amount \$0.00
2.4148. Priority creditor's name and mailing address MARTINEZ, REBECCA G 19451 E. RYAN RD QUEEN CREEK AZ 85142 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,479.97	Priority amount \$1,479.97 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4149. Priority creditor's name and mailing address MARTINEZ, SAMANTHA 19790 NW 52ND PLACE MIAMI FL 33055 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$559.22</td> </tr> </table>	Total claim	\$559.22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$559.22</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$559.22	Nonpriority amount	\$0.00
Total claim									
\$559.22									
Priority amount									
\$559.22									
Nonpriority amount									
\$0.00									
2.4150. Priority creditor's name and mailing address MARTINEZ, SAMERA R 5720 FRISCO SQUARE BLVD 2012 FRISCO TX 75033 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$34.87</td> </tr> </table>	Total claim	\$34.87	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$34.87</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$34.87	Nonpriority amount	\$0.00
Total claim									
\$34.87									
Priority amount									
\$34.87									
Nonpriority amount									
\$0.00									
2.4151. Priority creditor's name and mailing address MARTINEZ, SIANI 4428 COMLY ST PHILADELPHIA PA 19135 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$585.42</td> </tr> </table>	Total claim	\$585.42	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$585.42</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$585.42	Nonpriority amount	\$0.00
Total claim									
\$585.42									
Priority amount									
\$585.42									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4152. Priority creditor's name and mailing address MARTINEZ, STEVEN M 1375 MARCY ST AKRON OH 44301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,316.04	Priority amount \$3,316.04 Nonpriority amount \$0.00
2.4153. Priority creditor's name and mailing address MARTINEZ, VERONICA 12413 RUSH STREET EL MONTE CA 91733 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$129.35	Priority amount \$129.35 Nonpriority amount \$0.00
2.4154. Priority creditor's name and mailing address MARTINEZ, VICTORIA 4514 24TH STREET DICKINSON TX 77539 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$644.01	Priority amount \$644.01 Nonpriority amount \$0.00

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2.4155. Priority creditor's name and mailing address MARTINEZ, VICTORIA M 3102 EAST 65TH STREET APT 204 INVER GROVE MN 55076 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,746.86	Priority amount \$2,746.86 Nonpriority amount \$0.00
2.4156. Priority creditor's name and mailing address MARTINEZ, YADIRA 1761 BOATSWAIN LN PERRIS CA 92571 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$779.26	Priority amount \$779.26 Nonpriority amount \$0.00
2.4157. Priority creditor's name and mailing address MARTINEZ, YESENIA 2823 W20TH STREET 1R BROOKLYN NY 11224 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$376.80	Priority amount \$376.80 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4158. Priority creditor's name and mailing address MARTINEZ-COLLAZO, DESIREE 11024 W OKLAHOMA AVE APT 509 WEST ALLIS WI 53227-4069 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,018.67	Priority amount \$1,018.67 Nonpriority amount \$0.00
2.4159. Priority creditor's name and mailing address MARTINEZ-RAYA, JULISSA N 214 BARRINGTON DR. HAINES CITY FL 33845 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$441.53	Priority amount \$441.53 Nonpriority amount \$0.00
2.4160. Priority creditor's name and mailing address MARTINS, FRANCISCA V 73 MOSHER ST 1 NEW BEDFORD MA 02744 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$82.68	Priority amount \$82.68 Nonpriority amount \$0.00

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2.4161. Priority creditor's name and mailing address MARTIRE, CYNTHIA M 9930 HARLINGTON STREET CANTONMENT FL 32533 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,841.53</td> </tr> </table>	Total claim	\$3,841.53	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,841.53</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$3,841.53	Nonpriority amount	\$0.00
Total claim									
\$3,841.53									
Priority amount									
\$3,841.53									
Nonpriority amount									
\$0.00									
2.4162. Priority creditor's name and mailing address MARTY, GISSELLE M 7106 SUMMIT DR WINTER HAVEN FL 33884 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$73.35</td> </tr> </table>	Total claim	\$73.35	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$73.35</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$73.35	Nonpriority amount	\$0.00
Total claim									
\$73.35									
Priority amount									
\$73.35									
Nonpriority amount									
\$0.00									
2.4163. Priority creditor's name and mailing address MARX, ASHLEY T 856 ASHBURN WAY WOOLWICH TOWNSHIP NJ 08085 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$408.10</td> </tr> </table>	Total claim	\$408.10	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$408.10</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$408.10	Nonpriority amount	\$0.00
Total claim									
\$408.10									
Priority amount									
\$408.10									
Nonpriority amount									
\$0.00									

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2.4164. Priority creditor's name and mailing address MARX, SAVANNAH 251 CORDELL CIRCLE JACKSONVILLE NC 28540 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$140.07	Priority amount \$140.07 Nonpriority amount \$0.00
2.4165. Priority creditor's name and mailing address MARZIOTTO, DOMINIQUE 2811 TORI OAK TRAIL CORINTH TX 76210 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$102.44	Priority amount \$102.44 Nonpriority amount \$0.00
2.4166. Priority creditor's name and mailing address MASCORRO, LORENA R 110 LEGION WAY SE 207 OLYMPIA WA 98501 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$733.34	Priority amount \$733.34 Nonpriority amount \$0.00

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2.4167. Priority creditor's name and mailing address MASLANKA, MADALINE M 2231 TECHNOLOGY DRIVE 105 CONWAY SC 29526 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$113.41	Priority amount \$113.41 Nonpriority amount \$0.00
2.4168. Priority creditor's name and mailing address MASON, ANTOINETTE 10203 GLEN WAY FORT WASHINGTON MD 20744 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$219.14	Priority amount \$219.14 Nonpriority amount \$0.00
2.4169. Priority creditor's name and mailing address MASON, LINNEA B 891 WHITE PINE DRIVE APT C DECATUR GA 30032 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$223.52	Priority amount \$223.52 Nonpriority amount \$0.00

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2.4170. Priority creditor's name and mailing address MASSENAT, OREL 9 CANOE BIRCH CT BERLIN CT 06037-4088 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,419.82	Priority amount \$3,419.82 Nonpriority amount \$0.00
2.4171. Priority creditor's name and mailing address MASSENGALE, TAYLOR R 865 VIKING CIRCLE UNIT 406 BELLINGHAM WA 98229 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$244.80	Priority amount \$244.80 Nonpriority amount \$0.00
2.4172. Priority creditor's name and mailing address MASSEY, ANIKA K 1512 PICHARD ST GREENSBORO NC 27401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$74.75	Priority amount \$74.75 Nonpriority amount \$0.00

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2.4173. Priority creditor's name and mailing address MASSIE, TIFFANY J 174 NORTHWOOD AVENUE FRANKLIN FURNACE OH 45629 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,795.21	Priority amount \$1,795.21 Nonpriority amount \$0.00
2.4174. Priority creditor's name and mailing address MASTRIANNI, JOELI 2 ADVOCATE PLACE DANBURY CT 06810 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$584.33	Priority amount \$584.33 Nonpriority amount \$0.00
2.4175. Priority creditor's name and mailing address MASULIT, CHAERAI J 19910 15TH AVE EAST SPANAWAY WA 98387 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,358.55	Priority amount \$1,358.55 Nonpriority amount \$0.00

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2.4176. Priority creditor's name and mailing address MATA, ARIEL L 32456 BERGAMO CT TEMECULA CA 92592 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$262.44</td></tr></table>	Total claim	\$262.44	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$262.44</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$262.44	Nonpriority amount	\$0.00
Total claim									
\$262.44									
Priority amount									
\$262.44									
Nonpriority amount									
\$0.00									
2.4177. Priority creditor's name and mailing address MATA, WENDY J 14902 ROSCOE BLVD APT 14 PANORAMA CITY CA 91402-4675 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$3,573.85</td></tr></table>	Total claim	\$3,573.85	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$3,573.85</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$3,573.85	Nonpriority amount	\$0.00
Total claim									
\$3,573.85									
Priority amount									
\$3,573.85									
Nonpriority amount									
\$0.00									
2.4178. Priority creditor's name and mailing address MATAMOROS, ADAMARIS L 28436 RANGERVILLE RD HARLINGEN TX 78552 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$66.85</td></tr></table>	Total claim	\$66.85	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$66.85</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$66.85	Nonpriority amount	\$0.00
Total claim									
\$66.85									
Priority amount									
\$66.85									
Nonpriority amount									
\$0.00									

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2.4179. Priority creditor's name and mailing address MATAU, CASSANDRA S 1410 NORTH 19TH STREET GRAND JUNCTION CO 81501 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$543.34	Priority amount \$543.34 Nonpriority amount \$0.00
2.4180. Priority creditor's name and mailing address MATHAI, ANN S 3609 SAGE BRUSH PL. YUKON OK 73099 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$371.05	Priority amount \$371.05 Nonpriority amount \$0.00
2.4181. Priority creditor's name and mailing address MATHEUS, JILLIAN M 165 WINTHROP ST EASTHAM 115 325 SAGAMORE TAUNTON MA 02780 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,203.66	Priority amount \$1,203.66 Nonpriority amount \$0.00

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2.4182.	Priority creditor's name and mailing address MATHEWSON-THOMAS, ALEXA 2213 S EVERGREEN RD TEMPE AZ 85282 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$105.27</td></tr></table>	Total claim	\$105.27	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$105.27</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$105.27	Nonpriority amount	\$0.00
Total claim										
\$105.27										
Priority amount										
\$105.27										
Nonpriority amount										
\$0.00										
2.4183.	Priority creditor's name and mailing address MATIAS, ELIZABETH 2257 HURLEY WAY APT 86 SACRAMENTO CA 95825 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$511.24</td></tr></table>	Total claim	\$511.24	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$511.24</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$511.24	Nonpriority amount	\$0.00
Total claim										
\$511.24										
Priority amount										
\$511.24										
Nonpriority amount										
\$0.00										
2.4184.	Priority creditor's name and mailing address MATLOCK, BRIANNA L 8467 MELROSE LN EL CAJON CA 92021 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$175.20</td></tr></table>	Total claim	\$175.20	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$175.20</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$175.20	Nonpriority amount	\$0.00
Total claim										
\$175.20										
Priority amount										
\$175.20										
Nonpriority amount										
\$0.00										

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2.4185. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
MATSON-TERRY, CHASADEE N 108 BOMBADILL BLVD WRIGHT CITY MO 63390		\$94.17	\$94.17
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.4186. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
MATSOS, KAELYN K 13363 LONGTIN ST. SOUTHGATE MI 48195		\$313.58	\$313.58
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.4187. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
MATTERN, BRIANNE A 1560 ALABASTER WAY APT C FAYTTEVILLE NC 28314		\$593.28	\$593.28
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

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2.4188. Priority creditor's name and mailing address MATTHEW, AMANDA 255 THE PRESERVE DR ATHENS GA 30606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$120.02	Priority amount \$120.02 Nonpriority amount \$0.00
2.4189. Priority creditor's name and mailing address MATTHEW, ARIELLE A 2240 NW 1ST STREET BOYNTON BEACH FL 33435 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$370.07	Priority amount \$370.07 Nonpriority amount \$0.00
2.4190. Priority creditor's name and mailing address MATTHEWS, ANIAH 9419 MERRYREST RD COLUMBIA MD 21045 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$223.21	Priority amount \$223.21 Nonpriority amount \$0.00

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2.4191. Priority creditor's name and mailing address MATTHEWS, JESSICA R 711 THOMPSON DRIVE APT 106A PRAIRE VIEW TX 77445 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$76.24	Priority amount \$76.24 Nonpriority amount \$0.00
2.4192. Priority creditor's name and mailing address MATTHEWS, NICKIE 1667 WESTGATE DR APT 201 YORK PA 17408-6342 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,196.48	Priority amount \$1,196.48 Nonpriority amount \$0.00
2.4193. Priority creditor's name and mailing address MATUS, HERMIE JULIETTE J 986 ADIRONDACK PLACE CHULA VISTA CA 91914 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$228.00	Priority amount \$228.00 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4194. Priority creditor's name and mailing address MATUSHESKI, ROSE A 216 FARVIEW ROAD EAST NORRITON PA 19401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$131.71</td> </tr> </table>	Total claim	\$131.71	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$131.71</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$131.71	Nonpriority amount	\$0.00
Total claim									
\$131.71									
Priority amount									
\$131.71									
Nonpriority amount									
\$0.00									
2.4195. Priority creditor's name and mailing address MATYUSHINA, LYUBOV A 17 BELLINGER CT REISTERSTOWN MD 21136 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$232.30</td> </tr> </table>	Total claim	\$232.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$232.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$232.30	Nonpriority amount	\$0.00
Total claim									
\$232.30									
Priority amount									
\$232.30									
Nonpriority amount									
\$0.00									
2.4196. Priority creditor's name and mailing address MAURICIO, MA CRISTINA A 25650 INTERSTATE 45 1504 SPRING TX 77386 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$146.03</td> </tr> </table>	Total claim	\$146.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$146.03</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$146.03	Nonpriority amount	\$0.00
Total claim									
\$146.03									
Priority amount									
\$146.03									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4197. Priority creditor's name and mailing address MAXISON, ALEXUS A 2322 NORTH IDAHO STREEET PEORIA IL 61604 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$20.21</td> </tr> </table>	Total claim	\$20.21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$20.21</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$20.21	Nonpriority amount	\$0.00
Total claim									
\$20.21									
Priority amount									
\$20.21									
Nonpriority amount									
\$0.00									
2.4198. Priority creditor's name and mailing address MAXWELL, ASHLEY N 233 CHALMER'S COURT APT 1C BERRYVILLE VA 22611 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,949.65</td> </tr> </table>	Total claim	\$2,949.65	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,949.65</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,949.65	Nonpriority amount	\$0.00
Total claim									
\$2,949.65									
Priority amount									
\$2,949.65									
Nonpriority amount									
\$0.00									
2.4199. Priority creditor's name and mailing address MAXWELL, BETH A 56 FALMOUTH ROAD YARDVILLE NJ 08620 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$32.16</td> </tr> </table>	Total claim	\$32.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$32.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$32.16	Nonpriority amount	\$0.00
Total claim									
\$32.16									
Priority amount									
\$32.16									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4200.	Priority creditor's name and mailing address MAXWELL, CHRISHUNDA B 377 GRANT AVE MACON GA 31201 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$479.22</td></tr></table>	Total claim	\$479.22	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$479.22</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$479.22	Nonpriority amount	\$0.00
Total claim										
\$479.22										
Priority amount										
\$479.22										
Nonpriority amount										
\$0.00										
2.4201.	Priority creditor's name and mailing address MAXWELL, MORGAN E 1700 RANKIN LANE 215 EVANSVILLE IN 47712 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$90.84</td></tr></table>	Total claim	\$90.84	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$90.84</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$90.84	Nonpriority amount	\$0.00
Total claim										
\$90.84										
Priority amount										
\$90.84										
Nonpriority amount										
\$0.00										
2.4202.	Priority creditor's name and mailing address MAY, RAYNA K 5120 N SUGAR HILLS DRIVE GREENFIELD IN 46140 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$1,405.73</td></tr></table>	Total claim	\$1,405.73	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$1,405.73</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,405.73	Nonpriority amount	\$0.00
Total claim										
\$1,405.73										
Priority amount										
\$1,405.73										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.4203. Priority creditor's name and mailing address**MAY, VICTORIA L
3707 E BARRINGTON DR
APT 104
BLOOMINGTON IN 47408**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$2,508.15

Priority amount

\$2,508.15

Nonpriority amount

\$0.00

2.4204. Priority creditor's name and mailing addressMAYCROFT, JESSICA N
2140 FILONOW
MUSKEGON MI 49444**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$31.51

Priority amount

\$31.51

Nonpriority amount

\$0.00

2.4205. Priority creditor's name and mailing addressMAYES, CHELSEA N
7950 CROSSROADS DR. APT 913
NORTH CHARLESTON SC 29486**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$178.10

Priority amount

\$178.10

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4206. Priority creditor's name and mailing address MAYES, KINNITHEA A 1225 HEATHERS MIST AVE APT. 301 CHARLOTTE NC 28213 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$1,129.50</td></tr></table>	Total claim	\$1,129.50	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$1,129.50</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,129.50	Nonpriority amount	\$0.00
Total claim									
\$1,129.50									
Priority amount									
\$1,129.50									
Nonpriority amount									
\$0.00									
2.4207. Priority creditor's name and mailing address MAYFIELD, JASMINE N 3533 BRICK CHURCH PIKE NASHVILLE TN 37207 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$58.83</td></tr></table>	Total claim	\$58.83	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$58.83</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$58.83	Nonpriority amount	\$0.00
Total claim									
\$58.83									
Priority amount									
\$58.83									
Nonpriority amount									
\$0.00									
2.4208. Priority creditor's name and mailing address MAYKO, NATALIE 57 QUEEN ST HOLYOKE MA 01040 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$76.86</td></tr></table>	Total claim	\$76.86	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$76.86</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$76.86	Nonpriority amount	\$0.00
Total claim									
\$76.86									
Priority amount									
\$76.86									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4209. Priority creditor's name and mailing address MAYNARD, MARLEE 4019 FONTANA PL VALRICO FL 33596 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$214.29	Priority amount \$214.29 Nonpriority amount \$0.00
2.4210. Priority creditor's name and mailing address MAYNOR, KRISTA N 300 CRESCENT DR. 120 VACAVILLE CA 95688 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,085.62	Priority amount \$1,085.62 Nonpriority amount \$0.00
2.4211. Priority creditor's name and mailing address MAYO, ALLIYAH 132 BROOKLYN STANHOPE ROAD STANHOPE NJ 07874 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$219.28	Priority amount \$219.28 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4212. Priority creditor's name and mailing address MAZON, MADISON J 24545 SW 13TH LANE NEWBERRY FL 32669 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$72.75	Priority amount \$72.75 Nonpriority amount \$0.00
2.4213. Priority creditor's name and mailing address MAZUR, MADISON M 19245 MARINE VIEW DR. SW NORMANDY PARK WA 98166 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$256.92	Priority amount \$256.92 Nonpriority amount \$0.00
2.4214. Priority creditor's name and mailing address MAZZUCCO, AMANDA R 26 HUNTINGTON PARKWAY HAMLIN NY 14464 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$87.58	Priority amount \$87.58 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4215. Priority creditor's name and mailing address MAZZULLA, ALYSSA K 9 VIOLET STREET JOHNSTON RI 02919 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$33.81</td> </tr> </table>	Total claim	\$33.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$33.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$33.81	Nonpriority amount	\$0.00
Total claim									
\$33.81									
Priority amount									
\$33.81									
Nonpriority amount									
\$0.00									
2.4216. Priority creditor's name and mailing address MC DOWELL, ERICKA D 332 N JEFFERSON STREET B3 ALLENTOWN PA 18102 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,834.42</td> </tr> </table>	Total claim	\$1,834.42	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,834.42</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,834.42	Nonpriority amount	\$0.00
Total claim									
\$1,834.42									
Priority amount									
\$1,834.42									
Nonpriority amount									
\$0.00									
2.4217. Priority creditor's name and mailing address MC ILVAINE, JAMES 2250 MARY ST #205 PITTSBURGH PA 15203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$7,670.44</td> </tr> </table>	Total claim	\$7,670.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$7,670.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$7,670.44	Nonpriority amount	\$0.00
Total claim									
\$7,670.44									
Priority amount									
\$7,670.44									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4218. Priority creditor's name and mailing address MCADAMS, ASHLEY M 503 BRENTWOOD DRIVE MADISON AL 35758 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$448.33	Priority amount \$448.33 Nonpriority amount \$0.00
2.4219. Priority creditor's name and mailing address MCAFEE, MERCEDES L 274 EAST PARK AVE BARBERTON OH 44203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$205.80	Priority amount \$205.80 Nonpriority amount \$0.00
2.4220. Priority creditor's name and mailing address MCALISTER, KAYLA 169 NEILLS CREEK ROAD LILLINGTON NC 27546 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$107.60	Priority amount \$107.60 Nonpriority amount \$0.00

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2.4221. Priority creditor's name and mailing address MCALL, BRAE'LYNN J 1730 PUTNAM AVE #8 NORMAL IL 61761 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$32.59	Priority amount \$32.59 Nonpriority amount \$0.00
2.4222. Priority creditor's name and mailing address MCALLISTER, BRITTNEY N 13001 PATAMON WAY 301 WOODBRIDGE VA 22192 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$69.53	Priority amount \$69.53 Nonpriority amount \$0.00
2.4223. Priority creditor's name and mailing address MCALPINE, KYLIE 726 EAST MICHIGAN ST UNIT 151 ORLANDO FL 32806 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$66.05	Priority amount \$66.05 Nonpriority amount \$0.00

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2.4224. Priority creditor's name and mailing address MCARTHUR, SAMUEL J 12160 SAGEMEADOW LN MARYLAND HEIGHTS MO 63043-2121 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,214.47	Priority amount \$2,214.47 Nonpriority amount \$0.00
2.4225. Priority creditor's name and mailing address MCARTHUR, SHAYLA C 9040 WALTHAM WOODS RD. APT C PARKVILLE MD 21234 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$224.00	Priority amount \$224.00 Nonpriority amount \$0.00
2.4226. Priority creditor's name and mailing address MCBRIDE, AUTUMN T 635 PITTSBURGH ST FLOOR 2 EAST MCKEESPORT PA 15035 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$57.06	Priority amount \$57.06 Nonpriority amount \$0.00

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2.4227. Priority creditor's name and mailing address MCBRIDE, EMONEE 33640 N. IDLEWILD DR. GRAYSLAKE IL 60030 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$61.30	Priority amount \$61.30 Nonpriority amount \$0.00
2.4228. Priority creditor's name and mailing address MCCABE, REBECCA 83 SUMMIT ST MALDEN MA 02148 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$713.44	Priority amount \$713.44 Nonpriority amount \$0.00
2.4229. Priority creditor's name and mailing address MCCABE, REBECCA K 206 HWY 1131 #3 VIDOR TX 77662 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$180.54	Priority amount \$180.54 Nonpriority amount \$0.00

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2.4230. Priority creditor's name and mailing address MCCABE, TAYLOR R HC 61 BOX 162 WINSLOW AZ 86047 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$252.84</td></tr></table>	Total claim	\$252.84	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$252.84</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$252.84	Nonpriority amount	\$0.00
Total claim									
\$252.84									
Priority amount									
\$252.84									
Nonpriority amount									
\$0.00									
2.4231. Priority creditor's name and mailing address MCCAIN, MAKENZIE 1909 KESSLER BLVD SOUTH BEND IN 46616 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$82.91</td></tr></table>	Total claim	\$82.91	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$82.91</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$82.91	Nonpriority amount	\$0.00
Total claim									
\$82.91									
Priority amount									
\$82.91									
Nonpriority amount									
\$0.00									
2.4232. Priority creditor's name and mailing address MCCALLA, CASSANDRA 86 DAVIS STREET FALLRIVER MA 02720 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$96.24</td></tr></table>	Total claim	\$96.24	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$96.24</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$96.24	Nonpriority amount	\$0.00
Total claim									
\$96.24									
Priority amount									
\$96.24									
Nonpriority amount									
\$0.00									

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2.4233. Priority creditor's name and mailing address MCCANTS, AUTUMN 105 GIBSON ST BUFFALO NY 14212 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$170.72</td> </tr> </table>	Total claim	\$170.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$170.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$170.72	Nonpriority amount	\$0.00
Total claim									
\$170.72									
Priority amount									
\$170.72									
Nonpriority amount									
\$0.00									
2.4234. Priority creditor's name and mailing address MCCLAIN, SADE Q 1018 GLENWOOD STATION LN. CHARLOTTESVILLE VA 22901 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$687.33</td> </tr> </table>	Total claim	\$687.33	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$687.33</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$687.33	Nonpriority amount	\$0.00
Total claim									
\$687.33									
Priority amount									
\$687.33									
Nonpriority amount									
\$0.00									
2.4235. Priority creditor's name and mailing address MCCLARY, AALIYAH C 6737 BURBAGE LAKE CIRCLE SUFFOLK VA 23435 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$407.60</td> </tr> </table>	Total claim	\$407.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$407.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$407.60	Nonpriority amount	\$0.00
Total claim									
\$407.60									
Priority amount									
\$407.60									
Nonpriority amount									
\$0.00									

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2.4236. Priority creditor's name and mailing address MCCLEAN, LAUREN A 4925 AUDUBON OAKS DR MARRERO LA 70072-6694 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$475.47</td> </tr> </table>	Total claim	\$475.47	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$475.47</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$475.47	Nonpriority amount	\$0.00
Total claim									
\$475.47									
Priority amount									
\$475.47									
Nonpriority amount									
\$0.00									
2.4237. Priority creditor's name and mailing address MCCLELLAND, CRYSTAL A 108 RITA LANE HAMPSTEAD NC 28443 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,132.86</td> </tr> </table>	Total claim	\$3,132.86	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,132.86</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,132.86	Nonpriority amount	\$0.00
Total claim									
\$3,132.86									
Priority amount									
\$3,132.86									
Nonpriority amount									
\$0.00									
2.4238. Priority creditor's name and mailing address MCCLELLAND, KAYLARENEE C 5607 HORSESHOE BEND RD LIBERTY TOWNSHIP OH 45011 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$175.82</td> </tr> </table>	Total claim	\$175.82	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$175.82</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$175.82	Nonpriority amount	\$0.00
Total claim									
\$175.82									
Priority amount									
\$175.82									
Nonpriority amount									
\$0.00									

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2.4239.	Priority creditor's name and mailing address MCCLENDON, SHAMARIA 3219 COLLEGE STREET SAVANNAH GA 31404 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$166.19</td> </tr> </table>	Total claim	\$166.19	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$166.19</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$166.19	Nonpriority amount	\$0.00
Total claim										
\$166.19										
Priority amount										
\$166.19										
Nonpriority amount										
\$0.00										
2.4240.	Priority creditor's name and mailing address MCCLESKEY, JOSEPH L 2234 SUSSEX DR. GARLAND TX 75041 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,335.69</td> </tr> </table>	Total claim	\$1,335.69	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,335.69</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,335.69	Nonpriority amount	\$0.00
Total claim										
\$1,335.69										
Priority amount										
\$1,335.69										
Nonpriority amount										
\$0.00										
2.4241.	Priority creditor's name and mailing address MCCLINTOCK, JACQUELINE A 3066 BLITZ CT VIRGINIA BEACH VA 23453 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$153.32</td> </tr> </table>	Total claim	\$153.32	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$153.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$153.32	Nonpriority amount	\$0.00
Total claim										
\$153.32										
Priority amount										
\$153.32										
Nonpriority amount										
\$0.00										

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2.4242. Priority creditor's name and mailing address MCCLOUD, BRIANNA M 90 OTIS STREET ROCHESTER NY 14606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$228.33	Priority amount \$228.33 Nonpriority amount \$0.00
2.4243. Priority creditor's name and mailing address MCCOLLUM, SIERRA L 10325 ANNETTA AVE SOUTH GATE CA 90280 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$145.92	Priority amount \$145.92 Nonpriority amount \$0.00
2.4244. Priority creditor's name and mailing address MCCOLLUM, TALISA S 6709 CHURCH STREET SELLERS SC 29592 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$105.52	Priority amount \$105.52 Nonpriority amount \$0.00

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2.4245. Priority creditor's name and mailing address MCCORD, ELIZABETH A 3950 TARAVUE LANE APT A MEHLVILLE MO 63125 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$116.62</td> <td style="text-align: center;">\$116.62</td> </tr> </table>	Total claim	Priority amount	\$116.62	\$116.62	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$116.62	\$116.62								
Nonpriority amount									
\$0.00									
2.4246. Priority creditor's name and mailing address MCCOY, ESSENCE 1380 WILLOW BEND DR SNELLVILLE GA 30078 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$122.36</td> <td style="text-align: center;">\$122.36</td> </tr> </table>	Total claim	Priority amount	\$122.36	\$122.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$122.36	\$122.36								
Nonpriority amount									
\$0.00									
2.4247. Priority creditor's name and mailing address MCCOY, NIA C 308 HANCOCK DR. TUPELO MS 38801 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$67.48</td> <td style="text-align: center;">\$67.48</td> </tr> </table>	Total claim	Priority amount	\$67.48	\$67.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$67.48	\$67.48								
Nonpriority amount									
\$0.00									

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2.4248. Priority creditor's name and mailing address MCCRACKEN COUNTY TAX ADMINISTRATOR PO BOX 2658 PADUCAH KY 42002 Date or dates debt was incurred 02/04/18-02/02/19 Last 4 digits of account number: 7335 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$311.00</td></tr></table>	Total claim	\$311.00	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$311.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$311.00	Nonpriority amount	\$0.00
Total claim									
\$311.00									
Priority amount									
\$311.00									
Nonpriority amount									
\$0.00									
2.4249. Priority creditor's name and mailing address MCCRACKEN, TYLOR N 717 CONNECTICUT LAWRENCE KS 66044-2870 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$5,412.24</td></tr></table>	Total claim	\$5,412.24	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$5,412.24</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$5,412.24	Nonpriority amount	\$0.00
Total claim									
\$5,412.24									
Priority amount									
\$5,412.24									
Nonpriority amount									
\$0.00									
2.4250. Priority creditor's name and mailing address MCCRAY, DERISHIA J 150 CLUBHOUSE DR APT 9 ROANOKE VA 24019 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$157.66</td></tr></table>	Total claim	\$157.66	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$157.66</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$157.66	Nonpriority amount	\$0.00
Total claim									
\$157.66									
Priority amount									
\$157.66									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4251. Priority creditor's name and mailing address MCCREE, SHERELL M 19560 ROAD STREET 19560 ROAD STR CITRONELLE AL 36522 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$162.29	Priority amount \$162.29 Nonpriority amount \$0.00
2.4252. Priority creditor's name and mailing address MCCRIMMON, JAKIRA T 4517 JUDSON ROAD DILLON SC 29536 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$129.28	Priority amount \$129.28 Nonpriority amount \$0.00
2.4253. Priority creditor's name and mailing address MCCULLEN, DANAISHA T 2228 BELLAMY CIRCLE 123 GREENVILLE NC 27858 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$157.25	Priority amount \$157.25 Nonpriority amount \$0.00

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2.4254. Priority creditor's name and mailing address MCCULLOUGH, BRIANNA A 67 COLMBUS AVE CENTRAL ISLIP NY 11722 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$67.44</td> </tr> </table>	Total claim	\$67.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$67.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$67.44	Nonpriority amount	\$0.00
Total claim									
\$67.44									
Priority amount									
\$67.44									
Nonpriority amount									
\$0.00									
2.4255. Priority creditor's name and mailing address MCDANIEL, CATHERINE 29 HOMER AVE BUFFALO NY 14216-2301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$772.16</td> </tr> </table>	Total claim	\$772.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$772.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$772.16	Nonpriority amount	\$0.00
Total claim									
\$772.16									
Priority amount									
\$772.16									
Nonpriority amount									
\$0.00									
2.4256. Priority creditor's name and mailing address MCDANIEL, JOY A 8020 ORWIN MANOR LANE 201 CHARLOTTE NC 28216 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$36.97</td> </tr> </table>	Total claim	\$36.97	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$36.97</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$36.97	Nonpriority amount	\$0.00
Total claim									
\$36.97									
Priority amount									
\$36.97									
Nonpriority amount									
\$0.00									

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2.4257. Priority creditor's name and mailing address MCDERMOTT, ERIN C 91 POTTER DR. 3 BELLEVILLE MI 48111 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$804.00</td> </tr> </table>	Total claim	\$804.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$804.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$804.00	Nonpriority amount	\$0.00
Total claim									
\$804.00									
Priority amount									
\$804.00									
Nonpriority amount									
\$0.00									
2.4258. Priority creditor's name and mailing address MCDONAGH, COLLEEN 203 WEST ORCHARD PL MOUNT PROSPECT IL 60056 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,024.12</td> </tr> </table>	Total claim	\$3,024.12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,024.12</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$3,024.12	Nonpriority amount	\$0.00
Total claim									
\$3,024.12									
Priority amount									
\$3,024.12									
Nonpriority amount									
\$0.00									
2.4259. Priority creditor's name and mailing address MCDONALD, CHEYENNE M 2840 WOODLAND HILLS DRIVE APT COLORADO SPRINGS CO 80918 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$637.14</td> </tr> </table>	Total claim	\$637.14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$637.14</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$637.14	Nonpriority amount	\$0.00
Total claim									
\$637.14									
Priority amount									
\$637.14									
Nonpriority amount									
\$0.00									

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2.4260. Priority creditor's name and mailing address MCDONALD, JESS R 5684 MAYBERRY SQ N APT 4 SYLVANIA OH 43560 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$78.66	Priority amount \$78.66 Nonpriority amount \$0.00
2.4261. Priority creditor's name and mailing address MCDONALD, KAYLA S 4305 SILVER VALLEY DRIVE COLUMBIA MO 65203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$108.53	Priority amount \$108.53 Nonpriority amount \$0.00
2.4262. Priority creditor's name and mailing address MCDONALD, MONICA S 8840 SUNSET STRIP SUNRISE FL 33322 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$88.58	Priority amount \$88.58 Nonpriority amount \$0.00

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2.4263. Priority creditor's name and mailing address MCDOWELL, SAMANTHA R 263 GOLF COURSE ROAD SOUTH BURLINGTON VT 05403 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$42.58	Priority amount \$42.58 Nonpriority amount \$0.00
2.4264. Priority creditor's name and mailing address MCELVY, JENNIFER L 160 SPRING VALLEY AVE SEBASTIAN FL 32958 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$662.35	Priority amount \$662.35 Nonpriority amount \$0.00
2.4265. Priority creditor's name and mailing address MCELWEE, JULIA R 116 PINE ST REAR WEIRTON WV 26062 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$102.81	Priority amount \$102.81 Nonpriority amount \$0.00

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2.4266. Priority creditor's name and mailing address MCEWEN, NANCY D 4305 HEYWARD STREET NORTH PORT FL 34291 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,013.62	Priority amount \$3,013.62 Nonpriority amount \$0.00
2.4267. Priority creditor's name and mailing address MCFARLANE, ASHLEY E 2615 DELRIDGE DR SW LILBURN GA 30047 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$458.43	Priority amount \$458.43 Nonpriority amount \$0.00
2.4268. Priority creditor's name and mailing address MCGAW, MIRANDA 927 WASHINGTON STREET 13603 US ROUTE OGDENSBURG NY 13669 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$149.08	Priority amount \$149.08 Nonpriority amount \$0.00

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2.4269. Priority creditor's name and mailing address MCGEE, BRANDY 21836 GRANDY ST. CLINTON TOWNSHIP MI 48035 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$174.00</td> </tr> </table>	Total claim	\$174.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$174.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$174.00	Nonpriority amount	\$0.00
Total claim									
\$174.00									
Priority amount									
\$174.00									
Nonpriority amount									
\$0.00									
2.4270. Priority creditor's name and mailing address MCGEE, CHEYANN L 577 REDBUD LANE MALONE UNIVERS XENIA OH 45385 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$305.07</td> </tr> </table>	Total claim	\$305.07	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$305.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$305.07	Nonpriority amount	\$0.00
Total claim									
\$305.07									
Priority amount									
\$305.07									
Nonpriority amount									
\$0.00									
2.4271. Priority creditor's name and mailing address MCGILL, HUNTER B 16198 ESKES STREET LANSING MI 48906 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$162.06</td> </tr> </table>	Total claim	\$162.06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$162.06</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$162.06	Nonpriority amount	\$0.00
Total claim									
\$162.06									
Priority amount									
\$162.06									
Nonpriority amount									
\$0.00									

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2.4272. Priority creditor's name and mailing address MCGILL, KORIANE L 710 PUMEHANA STREET 6 HONOLULU HI 96826 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$611.63	Priority amount \$611.63 Nonpriority amount \$0.00
2.4273. Priority creditor's name and mailing address MCGILL, SHANTEKIA A 2615 LEJUENE DR APT 4304 BILOXI MS 39531 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,013.76	Priority amount \$1,013.76 Nonpriority amount \$0.00
2.4274. Priority creditor's name and mailing address MCGLOCKLIN, ALLISON A 34948 FOREST ESTATES RD EVERGREEN CO 80439 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$533.76	Priority amount \$533.76 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4275. Priority creditor's name and mailing address MCGLUEN, LATERRIA 3583 BAYLISS AVE MEMPHIS TN 38122-1202 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$222.60	Priority amount \$222.60 Nonpriority amount \$0.00
2.4276. Priority creditor's name and mailing address MCGREW, SIAH 5751 S. MLK BLVD. LANSING MI 48911 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$127.19	Priority amount \$127.19 Nonpriority amount \$0.00
2.4277. Priority creditor's name and mailing address MCGUIRE, KAYLEAH 22 CYPRESS LANE YORKTOWN HEIGHTS NY 10598 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$308.04	Priority amount \$308.04 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4278. Priority creditor's name and mailing address MCGUIRE, JERRI R. 2139 SLOW STREAM DRIVE ROYSE CITY TX 75189 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$347.39	Priority amount \$347.39 Nonpriority amount \$0.00
2.4279. Priority creditor's name and mailing address MCHANAY, JERRIET J. 10374 MOJESKA SUMMIT ROAD CORONA CA 92883 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$11,323.67	Priority amount \$11,323.67 Nonpriority amount \$0.00
2.4280. Priority creditor's name and mailing address MCKAY, YAKIRA B 862 HANNEMAN DRIVE APT 208 LINCOLN NE 68522 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$116.82	Priority amount \$116.82 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4281. Priority creditor's name and mailing address MCKELVEY, SUMER 1198 PARKVIEW DR TWIN FALLS ID 83301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$72.59</td> </tr> </table>	Total claim	\$72.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$72.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$72.59	Nonpriority amount	\$0.00
Total claim									
\$72.59									
Priority amount									
\$72.59									
Nonpriority amount									
\$0.00									
2.4282. Priority creditor's name and mailing address MCKENNA, HANNAH G 1663 RICHMOND DRIVE LOUISVILLE KY 40205 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$111.48</td> </tr> </table>	Total claim	\$111.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$111.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$111.48	Nonpriority amount	\$0.00
Total claim									
\$111.48									
Priority amount									
\$111.48									
Nonpriority amount									
\$0.00									
2.4283. Priority creditor's name and mailing address MCKENZIE, BRITTANY K 1691 OAK AVE. MUSKEGON MI 49442 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$557.97</td> </tr> </table>	Total claim	\$557.97	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$557.97</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$557.97	Nonpriority amount	\$0.00
Total claim									
\$557.97									
Priority amount									
\$557.97									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4284. Priority creditor's name and mailing address MCKENZIE, JENNIFER 1426 WRIGHTWOOD SAN BERNARDINO CA 92407 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$42.24</td> </tr> </table>	Total claim	\$42.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$42.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$42.24	Nonpriority amount	\$0.00
Total claim									
\$42.24									
Priority amount									
\$42.24									
Nonpriority amount									
\$0.00									
2.4285. Priority creditor's name and mailing address MCKINLEY, LIEZEL M 300 EUPHORIA CIR CARY NC 27519 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$334.81</td> </tr> </table>	Total claim	\$334.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$334.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$334.81	Nonpriority amount	\$0.00
Total claim									
\$334.81									
Priority amount									
\$334.81									
Nonpriority amount									
\$0.00									
2.4286. Priority creditor's name and mailing address MCKINNEY, ALLISON K 5644 FLAGLER ST HOLLYWOOD FL 33023 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$25.97</td> </tr> </table>	Total claim	\$25.97	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$25.97</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$25.97	Nonpriority amount	\$0.00
Total claim									
\$25.97									
Priority amount									
\$25.97									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4287. Priority creditor's name and mailing address MCKINNEY, BRIANNA J 1512 ARTHUR BLVD LAKELAND FL 33801 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$539.70</td> </tr> </table>	Total claim	\$539.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$539.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$539.70	Nonpriority amount	\$0.00
Total claim									
\$539.70									
Priority amount									
\$539.70									
Nonpriority amount									
\$0.00									
2.4288. Priority creditor's name and mailing address MCKISSACK, ALEXANDRIA A 5608 HICKORY PARK DRIVE ANTIOCH TN 37013 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$226.10</td> </tr> </table>	Total claim	\$226.10	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$226.10</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$226.10	Nonpriority amount	\$0.00
Total claim									
\$226.10									
Priority amount									
\$226.10									
Nonpriority amount									
\$0.00									
2.4289. Priority creditor's name and mailing address MCLAIN, JORDAN F 7708 MCKAIG ROAD FREDERICK MD 21701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$219.98</td> </tr> </table>	Total claim	\$219.98	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$219.98</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$219.98	Nonpriority amount	\$0.00
Total claim									
\$219.98									
Priority amount									
\$219.98									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4290. Priority creditor's name and mailing address MCLAUGHLIN, BAILEY R 248 OLIVER EDWARDS ROAD JONESBOROUGH TN 37659 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$90.85</td> </tr> </table>	Total claim	\$90.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$90.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$90.85	Nonpriority amount	\$0.00
Total claim									
\$90.85									
Priority amount									
\$90.85									
Nonpriority amount									
\$0.00									
2.4291. Priority creditor's name and mailing address MCLAUGHLIN, HAYLEY 1327 S OWL DR GILBERT AZ 85296 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$212.30</td> </tr> </table>	Total claim	\$212.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$212.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$212.30	Nonpriority amount	\$0.00
Total claim									
\$212.30									
Priority amount									
\$212.30									
Nonpriority amount									
\$0.00									
2.4292. Priority creditor's name and mailing address MCLAUGHLIN, JALYNN 4110 NEVADA AVE N 8 NEW HOPE MN 55427 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$129.76</td> </tr> </table>	Total claim	\$129.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$129.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$129.76	Nonpriority amount	\$0.00
Total claim									
\$129.76									
Priority amount									
\$129.76									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**2.4293. **Priority creditor's name and mailing address**MCLAURIN, SHANIKA A
706 LOUISE DR W
MOBILE AL AL 36606**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$14.70

Priority amount

\$14.70

Nonpriority amount

\$0.00

2.4294. **Priority creditor's name and mailing address**MCLAY, SONYA L
54 BERLIN ST
SOUTHINGTON CT 06489**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$86.36

Priority amount

\$86.36

Nonpriority amount

\$0.00

2.4295. **Priority creditor's name and mailing address**MCLEAN, XIALEA
6600 TELEPHONE RD
1004
VENTURA CA 93003**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$187.56

Priority amount

\$187.56

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4296. Priority creditor's name and mailing address MCLENNAN COUNTY TAX STATEMENT P.O. BOX 406 WACO TX 76703 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$4,208.98	Priority amount \$4,208.98 Nonpriority amount \$0.00
2.4297. Priority creditor's name and mailing address MCLEOD, DEANNA A 1108 JULIP LANE FLORENCE SC 29505 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$215.72	Priority amount \$215.72 Nonpriority amount \$0.00
2.4298. Priority creditor's name and mailing address MCMAHON, NATASAREA 3497 WILLOW TREE TRACE DECATUR GA 30034 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,333.21	Priority amount \$2,333.21 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4299.	Priority creditor's name and mailing address MCMAHON, SHANNON 3 COMMODORE HULL DRIVE DERBY CT 06418 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$533.59</td> </tr> </table>	Total claim	\$533.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$533.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$533.59	Nonpriority amount	\$0.00
Total claim										
\$533.59										
Priority amount										
\$533.59										
Nonpriority amount										
\$0.00										
2.4300.	Priority creditor's name and mailing address MCMAHON, THOMAS M 4326 GARSTVIEW CIRCLE ROANOKE VA 24018 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$5,178.16</td> </tr> </table>	Total claim	\$5,178.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$5,178.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$5,178.16	Nonpriority amount	\$0.00
Total claim										
\$5,178.16										
Priority amount										
\$5,178.16										
Nonpriority amount										
\$0.00										
2.4301.	Priority creditor's name and mailing address MCMENIMEN, ANGIE 21 FELTON ST SAUGUS MA 01906 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$123.84</td> </tr> </table>	Total claim	\$123.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$123.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$123.84	Nonpriority amount	\$0.00
Total claim										
\$123.84										
Priority amount										
\$123.84										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4302. Priority creditor's name and mailing address MCMILLAN, ASHTON 1007 1/2 8TH AVE WEST BIRMINGHAM AL 35204 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$433.40</td> </tr> </table>	Total claim	\$433.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$433.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$433.40	Nonpriority amount	\$0.00
Total claim									
\$433.40									
Priority amount									
\$433.40									
Nonpriority amount									
\$0.00									
2.4303. Priority creditor's name and mailing address MCMILLAN, ERNESHA C 7501 WEAVER AVE NEW ORLEANS LA 70127 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$307.88</td> </tr> </table>	Total claim	\$307.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$307.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$307.88	Nonpriority amount	\$0.00
Total claim									
\$307.88									
Priority amount									
\$307.88									
Nonpriority amount									
\$0.00									
2.4304. Priority creditor's name and mailing address MCMILLION, ASISHA 1125 NORTH PATRICIA AVENUE GONZALES LA 70737 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,732.84</td> </tr> </table>	Total claim	\$1,732.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,732.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,732.84	Nonpriority amount	\$0.00
Total claim									
\$1,732.84									
Priority amount									
\$1,732.84									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4305. Priority creditor's name and mailing address MCMORRIS, KORI 125 DENBY CIRCLE COLUMBIA SC 29229 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$659.59</td> </tr> </table>	Total claim	\$659.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$659.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$659.59	Nonpriority amount	\$0.00
Total claim									
\$659.59									
Priority amount									
\$659.59									
Nonpriority amount									
\$0.00									
2.4306. Priority creditor's name and mailing address MCNAIR, AMEERAH A 5111 PARTRIDGE STREET DURHAM NC 27704 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$438.90</td> </tr> </table>	Total claim	\$438.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$438.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$438.90	Nonpriority amount	\$0.00
Total claim									
\$438.90									
Priority amount									
\$438.90									
Nonpriority amount									
\$0.00									
2.4307. Priority creditor's name and mailing address MCNAMARA, EMILY E 2583 MASON LANE HOLT MI 48842 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$64.57</td> </tr> </table>	Total claim	\$64.57	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$64.57</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$64.57	Nonpriority amount	\$0.00
Total claim									
\$64.57									
Priority amount									
\$64.57									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4308.	Priority creditor's name and mailing address MCNEAL, JAMYA 17 BURTON DR MONROE LA 71202 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$202.28</td></tr></table>	Total claim	\$202.28	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$202.28</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$202.28	Nonpriority amount	\$0.00
Total claim										
\$202.28										
Priority amount										
\$202.28										
Nonpriority amount										
\$0.00										
2.4309.	Priority creditor's name and mailing address MCNEAL, LAURYN R 6207 LANCE COURT SUFFOLK VA 23435 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$68.00</td></tr></table>	Total claim	\$68.00	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$68.00</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$68.00	Nonpriority amount	\$0.00
Total claim										
\$68.00										
Priority amount										
\$68.00										
Nonpriority amount										
\$0.00										
2.4310.	Priority creditor's name and mailing address MCNEELY, CARISSA L 3750 LAURA COURT BYRNES MILL MO 63051 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$1,098.96</td></tr></table>	Total claim	\$1,098.96	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$1,098.96</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,098.96	Nonpriority amount	\$0.00
Total claim										
\$1,098.96										
Priority amount										
\$1,098.96										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4311. Priority creditor's name and mailing address MCNEIL, JORDAN E 17 HOLLY DRIVE DARTMOUTH MA 02747 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$466.22	Priority amount \$466.22 Nonpriority amount \$0.00
2.4312. Priority creditor's name and mailing address MCNEILL, TAQUIA L 141 AYLESBURY RD GOOSE CREEK SC 29445 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$34.49	Priority amount \$34.49 Nonpriority amount \$0.00
2.4313. Priority creditor's name and mailing address MCPHERSON, HAILEY K 3650 IDLEWOOD PARKWAY APT 1807 INDIANAPOLIS IN 46214 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$5,727.58	Priority amount \$5,727.58 Nonpriority amount \$0.00

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2.4314. Priority creditor's name and mailing address MCQUEEN, KENYA D 201 SAMARA STREET APR 14-C SPARTANBURG SC 29303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$337.70	Priority amount \$337.70 Nonpriority amount \$0.00
2.4315. Priority creditor's name and mailing address MCSORLEY, SHANNON N 72 WASHINGTON STREET LONG BRANCH NJ 07740 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$75.66	Priority amount \$75.66 Nonpriority amount \$0.00
2.4316. Priority creditor's name and mailing address MCVAY, JORDAN 724 DUGAN REED STREET EL DORADO AR 71730 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$600.19	Priority amount \$600.19 Nonpriority amount \$0.00

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2.4317. Priority creditor's name and mailing address MEADOWS, KAYLA 2602 MONROE STREET PADUCAH KY 42001 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$248.92	Priority amount \$248.92 Nonpriority amount \$0.00
2.4318. Priority creditor's name and mailing address MEADOWS, NYDIA K 1013 CARRIN DR TALLAHASSEE FL 32311 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$390.73	Priority amount \$390.73 Nonpriority amount \$0.00
2.4319. Priority creditor's name and mailing address MEADOWS, SHELBY 860 WATKINS GLEN BLVD MARYSVILLE OH 43040 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$39.16	Priority amount \$39.16 Nonpriority amount \$0.00

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2.4320. Priority creditor's name and mailing address MEANS, CHELSEA M 8230 MOSSBERG DRIVE NORTH THEODORE AL 36582 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$98.86</td> </tr> </table>	Total claim	\$98.86	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$98.86</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$98.86	Nonpriority amount	\$0.00
Total claim									
\$98.86									
Priority amount									
\$98.86									
Nonpriority amount									
\$0.00									
2.4321. Priority creditor's name and mailing address MEDEIROS, SUSANA 111 INSLEE PLACE ELIZABETH NJ 07206 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$78.42</td> </tr> </table>	Total claim	\$78.42	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$78.42</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$78.42	Nonpriority amount	\$0.00
Total claim									
\$78.42									
Priority amount									
\$78.42									
Nonpriority amount									
\$0.00									
2.4322. Priority creditor's name and mailing address MEDINA, AMELIA W1236 HATTIE LN DEPERE WI 54115 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$134.88</td> </tr> </table>	Total claim	\$134.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$134.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$134.88	Nonpriority amount	\$0.00
Total claim									
\$134.88									
Priority amount									
\$134.88									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4323. Priority creditor's name and mailing address MEDINA, ANESSA N 1708 QUINTERO ST 370 AURORA CO 80011 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$143.42	Priority amount \$143.42 Nonpriority amount \$0.00
2.4324. Priority creditor's name and mailing address MEDINA, ANNE C L15B PINE TREE BLVD OLD BRIDGE NJ 08857 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$6,586.83	Priority amount \$6,586.83 Nonpriority amount \$0.00
2.4325. Priority creditor's name and mailing address MEDINA, BLANCA I 1329 WOODHILL DR. LEWISVILLE TX 75067 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$110.14	Priority amount \$110.14 Nonpriority amount \$0.00

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2.4326. Priority creditor's name and mailing address MEDINA, DASHA N 17 PAQUIN LN SPRING VALLEY NY 10977 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$44.40	Priority amount \$44.40 Nonpriority amount \$0.00
2.4327. Priority creditor's name and mailing address MEDINA, DIANA 1639 VILLA AVENUE SIOUX CITY IA 51103 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$58.83	Priority amount \$58.83 Nonpriority amount \$0.00
2.4328. Priority creditor's name and mailing address MEDINA, EDGAR A 2638 WALNUT ST APT B HUNTINGTON PARK CA 90255 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,417.77	Priority amount \$1,417.77 Nonpriority amount \$0.00

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2.4329.	Priority creditor's name and mailing address MEDINA, ESTEBAN 1416 KIM PLACE CHULA VISTA CA 91911 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,873.73</td> </tr> </table>	Total claim	\$1,873.73	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,873.73</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,873.73	Nonpriority amount	\$0.00
Total claim										
\$1,873.73										
Priority amount										
\$1,873.73										
Nonpriority amount										
\$0.00										
2.4330.	Priority creditor's name and mailing address MEDINA, ISABEL 2553 BALFOUR AVE FULLERTON CA 92831 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$338.52</td> </tr> </table>	Total claim	\$338.52	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$338.52</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$338.52	Nonpriority amount	\$0.00
Total claim										
\$338.52										
Priority amount										
\$338.52										
Nonpriority amount										
\$0.00										
2.4331.	Priority creditor's name and mailing address MEDINA, JULIA 451 N ANNA LN ROMEOVILLE IL 60446 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$386.87</td> </tr> </table>	Total claim	\$386.87	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$386.87</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$386.87	Nonpriority amount	\$0.00
Total claim										
\$386.87										
Priority amount										
\$386.87										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4332. Priority creditor's name and mailing address MEDINA, LESLIE 44 HAWES ST CENTRAL FALLS RI 02863 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$48.00	Priority amount \$48.00 Nonpriority amount \$0.00
2.4333. Priority creditor's name and mailing address MEDINA, MICAELA 5374 BILLINGS ST DENVER CO 80239 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$383.11	Priority amount \$383.11 Nonpriority amount \$0.00
2.4334. Priority creditor's name and mailing address MEDINA-CONCHI, ALEJANDRA 1623 MACARTHUR DR ROCKFORD IL 61108 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$64.19	Priority amount \$64.19 Nonpriority amount \$0.00

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2.4335. Priority creditor's name and mailing address MEDLEY, PARIS M 2924 KENDALE DR. APT 101 5583 WOODS AVE TOLEDO OH 43606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$77.83	Priority amount \$77.83 Nonpriority amount \$0.00
2.4336. Priority creditor's name and mailing address MEDRANO, ANA D 12634 GOLDEN BROOK DR HOUSTON TX 77085-1413 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$406.12	Priority amount \$406.12 Nonpriority amount \$0.00
2.4337. Priority creditor's name and mailing address MEDRANO, LAYZA L 4752 A STREET SAN DIEGO CA 92102 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$81.84	Priority amount \$81.84 Nonpriority amount \$0.00

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2.4338. Priority creditor's name and mailing address MEDREK, EDYTA P 447 GROVE ST WOOD DALE IL 60191 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$172.37	Priority amount \$172.37 Nonpriority amount \$0.00
2.4339. Priority creditor's name and mailing address MEDSKER, MADISON E 4253 S. MARIETTA RD SHELBYVILLE IN 46176 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$152.25	Priority amount \$152.25 Nonpriority amount \$0.00
2.4340. Priority creditor's name and mailing address MEFFORD, MAKAYLA R 370 GARLANDS TRAIL BUCKINGHAM VA 23921 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$269.53	Priority amount \$269.53 Nonpriority amount \$0.00

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2.4341. Priority creditor's name and mailing address MEHDI, SHAHED 4497 WALDEN WAY DENVER CO 80249 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,360.00	Priority amount \$1,360.00 Nonpriority amount \$0.00
2.4342. Priority creditor's name and mailing address MEIGGS, JULLIAN S 4655 COVERT AVE EVANSVILLE IN 47714 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,103.46	Priority amount \$1,103.46 Nonpriority amount \$0.00
2.4343. Priority creditor's name and mailing address MEINHARDT, KAITLYN T 109 BIG HORN ROAD PITTSBURGH PA 15239 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,959.05	Priority amount \$1,959.05 Nonpriority amount \$0.00

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2.4344. Priority creditor's name and mailing address MEITZENHEIMER, RENEE 1587 W 46TH ST LOS ANGELES CA 90062-2014 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,241.38	Priority amount \$2,241.38 Nonpriority amount \$0.00
2.4345. Priority creditor's name and mailing address MEJIA, ANGELES M 4102 ANTOINETTE ST HOUSTON TX 77087 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$190.40	Priority amount \$190.40 Nonpriority amount \$0.00
2.4346. Priority creditor's name and mailing address MEJIA, BRENDA P 8915 N WASHINGTON ST APT A NILES IL 60714 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$676.15	Priority amount \$676.15 Nonpriority amount \$0.00

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2.4347. Priority creditor's name and mailing address MEJIA, HEIDI A 5318 BOYCE SPRINGS DR HOUSTON TX 77066 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$140.63	Priority amount \$140.63 Nonpriority amount \$0.00
2.4348. Priority creditor's name and mailing address MEJIAS, ERNESTO P.O. BOX 1777 COROZAL PR 00783 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$146.46	Priority amount \$146.46 Nonpriority amount \$0.00
2.4349. Priority creditor's name and mailing address MEJIA-TAVAR, KATIE 3260 JOHN ROBINSON LANE APT 21 DUMFRIES VA 22026 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$74.60	Priority amount \$74.60 Nonpriority amount \$0.00

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2.4350. Priority creditor's name and mailing address MELARA, ASHLEY 17845 IBIS LANDING WAY ORLANDO FL 32820 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$169.03</td> </tr> </table>	Total claim	\$169.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$169.03</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$169.03	Nonpriority amount	\$0.00
Total claim									
\$169.03									
Priority amount									
\$169.03									
Nonpriority amount									
\$0.00									
2.4351. Priority creditor's name and mailing address MELCHOR, JASMINE 8518 25TH AVE 2F BROOKLYN NY 11214 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$301.20</td> </tr> </table>	Total claim	\$301.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$301.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$301.20	Nonpriority amount	\$0.00
Total claim									
\$301.20									
Priority amount									
\$301.20									
Nonpriority amount									
\$0.00									
2.4352. Priority creditor's name and mailing address MELGOZA, LESLIE 3910 STONEBRIDGE DR ZION IL 60099 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$218.62</td> </tr> </table>	Total claim	\$218.62	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$218.62</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$218.62	Nonpriority amount	\$0.00
Total claim									
\$218.62									
Priority amount									
\$218.62									
Nonpriority amount									
\$0.00									

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2.4353. Priority creditor's name and mailing address MELIN, GRETHE E 617 MEAD ST EAU CLAIRE WI 54703 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,387.43	Priority amount \$3,387.43 Nonpriority amount \$0.00
2.4354. Priority creditor's name and mailing address MELO-ROCHA, SHEINA D 1000 FGCU CAMPUS HOUSING HN06 FT MYERS FL 33965 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$187.98	Priority amount \$187.98 Nonpriority amount \$0.00
2.4355. Priority creditor's name and mailing address MELTON, AIREONNA N 1812 N. WESTWOOD AVE. 1812 I TOLEDO OH 43607 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$206.91	Priority amount \$206.91 Nonpriority amount \$0.00

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2.4356. Priority creditor's name and mailing address MELVIN, MIRANDA R 216 BRENTWOOD AVE PIQUA OH 45356 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,926.11	Priority amount \$1,926.11 Nonpriority amount \$0.00
2.4357. Priority creditor's name and mailing address MELVO, BREANNA 7773 TRAM RD. BEAUMONT TX 77713 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$116.20	Priority amount \$116.20 Nonpriority amount \$0.00
2.4358. Priority creditor's name and mailing address MENA, ESMERALDA 5637 W 23RD ST 1ST FLOOR CICERO IL 60804 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$288.82	Priority amount \$288.82 Nonpriority amount \$0.00

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2.4359.	Priority creditor's name and mailing address MENDEZ, ANNETTE 6639 EL CORTEZ AVE BELL GARDENS CA 90201 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$324.96</td> </tr> </table>	Total claim	\$324.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$324.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$324.96	Nonpriority amount	\$0.00
Total claim										
\$324.96										
Priority amount										
\$324.96										
Nonpriority amount										
\$0.00										
2.4360.	Priority creditor's name and mailing address MENDEZ, APRIL 8000 ZELZAH AVE RESEDA CA 91335 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$291.77</td> </tr> </table>	Total claim	\$291.77	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$291.77</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$291.77	Nonpriority amount	\$0.00
Total claim										
\$291.77										
Priority amount										
\$291.77										
Nonpriority amount										
\$0.00										
2.4361.	Priority creditor's name and mailing address MENDEZ, CHACON VALERIA 737 REEF DR SAN DIEGO CA 92154 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$264.36</td> </tr> </table>	Total claim	\$264.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$264.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$264.36	Nonpriority amount	\$0.00
Total claim										
\$264.36										
Priority amount										
\$264.36										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4362. Priority creditor's name and mailing address MENDEZ, CLAUDIA G 1816 S 50TH AVE CICERO IL 60804 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$207.68	Priority amount \$207.68 Nonpriority amount \$0.00
2.4363. Priority creditor's name and mailing address MENDEZ, IRIS V 4510 22ND AVE NE SEATTLE WA 98105 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$419.52	Priority amount \$419.52 Nonpriority amount \$0.00
2.4364. Priority creditor's name and mailing address MENDEZ, JACQUELINE R 2621 POLI ST VENTURA CA 93003 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$279.49	Priority amount \$279.49 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4365. Priority creditor's name and mailing address MENDEZ, JESSICA C 1937 E HIGHLAND CT ONTARIO CA 91764 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$513.88	Priority amount \$513.88 Nonpriority amount \$0.00
2.4366. Priority creditor's name and mailing address MENDEZ, JOSELIN 49 WILSON STREET APT.2 PROVIDENCE RI 09207 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$102.06	Priority amount \$102.06 Nonpriority amount \$0.00
2.4367. Priority creditor's name and mailing address MENDEZ, KAREN J 1111 S WESTMORELAND AVE APT.307 LOS ANGELES CA 90006 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$228.84	Priority amount \$228.84 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4368. Priority creditor's name and mailing address MENDEZ, MARIA JESSICA J. MENDE3 AT UNCG GREENSBORO NC 27413 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$116.28</td> </tr> </table>	Total claim	\$116.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$116.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$116.28	Nonpriority amount	\$0.00
Total claim									
\$116.28									
Priority amount									
\$116.28									
Nonpriority amount									
\$0.00									
2.4369. Priority creditor's name and mailing address MENDEZ, PATRICK A 956 MARCUS DR # 10 NEWPORT NEWS VA 23602 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$71.81</td> </tr> </table>	Total claim	\$71.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$71.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$71.81	Nonpriority amount	\$0.00
Total claim									
\$71.81									
Priority amount									
\$71.81									
Nonpriority amount									
\$0.00									
2.4370. Priority creditor's name and mailing address MENDEZ, POLANCO BIANCA C 114 ELM HILL AVE. #1 DORCHESTER MA 02121 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$575.09</td> </tr> </table>	Total claim	\$575.09	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$575.09</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$575.09	Nonpriority amount	\$0.00
Total claim									
\$575.09									
Priority amount									
\$575.09									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4371. Priority creditor's name and mailing address MENDIOLA, MEGAN 1780 CHRISTOPHER CT. W ROMEOVILLE IL 60446 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$36.71	Priority amount \$36.71 Nonpriority amount \$0.00
2.4372. Priority creditor's name and mailing address MENDIZABAL, SUNSHINE C 891 W 2ND ST SANPEDRO CA 90731 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$78.12	Priority amount \$78.12 Nonpriority amount \$0.00
2.4373. Priority creditor's name and mailing address MENDOZA, AIVY 5442 GILBERT DR APT 1204 SAN DIEGO CA 92115 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$73.80	Priority amount \$73.80 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4374. Priority creditor's name and mailing address MENDOZA, ALLISON C 1501 6TH STREET 1501 6TH STREE VIENNA WV 26105 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$164.15	Priority amount \$164.15 Nonpriority amount \$0.00
2.4375. Priority creditor's name and mailing address MENDOZA, ANA I 8602 EDEN VALLEY LN. DALLAS TX 75217 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$107.99	Priority amount \$107.99 Nonpriority amount \$0.00
2.4376. Priority creditor's name and mailing address MENDOZA, BELEN A 6012 DEER AVE EL PASO TX 79924 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$58.22	Priority amount \$58.22 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4377. Priority creditor's name and mailing address MENDOZA, CLAUDIA 1788 WESTWIND WAY MCLEAN VA 22102 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$89.57	Priority amount \$89.57 Nonpriority amount \$0.00
2.4378. Priority creditor's name and mailing address MENDOZA, GALILEA D 89 E 116ST APT 12 NEW YORK CITY NY 10029 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$304.50	Priority amount \$304.50 Nonpriority amount \$0.00
2.4379. Priority creditor's name and mailing address MENDOZA, KAYLA M 919 W TULANE DR TEMPE AZ 85283 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$44.00	Priority amount \$44.00 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4380.	Priority creditor's name and mailing address MENDOZA, VANESSA 2732 MONTE DIABLO AVE STOCKTON CA 95203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$115.80</td> </tr> </table>	Total claim	\$115.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$115.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$115.80	Nonpriority amount	\$0.00
Total claim										
\$115.80										
Priority amount										
\$115.80										
Nonpriority amount										
\$0.00										
2.4381.	Priority creditor's name and mailing address MENDOZA, VANESSA A 1019 CLINTONIA AVE SAN JOSE CA 95125 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$132.60</td> </tr> </table>	Total claim	\$132.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$132.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$132.60	Nonpriority amount	\$0.00
Total claim										
\$132.60										
Priority amount										
\$132.60										
Nonpriority amount										
\$0.00										
2.4382.	Priority creditor's name and mailing address MENDOZA, VICTORIA R 354 FORREST HILL LN GRAND PRAIRIE TX 75052 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$346.25</td> </tr> </table>	Total claim	\$346.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$346.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$346.25	Nonpriority amount	\$0.00
Total claim										
\$346.25										
Priority amount										
\$346.25										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.4383. Priority creditor's name and mailing address**MENG, TRINITI L
614 LONGFELLOW ST
WICHITA KS 67207**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$605.77

Priority amount

\$605.77

Nonpriority amount

\$0.00

2.4384. Priority creditor's name and mailing addressMERAZ, DAYAM J
5107 W 29TH PL
CICERO IL 60804**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$268.07

Priority amount

\$268.07

Nonpriority amount

\$0.00

2.4385. Priority creditor's name and mailing addressMERAZ, NEREYDA
5303 1/2 CLARA ST
CUDAHY CA 90201-4539**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$372.60

Priority amount

\$372.60

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4386. Priority creditor's name and mailing address MERCADO, ANNE D 5281 S OPAL CREEK WAY LAS VEGAS NV 89122 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$418.24	Priority amount \$418.24 Nonpriority amount \$0.00
2.4387. Priority creditor's name and mailing address MERCADO, ARAUJO YESICA 206 AMESWOOD DR. ROUND ROCK TX 78664 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$88.43	Priority amount \$88.43 Nonpriority amount \$0.00
2.4388. Priority creditor's name and mailing address MERCADO, CINDY 1315 XAVERIA DR SILVER SPRING MD 20903 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$243.29	Priority amount \$243.29 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4389. Priority creditor's name and mailing address MERCER, DEVYN A 5730 RUSACK DR. MELBOURNE FL 32940 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$217.31</td> </tr> </table>	Total claim	\$217.31	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$217.31</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$217.31	Nonpriority amount	\$0.00
Total claim									
\$217.31									
Priority amount									
\$217.31									
Nonpriority amount									
\$0.00									
2.4390. Priority creditor's name and mailing address MERCK, MARISSA 1211 VINE ST. 1110 WEST DES MOINES IA 50265 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$126.57</td> </tr> </table>	Total claim	\$126.57	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$126.57</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$126.57	Nonpriority amount	\$0.00
Total claim									
\$126.57									
Priority amount									
\$126.57									
Nonpriority amount									
\$0.00									
2.4391. Priority creditor's name and mailing address MEREDITH, BRITTANY 51 HUBER ROAD NEWPORT NEWS VA 23601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,563.35</td> </tr> </table>	Total claim	\$1,563.35	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,563.35</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,563.35	Nonpriority amount	\$0.00
Total claim									
\$1,563.35									
Priority amount									
\$1,563.35									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4392. Priority creditor's name and mailing address MERGIL, LISA D 17019 HOLTON ST WEST COVINA CA 91791 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,875.57</td> <td style="text-align: center;">\$2,875.57</td> </tr> </table>	Total claim	Priority amount	\$2,875.57	\$2,875.57	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$2,875.57	\$2,875.57								
Nonpriority amount									
\$0.00									
2.4393. Priority creditor's name and mailing address MERIDIAN CHARTER TOWNSHIP 5151 MARSH ROAD OKEMOS MI 48864-1198 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,680.50</td> <td style="text-align: center;">\$1,680.50</td> </tr> </table>	Total claim	Priority amount	\$1,680.50	\$1,680.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$1,680.50	\$1,680.50								
Nonpriority amount									
\$0.00									
2.4394. Priority creditor's name and mailing address MERINO, VICTORIA ROXANA D 8033 MCCORMICK ST WOODBURN OR 97071 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$205.01</td> <td style="text-align: center;">\$205.01</td> </tr> </table>	Total claim	Priority amount	\$205.01	\$205.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$205.01	\$205.01								
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4395. Priority creditor's name and mailing address MERRIFIELD, AMANDA 8301 W FLAMINGO RD 2068 LAS VEGAS NV 89147 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$477.63</td> </tr> </table>	Total claim	\$477.63	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$477.63</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$477.63	Nonpriority amount	\$0.00
Total claim									
\$477.63									
Priority amount									
\$477.63									
Nonpriority amount									
\$0.00									
2.4396. Priority creditor's name and mailing address MERRITT, JAQUAYLON- AALI 5301 SHERWOOD DR MIDLAND TX 79707 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$101.80</td> </tr> </table>	Total claim	\$101.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$101.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$101.80	Nonpriority amount	\$0.00
Total claim									
\$101.80									
Priority amount									
\$101.80									
Nonpriority amount									
\$0.00									
2.4397. Priority creditor's name and mailing address MERRITT, MORGAN E 1641 SW HIGHLAND DR LEES SUMMIT MO 64081 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$38.01</td> </tr> </table>	Total claim	\$38.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$38.01</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$38.01	Nonpriority amount	\$0.00
Total claim									
\$38.01									
Priority amount									
\$38.01									
Nonpriority amount									
\$0.00									

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2.4398. Priority creditor's name and mailing address MESHELL, SARAH A 1711 SW 30TH LINCOLN NE 68522 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,081.54	Priority amount \$3,081.54 Nonpriority amount \$0.00
2.4399. Priority creditor's name and mailing address MESIAS, EVELYN 321 OXFORD STREET SAN FRANCISCO CA 94134 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$385.20	Priority amount \$385.20 Nonpriority amount \$0.00
2.4400. Priority creditor's name and mailing address MESQUITA, BRENDA S 73 LAUDER AVE. PAWTUCKET RI 02860 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$121.44	Priority amount \$121.44 Nonpriority amount \$0.00

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2.4401. Priority creditor's name and mailing address MESSINK, PAIGE K 6369 GREYSTONE ROSCOE IL 61073 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,061.24	Priority amount \$1,061.24 Nonpriority amount \$0.00
2.4402. Priority creditor's name and mailing address METCALF, CORRIN N 1251 FLAMINGO DR. MOUNT MORRIS MI 48458 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$44.12	Priority amount \$44.12 Nonpriority amount \$0.00
2.4403. Priority creditor's name and mailing address MEYER, BAILEY 2311 SOUTH 151ST STREET OMAHA NE 68144 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$432.61	Priority amount \$432.61 Nonpriority amount \$0.00

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2.4404. Priority creditor's name and mailing address MEYER, JESSICA F 141 CAMPUS VIEW ROAD 4 MANKATO MN 56001 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$171.27	Priority amount \$171.27 Nonpriority amount \$0.00
2.4405. Priority creditor's name and mailing address MEYER, NICOLE E 18087 218TH AVE NW BIG LAKE MN 55309 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$219.68	Priority amount \$219.68 Nonpriority amount \$0.00
2.4406. Priority creditor's name and mailing address MEYERS, ALEXIA M 171 BRECKINRIDGE 171 LOUISVILLE KY 40220 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$65.70	Priority amount \$65.70 Nonpriority amount \$0.00

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2.4407. Priority creditor's name and mailing address MEYERS, SHYNERIA 5995 LIVERPOOL LANE INDIANAPOLIS IN 46236 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$123.20	Priority amount \$123.20 Nonpriority amount \$0.00
2.4408. Priority creditor's name and mailing address MEZA, ADRIANA E 350 ARBALLO DRIVE 11M SAN FRANCISCO CA 94132 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$313.95	Priority amount \$313.95 Nonpriority amount \$0.00
2.4409. Priority creditor's name and mailing address MICHAELS, CRYSTAL B 2114 S 23RD ST MILWAUKEE WI 53215 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,142.70	Priority amount \$1,142.70 Nonpriority amount \$0.00

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2.4410. Priority creditor's name and mailing address MICKELS, TRISTAN S 178 GLENHAVEN STREET FRUITA CO 81521 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$121.21	Priority amount \$121.21 Nonpriority amount \$0.00
2.4411. Priority creditor's name and mailing address MIDDLETON, ALICIA D 10403 WILLOW RUN RD APT 1F CHARLOTTE NC 28210 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$90.89	Priority amount \$90.89 Nonpriority amount \$0.00
2.4412. Priority creditor's name and mailing address MIDDLETON, KAYLEE S 3241 DONLIN DR. WAKE FOREST NC 27587 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$218.30	Priority amount \$218.30 Nonpriority amount \$0.00

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2.4413. Priority creditor's name and mailing address MIDLAND CENTRAL APPRAISAL DIST MIDLAND CENTRAL APPRAISAL DIST 4631 ANDREWS HWY PO BOX 908002 MIDLAND TX 79708-0002 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$2,413.80	Priority amount \$2,413.80 Nonpriority amount \$0.00
2.4414. Priority creditor's name and mailing address MIELCUSNY, DANIELLE 1701 JACKSON AVE NEW CASTLE PA 16101 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$239.03	Priority amount \$239.03 Nonpriority amount \$0.00
2.4415. Priority creditor's name and mailing address MIERA, SHAYLEE E 1535 17TH AVE SE RIO RANCHO NM 87124 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$26.42	Priority amount \$26.42 Nonpriority amount \$0.00

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2.4416. Priority creditor's name and mailing address MIERZWA, AMANDA M 1570 BALDWIN BLVD BAY SHORE NY 11706 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$605.04	Priority amount \$605.04 Nonpriority amount \$0.00
2.4417. Priority creditor's name and mailing address MIJA, KATE T 16 PARKWOOD AVE HUDSON FALLS NY 12839-2336 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,319.32	Priority amount \$3,319.32 Nonpriority amount \$0.00
2.4418. Priority creditor's name and mailing address MIJANGOS, ADRIANA 777 LIANA DR SANTA ROSA CA 95407 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$126.84	Priority amount \$126.84 Nonpriority amount \$0.00

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2.4419. Priority creditor's name and mailing address MIKOLAJCZYK, MELISSA 1249 PARK STREET APT A BOWLING GREEN KY 42101 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,612.63</td> </tr> </table>	Total claim	\$1,612.63	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,612.63</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,612.63	Nonpriority amount	\$0.00
Total claim									
\$1,612.63									
Priority amount									
\$1,612.63									
Nonpriority amount									
\$0.00									
2.4420. Priority creditor's name and mailing address MILBOURNE, QWANIESHA 201 CYPRESS LANE SNOW HILL MD 21863 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$526.80</td> </tr> </table>	Total claim	\$526.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$526.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$526.80	Nonpriority amount	\$0.00
Total claim									
\$526.80									
Priority amount									
\$526.80									
Nonpriority amount									
\$0.00									
2.4421. Priority creditor's name and mailing address MILES, EMILY 284 HIGH PATH ROAD WINDSOR CT 06095 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$157.06</td> </tr> </table>	Total claim	\$157.06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$157.06</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$157.06	Nonpriority amount	\$0.00
Total claim									
\$157.06									
Priority amount									
\$157.06									
Nonpriority amount									
\$0.00									

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2.4422. Priority creditor's name and mailing address MILLER, ALLISON E 2409 HILL AVENUE MIDDLETOWN OH 45044 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$549.07</td> </tr> </table>	Total claim	\$549.07	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$549.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$549.07	Nonpriority amount	\$0.00
Total claim									
\$549.07									
Priority amount									
\$549.07									
Nonpriority amount									
\$0.00									
2.4423. Priority creditor's name and mailing address MILLER, AMANDA 3357 BOW MAR CT CAMERON PARK CA 95682 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$72.72</td> </tr> </table>	Total claim	\$72.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$72.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$72.72	Nonpriority amount	\$0.00
Total claim									
\$72.72									
Priority amount									
\$72.72									
Nonpriority amount									
\$0.00									
2.4424. Priority creditor's name and mailing address MILLER, AMY K 8285 HICKORY AVE. GALENA OH 43021 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$560.59</td> </tr> </table>	Total claim	\$560.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$560.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$560.59	Nonpriority amount	\$0.00
Total claim									
\$560.59									
Priority amount									
\$560.59									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4425. Priority creditor's name and mailing address MILLER, ANTORIA O 502 GOLDEN PINE COURT 502 GOLDEN PIN GREENVILLE SC 29673 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$34.56	Priority amount \$34.56 Nonpriority amount \$0.00
2.4426. Priority creditor's name and mailing address MILLER, BRITNEY 837 SEVEN GABLES CIR SE PALM BAY FL 32909 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,562.26	Priority amount \$1,562.26 Nonpriority amount \$0.00
2.4427. Priority creditor's name and mailing address MILLER, CHANTELE L 5405 SHADY AVE APT 2 APT 2 LOWVILLE NY 13367 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$86.91	Priority amount \$86.91 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4428. Priority creditor's name and mailing address MILLER, DEJORIA J 29 PONY CV JACKSON TN 38305 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$327.32	Priority amount \$327.32 Nonpriority amount \$0.00
2.4429. Priority creditor's name and mailing address MILLER, DELECIA T 3657 VARIAN AVENUE APT 2 BRONX NY 10466 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,871.04	Priority amount \$3,871.04 Nonpriority amount \$0.00
2.4430. Priority creditor's name and mailing address MILLER, ELLIA E 1163 TOWNVIEW PL WOOSTER OH 44691 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$164.50	Priority amount \$164.50 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4431.	Priority creditor's name and mailing address MILLER, FRANCES J 32-50 93RD ST APT B4 EAST ELMHURST NY 11369 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,103.02</td> </tr> </table>	Total claim	\$3,103.02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,103.02</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$3,103.02	Nonpriority amount	\$0.00
Total claim										
\$3,103.02										
Priority amount										
\$3,103.02										
Nonpriority amount										
\$0.00										
2.4432.	Priority creditor's name and mailing address MILLER, JESSICA S 2135 LIMEKILN ROAD DOUGLASSVILLE PA 19518 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$128.25</td> </tr> </table>	Total claim	\$128.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$128.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$128.25	Nonpriority amount	\$0.00
Total claim										
\$128.25										
Priority amount										
\$128.25										
Nonpriority amount										
\$0.00										
2.4433.	Priority creditor's name and mailing address MILLER, KIRA 630 DRAKE BAY TERRACE ST AUGUSTINE FL 32084 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$217.68</td> </tr> </table>	Total claim	\$217.68	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$217.68</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$217.68	Nonpriority amount	\$0.00
Total claim										
\$217.68										
Priority amount										
\$217.68										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4434.	Priority creditor's name and mailing address MILLER, KRISTINA 5541 NEWCASTLE AVE. 22 ENCINO CA 91316 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$160.99</td> </tr> </table>	Total claim	\$160.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$160.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$160.99	Nonpriority amount	\$0.00
Total claim										
\$160.99										
Priority amount										
\$160.99										
Nonpriority amount										
\$0.00										
2.4435.	Priority creditor's name and mailing address MILLER, LAERICA N 2216 FONTAINEBLEAU DR ORLANDO FL 32808 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$134.81</td> </tr> </table>	Total claim	\$134.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$134.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$134.81	Nonpriority amount	\$0.00
Total claim										
\$134.81										
Priority amount										
\$134.81										
Nonpriority amount										
\$0.00										
2.4436.	Priority creditor's name and mailing address MILLER, LAURYN 950 COLGATE DR. #3507 COLLEGE STATION TX 77840 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$119.43</td> </tr> </table>	Total claim	\$119.43	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$119.43</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$119.43	Nonpriority amount	\$0.00
Total claim										
\$119.43										
Priority amount										
\$119.43										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4437. Priority creditor's name and mailing address MILLER, MARY-MARGARET 2111 HARRIS RD PENFIELD NY 14526-1825 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$163.50	Priority amount \$163.50 Nonpriority amount \$0.00
2.4438. Priority creditor's name and mailing address MILLER, MEGAN J 18061 KNOLL DR FAIRPLAY MD 21733 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$87.06	Priority amount \$87.06 Nonpriority amount \$0.00
2.4439. Priority creditor's name and mailing address MILLER, PEYTON M 18 RAINDREAM PLACE THE WOODLANDS TX 77381 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$146.96	Priority amount \$146.96 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4440. Priority creditor's name and mailing address MILLER, STACIE 3208 ELENA WAY WOODSTOCK GA 30188 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$155.45	Priority amount \$155.45 Nonpriority amount \$0.00
2.4441. Priority creditor's name and mailing address MILLER, TAJANAE 1709 CARPENTER AVE DES MOINES IA 50314 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$259.61	Priority amount \$259.61 Nonpriority amount \$0.00
2.4442. Priority creditor's name and mailing address MILLER, TRUDY M 5 ALBERT CT METAIRIE LA 70003 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,917.97	Priority amount \$1,917.97 Nonpriority amount \$0.00

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2.4443. Priority creditor's name and mailing address MILLER, ZACHARY H 1637 EUCLID AVENUE 1 LINCOLN NE 68502 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$41.13	Priority amount \$41.13 Nonpriority amount \$0.00
2.4444. Priority creditor's name and mailing address MILLER-SMITH, MARIAH 315 S FELL AVE PICKERING 514 NORMAL IL 61761 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$140.67	Priority amount \$140.67 Nonpriority amount \$0.00
2.4445. Priority creditor's name and mailing address MILLS, JEKQUANZA K 1071 ST BARNABAS CHURCH ROAD JENKINSVILLE SC 29065 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$109.15	Priority amount \$109.15 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4446.	Priority creditor's name and mailing address MILLS, JESSICA R 804 3RD AVENUE REAR DUNCANSVILLE PA 16635 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$195.25</td></tr></table>	Total claim	\$195.25	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$195.25</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$195.25	Nonpriority amount	\$0.00
Total claim										
\$195.25										
Priority amount										
\$195.25										
Nonpriority amount										
\$0.00										
2.4447.	Priority creditor's name and mailing address MILLS, TALYSHA M 3001 VIEWPOINT ST DELTONA FL 32725 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$470.47</td></tr></table>	Total claim	\$470.47	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$470.47</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$470.47	Nonpriority amount	\$0.00
Total claim										
\$470.47										
Priority amount										
\$470.47										
Nonpriority amount										
\$0.00										
2.4448.	Priority creditor's name and mailing address MILNE, JAZMINE 1548 ROADRUNNER DRIVE ROSEVILLE CA 95747 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$91.56</td></tr></table>	Total claim	\$91.56	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$91.56</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$91.56	Nonpriority amount	\$0.00
Total claim										
\$91.56										
Priority amount										
\$91.56										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4449. Priority creditor's name and mailing address MILSOP, STORM 21494 SELPH LN BOWLING GREEN VA 22427-2655 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$552.18	Priority amount \$552.18 Nonpriority amount \$0.00
2.4450. Priority creditor's name and mailing address MILTON, DIAMOND M 12261 FONDREN RD HOUSTON TX 77035 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$112.88	Priority amount \$112.88 Nonpriority amount \$0.00
2.4451. Priority creditor's name and mailing address MINA, MELANI 8460 RAYMOND DR BOYNTON BEACH FL 33472 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$269.79	Priority amount \$269.79 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.4452. Priority creditor's name and mailing address**MINDLER, HEATHER
1325 HIGHLAND HILLS DR.
KALAMAZOO MI 49007**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$1,275.03

Priority amount

\$1,275.03

Nonpriority amount

\$0.00

2.4453. Priority creditor's name and mailing addressMINEH, JAWA
336 MEADOW CT
VERNON HILLS IL 60061**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$672.11

Priority amount

\$672.11

Nonpriority amount

\$0.00

2.4454. Priority creditor's name and mailing addressMINES, DEVYN E
8910 CHIANTI TERR
BRISTOW VA 20136**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$143.60

Priority amount

\$143.60

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4455. Priority creditor's name and mailing address MINES, JKEL P 315 BATY ST ELMIRA NY 14904 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$154.07	Priority amount \$154.07 Nonpriority amount \$0.00
2.4456. Priority creditor's name and mailing address MINGO, MARY C 3225 W 4TH STREET APARTMENT B3 HATTIESBURG MS 39401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$618.08	Priority amount \$618.08 Nonpriority amount \$0.00
2.4457. Priority creditor's name and mailing address MINNIS, HENDIA R 6303 WESTGATE DRIVE 2004 ORLANDO FL 32835 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$130.48	Priority amount \$130.48 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4458. Priority creditor's name and mailing address MINNIS, SHARELL L 1045 AUGUSTA WOODS DR DOUGLASVILLE GA 30134 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$127.09	Priority amount \$127.09 Nonpriority amount \$0.00
2.4459. Priority creditor's name and mailing address MINNOW, DEBORAH 5427 HARBOUR LANDINGS DRIVE LIBERTY TOWNSHIP OH 45011 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$38.48	Priority amount \$38.48 Nonpriority amount \$0.00
2.4460. Priority creditor's name and mailing address MINOR, ASHLEIGH N 50 W MAIN ST 1005 UNIONTOWN PA 15401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$795.85	Priority amount \$795.85 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4461.	Priority creditor's name and mailing address MINOR, ERIA D 2412 2ND AVE N 16 BIRMINGHAM AL 35203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$494.00</td> </tr> </table>	Total claim	\$494.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$494.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$494.00	Nonpriority amount	\$0.00
Total claim										
\$494.00										
Priority amount										
\$494.00										
Nonpriority amount										
\$0.00										
2.4462.	Priority creditor's name and mailing address MIRANDA, BRENDA E 907 MEADOW RIDGE DR. 907 SIMPSONVILLE KY 40067 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$126.00</td> </tr> </table>	Total claim	\$126.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$126.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$126.00	Nonpriority amount	\$0.00
Total claim										
\$126.00										
Priority amount										
\$126.00										
Nonpriority amount										
\$0.00										
2.4463.	Priority creditor's name and mailing address MIRANDA, ELIZABETH 1161 LATIGO LN. LAS CRUCES NM 88007 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$186.04</td> </tr> </table>	Total claim	\$186.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$186.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$186.04	Nonpriority amount	\$0.00
Total claim										
\$186.04										
Priority amount										
\$186.04										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4464. Priority creditor's name and mailing address MIRANDA, GABRIELLE 2168 GRAHAM DRIVE GRETN LA 70056 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,443.13</td> </tr> </table>	Total claim	\$1,443.13	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,443.13</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,443.13	Nonpriority amount	\$0.00
Total claim									
\$1,443.13									
Priority amount									
\$1,443.13									
Nonpriority amount									
\$0.00									
2.4465. Priority creditor's name and mailing address MIRANDA, PAOLA N CALLE 6 AF 2 RIO GRANDE STA RIO GRANDE PR 00745 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,097.26</td> </tr> </table>	Total claim	\$1,097.26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,097.26</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,097.26	Nonpriority amount	\$0.00
Total claim									
\$1,097.26									
Priority amount									
\$1,097.26									
Nonpriority amount									
\$0.00									
2.4466. Priority creditor's name and mailing address MIRANDA, PERLA 2075 OSPREY COVE SHELBYVILLE KY 40065 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$714.94</td> </tr> </table>	Total claim	\$714.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$714.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$714.94	Nonpriority amount	\$0.00
Total claim									
\$714.94									
Priority amount									
\$714.94									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4467. Priority creditor's name and mailing address MIRANDI, ELIZABETH R 4 SUPERIOR STREET MILLER PLACE NY 11764 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$287.76	Priority amount \$287.76 Nonpriority amount \$0.00
2.4468. Priority creditor's name and mailing address MISKIN, SHERSTIN 3019 162ND PL SE BELLEVUE WA 98008 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,781.62	Priority amount \$3,781.62 Nonpriority amount \$0.00
2.4469. Priority creditor's name and mailing address MITCH, YVETTE L 2143 OKUHE LANE KAILUA HI 96735 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$71.40	Priority amount \$71.40 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4470. Priority creditor's name and mailing address MITCHELL, CARMELA I 2611 SCARBOROUGH DRIVE FORT WASHINGTON MD 20744 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$205.97</td> <td>\$205.97</td> </tr> </table>	Total claim	Priority amount	\$205.97	\$205.97	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$205.97	\$205.97								
Nonpriority amount									
\$0.00									
2.4471. Priority creditor's name and mailing address MITCHELL, CLAIRE I 5909 SOUTH STEELE STREET CENTENNIAL CO 80121 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,713.90</td> <td>\$1,713.90</td> </tr> </table>	Total claim	Priority amount	\$1,713.90	\$1,713.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$1,713.90	\$1,713.90								
Nonpriority amount									
\$0.00									
2.4472. Priority creditor's name and mailing address MITCHELL, EMONIE' A 1016 W EDGEWOOD BLVD UNIT 6 LANSING MI 48911 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$145.88</td> <td>\$145.88</td> </tr> </table>	Total claim	Priority amount	\$145.88	\$145.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$145.88	\$145.88								
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4473. Priority creditor's name and mailing address MITCHELL, JOI-ARIELLE T 5009 RIDGEMONT WALK SE ATLANTA GA 30339 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$281.05	Priority amount \$281.05 Nonpriority amount \$0.00
2.4474. Priority creditor's name and mailing address MITCHELL, KAILAN 3300 LAKE BROOK BLVD 3300 KNOXVILLE TN 37909 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$156.77	Priority amount \$156.77 Nonpriority amount \$0.00
2.4475. Priority creditor's name and mailing address MITCHELL, KELLIE N 19427 HARNED DETROIT MI 48234 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$83.90	Priority amount \$83.90 Nonpriority amount \$0.00

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2.4476. Priority creditor's name and mailing address MITCHELL, KENDREA 9332 HARMONY DRIVE SHERWOOD AR 72120 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$40.24	Priority amount \$40.24 Nonpriority amount \$0.00
2.4477. Priority creditor's name and mailing address MITCHELL, NATASHA 7 MITCHELL AVE APT B MORTON PA 19070 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,414.60	Priority amount \$1,414.60 Nonpriority amount \$0.00
2.4478. Priority creditor's name and mailing address MITCHELL, N'KQUASHIA M 4664 PINE LANE PACE FL 32571 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$205.32	Priority amount \$205.32 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4479. Priority creditor's name and mailing address MITCHELL, SHELBY T 214 EAGLES TRAIL HATTIESBURG MS 39402 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$18.49</td> </tr> </table>	Total claim	\$18.49	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$18.49</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$18.49	Nonpriority amount	\$0.00
Total claim									
\$18.49									
Priority amount									
\$18.49									
Nonpriority amount									
\$0.00									
2.4480. Priority creditor's name and mailing address MITCHELL, TIMYA M 3163 CLUBHOUSE DRIVE APT 4 BEAVERCREEK OH 45431 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$153.39</td> </tr> </table>	Total claim	\$153.39	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$153.39</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$153.39	Nonpriority amount	\$0.00
Total claim									
\$153.39									
Priority amount									
\$153.39									
Nonpriority amount									
\$0.00									
2.4481. Priority creditor's name and mailing address MITCHELTREE, KATELYN 345 NORTH BAYSHORE DRIVE COLUMBIANA OH 44408 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$116.71</td> </tr> </table>	Total claim	\$116.71	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$116.71</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$116.71	Nonpriority amount	\$0.00
Total claim									
\$116.71									
Priority amount									
\$116.71									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4482. Priority creditor's name and mailing address MIXSON, KEMAH A 2744 WEST SUNLAND AVE PHOENIX AZ 85041 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$87.89</td> </tr> </table>	Total claim	\$87.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$87.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$87.89	Nonpriority amount	\$0.00
Total claim									
\$87.89									
Priority amount									
\$87.89									
Nonpriority amount									
\$0.00									
2.4483. Priority creditor's name and mailing address MIZE, ABIGAIL F 3225 EAST BASELINE RD. #1102 GILBERT AZ 85234 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$44.00</td> </tr> </table>	Total claim	\$44.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$44.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$44.00	Nonpriority amount	\$0.00
Total claim									
\$44.00									
Priority amount									
\$44.00									
Nonpriority amount									
\$0.00									
2.4484. Priority creditor's name and mailing address MOERI, KATIE M 4189 HEARTHSIDE DRIVE APT 202 WILMINGTON NC 28412 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,312.11</td> </tr> </table>	Total claim	\$1,312.11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,312.11</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,312.11	Nonpriority amount	\$0.00
Total claim									
\$1,312.11									
Priority amount									
\$1,312.11									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4485. Priority creditor's name and mailing address MOESLY, MADISON B 335 CINNAMON DRIVE SATELLITE BEACH FL 32937 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$497.39	Priority amount \$497.39 Nonpriority amount \$0.00
2.4486. Priority creditor's name and mailing address MOFFETT, MARISA R 6938 S CRANDON APT. 2E CHICAGO IL 60649 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,956.47	Priority amount \$2,956.47 Nonpriority amount \$0.00
2.4487. Priority creditor's name and mailing address MOGLER, ASHLEY L 7808 VICTORIA CIRCLE SAINT LOUIS PARK MN 55426 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$709.90	Priority amount \$709.90 Nonpriority amount \$0.00

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2.4488. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
MOHAMED, LIANA 378 E 2ND ST BROOKLYN NY 11218		\$429.00	\$429.00
			Nonpriority amount
			\$0.00
Date or dates debt was incurred	Basis for the claim:		
_____	WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset?		
	☐ No		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ Yes		

2.4489. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
MOHAMED, NAJMO A 5554 THUMBLWEED DR. GALLOWAY OH 43119		\$192.12	\$192.12
			Nonpriority amount
			\$0.00
Date or dates debt was incurred	Basis for the claim:		
_____	WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset?		
	☐ No		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ Yes		

2.4490. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
MOHAMMAD, ALI ELNAZ 39505 TRINITY WAY 19 FREMONT CA 94538		\$72.00	\$72.00
			Nonpriority amount
			\$0.00
Date or dates debt was incurred	Basis for the claim:		
_____	WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset?		
	☐ No		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ Yes		

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2.4491. Priority creditor's name and mailing address MOI, MOI IONE 10031 FRAGILE FIELDS ST LAS VEGAS NV 89183-7136 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,970.16	Priority amount \$1,970.16 Nonpriority amount \$0.00
2.4492. Priority creditor's name and mailing address MOISE, ASHLEY 1821 SW 11TH ST FORT LAUDERDALE FL 33312 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$375.90	Priority amount \$375.90 Nonpriority amount \$0.00
2.4493. Priority creditor's name and mailing address MOISE, JULIA T 9365 FOUNTAINEBLEAU BLVD #239 MIAMI FL 33172 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,104.04	Priority amount \$2,104.04 Nonpriority amount \$0.00

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2.4494. Priority creditor's name and mailing address MOJICA, CANDENCE 9010 MARKVILLE DR. APT.810 DALLAS TX 75243 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$211.93	Priority amount \$211.93 Nonpriority amount \$0.00
2.4495. Priority creditor's name and mailing address MOLINA, LAUREN A 11013 WIZARD WAY APT 204 ORLANDO FL 32836 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$132.80	Priority amount \$132.80 Nonpriority amount \$0.00
2.4496. Priority creditor's name and mailing address MOLINAR, MERCEDES R 1213 MABLE AVE BAKERSFIELD CA 93307-5666 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,981.28	Priority amount \$1,981.28 Nonpriority amount \$0.00

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2.4497. Priority creditor's name and mailing address MOLINE, ARIEL F 1774 STERLING CT. LIVERMORE CA 94550 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$67.56	Priority amount \$67.56 Nonpriority amount \$0.00
2.4498. Priority creditor's name and mailing address MONAHAN, VICTORIA C 3109 PONDEROSA DR ALLISON PARK PA 15101-3949 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,955.04	Priority amount \$1,955.04 Nonpriority amount \$0.00
2.4499. Priority creditor's name and mailing address MONISHA, SHAYAN 11819 KEWALO BASIN HOUSTON TX 77034 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$689.09	Priority amount \$689.09 Nonpriority amount \$0.00

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2.4500.	Priority creditor's name and mailing address MONK, CANDICE 2700 FEATHER RUN TRAIL APT E20 WEST COLUMBIA SC 29169 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$634.17</td></tr></table>	Total claim	\$634.17	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$634.17</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$634.17	Nonpriority amount	\$0.00
Total claim										
\$634.17										
Priority amount										
\$634.17										
Nonpriority amount										
\$0.00										
2.4501.	Priority creditor's name and mailing address MONREAL, GABRIELA L 520 S JOHNSON ST 2 IOWA CITY IA 52240 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$77.61</td></tr></table>	Total claim	\$77.61	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$77.61</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$77.61	Nonpriority amount	\$0.00
Total claim										
\$77.61										
Priority amount										
\$77.61										
Nonpriority amount										
\$0.00										
2.4502.	Priority creditor's name and mailing address MONROY, JACQUELINE S 12923 TWINBROOK PKWY ROCKVILLE MD 20851 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$353.42</td></tr></table>	Total claim	\$353.42	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$353.42</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$353.42	Nonpriority amount	\$0.00
Total claim										
\$353.42										
Priority amount										
\$353.42										
Nonpriority amount										
\$0.00										

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2.4503. Priority creditor's name and mailing address MONTAGUE, ANIYA L 1011 N 192ND COURT APT 224 ELKHORN NE 68022 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$122.40	Priority amount \$122.40 Nonpriority amount \$0.00
2.4504. Priority creditor's name and mailing address MONTALVO, ANTONIA 1212 FAWN PARKWAY PLAZA #255 OMAHA NE 68144 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$81.63	Priority amount \$81.63 Nonpriority amount \$0.00
2.4505. Priority creditor's name and mailing address MONTANEZ, ADDISON 5637 CYPRESS POINT DR CITRUS HEIGHTS CA 95610 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$567.81	Priority amount \$567.81 Nonpriority amount \$0.00

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2.4506. Priority creditor's name and mailing address MONTANEZ, ANGELICA S 411 S. GEORGE ST. 1 YORK PA 17401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$112.74	Priority amount \$112.74 Nonpriority amount \$0.00
2.4507. Priority creditor's name and mailing address MONTANO, JULISSA E 6118 S MORRIS BLVD TUCSON AZ 85706 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$214.50	Priority amount \$214.50 Nonpriority amount \$0.00
2.4508. Priority creditor's name and mailing address MONTAQUE, ANECIA 430 NORTH WARE DRIVE WEST PALM W FL 33409 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$173.91	Priority amount \$173.91 Nonpriority amount \$0.00

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2.4509.	Priority creditor's name and mailing address MONTAQUILA, DARIA 797 CHARLES STREET PROVIDENCE RI 02904 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$159.35</td> </tr> </table>	Total claim	\$159.35	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$159.35</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$159.35	Nonpriority amount	\$0.00
Total claim										
\$159.35										
Priority amount										
\$159.35										
Nonpriority amount										
\$0.00										
2.4510.	Priority creditor's name and mailing address MONTER, COURTNEY M 193 SOUTH SPAULDING AVENUE PUEBLO WEST CO 81007 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$165.94</td> </tr> </table>	Total claim	\$165.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$165.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$165.94	Nonpriority amount	\$0.00
Total claim										
\$165.94										
Priority amount										
\$165.94										
Nonpriority amount										
\$0.00										
2.4511.	Priority creditor's name and mailing address MONTES, ASHLEY 305 TEMPLE ST. SUDAN TX 79371 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$240.94</td> </tr> </table>	Total claim	\$240.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$240.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$240.94	Nonpriority amount	\$0.00
Total claim										
\$240.94										
Priority amount										
\$240.94										
Nonpriority amount										
\$0.00										

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2.4512. Priority creditor's name and mailing address MONTES, CHRISTINA 344 E 209TH ST BRONX NY 10467-3509 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$782.76	Priority amount \$782.76 Nonpriority amount \$0.00
2.4513. Priority creditor's name and mailing address MONTES, LESLIE 14624 SW 280TH ST 204 HOMESTEAD FL 33032 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$163.27	Priority amount \$163.27 Nonpriority amount \$0.00
2.4514. Priority creditor's name and mailing address MONTES, MARISSA L 701 SW 62ND BLVD APT 25 GAINESVILLE FL 32607-6012 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$448.85	Priority amount \$448.85 Nonpriority amount \$0.00

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2.4515. Priority creditor's name and mailing address MONTGOMERY, LAKIA C 8340 LINDA CT. APT. 1A JESSUP MD 20794 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$171.67	Priority amount \$171.67 Nonpriority amount \$0.00
2.4516. Priority creditor's name and mailing address MONTIEL, YSEL 415 E 137TH STREET LOS ANGELES CA 90061 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$82.05	Priority amount \$82.05 Nonpriority amount \$0.00
2.4517. Priority creditor's name and mailing address MONTOYA, DARINA 27837 AUDREY COURT CANYON COUNTRY CA 91351 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$124.80	Priority amount \$124.80 Nonpriority amount \$0.00

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2.4518. Priority creditor's name and mailing address MONTOYA, MADISON K 99 HIGH ST WEYMOUTH MA 02189 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$100.56	Priority amount \$100.56 Nonpriority amount \$0.00
2.4519. Priority creditor's name and mailing address MONTOYA, MARISA L 1783 VASSAR DR RIVERSIDE CA 92507 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$194.28	Priority amount \$194.28 Nonpriority amount \$0.00
2.4520. Priority creditor's name and mailing address MOODY, ARIELLE A PO BOX 1895 PEMBROKE GA 31321 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$341.43	Priority amount \$341.43 Nonpriority amount \$0.00

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2.4521. Priority creditor's name and mailing address MOON, JENNIFER E 7411 WARNER DR JACKSONVILLE FL 32244-4737 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,994.82	Priority amount \$2,994.82 Nonpriority amount \$0.00
2.4522. Priority creditor's name and mailing address MOONEY, PAIGE R 1032 PALMER LN IMPERIAL MO 63052-2634 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$35.52	Priority amount \$35.52 Nonpriority amount \$0.00
2.4523. Priority creditor's name and mailing address MOORE, ALEXIS S 21310 PARKLAWN OAK PARK MI 48237 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$85.80	Priority amount \$85.80 Nonpriority amount \$0.00

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2.4524. Priority creditor's name and mailing address MOORE, ANANSA 359 MERIN HEIGHT RD JACKSONVILLE NC 28546 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,220.02	Priority amount \$1,220.02 Nonpriority amount \$0.00
2.4525. Priority creditor's name and mailing address MOORE, CAMERA A 111 CRESCENT HILL SELMA AL 36701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$61.37	Priority amount \$61.37 Nonpriority amount \$0.00
2.4526. Priority creditor's name and mailing address MOORE, HAYLEY S 525 CENTRAL AVENUE LAPEL IN 46051 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$398.19	Priority amount \$398.19 Nonpriority amount \$0.00

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2.4527. Priority creditor's name and mailing address MOORE, JADE H 1438 CUTLER BAY NEW BRAUNFELS TX 78130-3985 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$481.93</td> </tr> </table>	Total claim	\$481.93	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$481.93</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$481.93	Nonpriority amount	\$0.00
Total claim									
\$481.93									
Priority amount									
\$481.93									
Nonpriority amount									
\$0.00									
2.4528. Priority creditor's name and mailing address MOORE, LASHUNDRA C 1239 MISTY LANE TUSCALOOSA AL 35405 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$438.27</td> </tr> </table>	Total claim	\$438.27	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$438.27</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$438.27	Nonpriority amount	\$0.00
Total claim									
\$438.27									
Priority amount									
\$438.27									
Nonpriority amount									
\$0.00									
2.4529. Priority creditor's name and mailing address MOORE, LATEISHA 229 CLAREMONT AVE MOUNT VERNON NY 10552-3305 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,705.23</td> </tr> </table>	Total claim	\$2,705.23	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,705.23</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,705.23	Nonpriority amount	\$0.00
Total claim									
\$2,705.23									
Priority amount									
\$2,705.23									
Nonpriority amount									
\$0.00									

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2.4530. Priority creditor's name and mailing address MOORE, LEONA L 1425 RIDENOUR BLVD 7108 KENNESAW GA 30152 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,333.20</td> </tr> </table>	Total claim	\$1,333.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,333.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,333.20	Nonpriority amount	\$0.00
Total claim									
\$1,333.20									
Priority amount									
\$1,333.20									
Nonpriority amount									
\$0.00									
2.4531. Priority creditor's name and mailing address MOORE, LILLIAN E 944 MALACHITE DRIVE FRUITA CO 81521 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$130.43</td> </tr> </table>	Total claim	\$130.43	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$130.43</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$130.43	Nonpriority amount	\$0.00
Total claim									
\$130.43									
Priority amount									
\$130.43									
Nonpriority amount									
\$0.00									
2.4532. Priority creditor's name and mailing address MOORE, RACHEL E 414 LEXINGTON DRIVE GREENSBURG PA 15601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$70.18</td> </tr> </table>	Total claim	\$70.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$70.18</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$70.18	Nonpriority amount	\$0.00
Total claim									
\$70.18									
Priority amount									
\$70.18									
Nonpriority amount									
\$0.00									

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2.4533. Priority creditor's name and mailing address MOORE, TAYLOR A 6004 WEST 53RD STREET SIOUX FALLS SD 57106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$129.68</td> </tr> </table>	Total claim	\$129.68	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$129.68</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$129.68	Nonpriority amount	\$0.00
Total claim									
\$129.68									
Priority amount									
\$129.68									
Nonpriority amount									
\$0.00									
2.4534. Priority creditor's name and mailing address MOORER, VERDIS K 1926 S CONWAY RD APT 9 ORLANDO FL 32812 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$72.08</td> </tr> </table>	Total claim	\$72.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$72.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$72.08	Nonpriority amount	\$0.00
Total claim									
\$72.08									
Priority amount									
\$72.08									
Nonpriority amount									
\$0.00									
2.4535. Priority creditor's name and mailing address MORALES, ALEJANDRA 7855 CHASTAIN AVE RESEDA CA 91335-2102 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,731.07</td> </tr> </table>	Total claim	\$2,731.07	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,731.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,731.07	Nonpriority amount	\$0.00
Total claim									
\$2,731.07									
Priority amount									
\$2,731.07									
Nonpriority amount									
\$0.00									

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2.4536. Priority creditor's name and mailing address MORALES, ALICIA 2534 N. 86TH AVE PHOENIX AZ 85037 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$33.22	Priority amount \$33.22 Nonpriority amount \$0.00
2.4537. Priority creditor's name and mailing address MORALES, ALONDRA PO. BOX # 3464 BAYAMON PR 00958 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$99.40	Priority amount \$99.40 Nonpriority amount \$0.00
2.4538. Priority creditor's name and mailing address MORALES, CHANTAY 218 SABINE STREET SYRACUSE NY 13204 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$772.16	Priority amount \$772.16 Nonpriority amount \$0.00

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2.4539.	Priority creditor's name and mailing address MORALES, CINDY V 11416 SUCCESS AVE. APT. 732 LOS ANGELES CA 90059 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$77.16</td></tr></table>	Total claim	\$77.16	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$77.16</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$77.16	Nonpriority amount	\$0.00
Total claim										
\$77.16										
Priority amount										
\$77.16										
Nonpriority amount										
\$0.00										
2.4540.	Priority creditor's name and mailing address MORALES, DANIELA P 240 COMMODORE DR. APT. 1114 PLANTATION FL 33325 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$164.30</td></tr></table>	Total claim	\$164.30	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$164.30</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$164.30	Nonpriority amount	\$0.00
Total claim										
\$164.30										
Priority amount										
\$164.30										
Nonpriority amount										
\$0.00										
2.4541.	Priority creditor's name and mailing address MORALES, DENISE 20727 VANOWEN ST. APT.A27 WINNETKA CA 91306 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$63.89</td></tr></table>	Total claim	\$63.89	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$63.89</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$63.89	Nonpriority amount	\$0.00
Total claim										
\$63.89										
Priority amount										
\$63.89										
Nonpriority amount										
\$0.00										

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2.4542. Priority creditor's name and mailing address MORALES, ELYSE N 190 BREWER PARK CIRCLE GRAND RAPIDS MI 49548 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$411.73</td> </tr> </table>	Total claim	\$411.73	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$411.73</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$411.73	Nonpriority amount	\$0.00
Total claim									
\$411.73									
Priority amount									
\$411.73									
Nonpriority amount									
\$0.00									
2.4543. Priority creditor's name and mailing address MORALES, GABRIELA J 1317 WEST PRICE LN ROGERS AR 72758 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$229.40</td> </tr> </table>	Total claim	\$229.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$229.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$229.40	Nonpriority amount	\$0.00
Total claim									
\$229.40									
Priority amount									
\$229.40									
Nonpriority amount									
\$0.00									
2.4544. Priority creditor's name and mailing address MORALES, KATE 871 SUZANNE LN ELGIN IL 60120 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$358.55</td> </tr> </table>	Total claim	\$358.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$358.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$358.55	Nonpriority amount	\$0.00
Total claim									
\$358.55									
Priority amount									
\$358.55									
Nonpriority amount									
\$0.00									

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2.4545. Priority creditor's name and mailing address MORALES, KIARA Z 6301 S WEST SHORE BLVD APT 103 1702 TAMPA FL 33616 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$708.06	Priority amount \$708.06 Nonpriority amount \$0.00
2.4546. Priority creditor's name and mailing address MORALES, LESLIE J 518 E PINE ST. 216 SANTA ANA CA 92701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$198.12	Priority amount \$198.12 Nonpriority amount \$0.00
2.4547. Priority creditor's name and mailing address MORALES, LIZBETH 396 CHESNUT ST APT 1 NEW BRITAIN CT 06051 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$93.13	Priority amount \$93.13 Nonpriority amount \$0.00

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2.4548. Priority creditor's name and mailing address MORALES, MONICA Y 16028 44TH AVE W APT 25 LYNNWOOD WA 98087 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$659.48	Priority amount \$659.48 Nonpriority amount \$0.00
2.4549. Priority creditor's name and mailing address MORALES, NANCY E 12647 CASTILE COURT 12647 CASTILE WOODBRIDGE VA 22192 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$422.60	Priority amount \$422.60 Nonpriority amount \$0.00
2.4550. Priority creditor's name and mailing address MORALES, SHAMERA 76 WELSH TRACT RD. APT. 312 NEWARK DE 19713 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$125.94	Priority amount \$125.94 Nonpriority amount \$0.00

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2.4551. Priority creditor's name and mailing address MORALES, YESENIA 3103 MARIANA AVE. MIDLAND TX 79701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$631.18	Priority amount \$631.18 Nonpriority amount \$0.00
2.4552. Priority creditor's name and mailing address MORALES, YESSICA A 125 FARRELL AVE GILROY CA 95020 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$654.91	Priority amount \$654.91 Nonpriority amount \$0.00
2.4553. Priority creditor's name and mailing address MORAN, DANYEL 719 PAINTBRUSH CT CEDAR HILL TX 75104 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,310.22	Priority amount \$1,310.22 Nonpriority amount \$0.00

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2.4554. Priority creditor's name and mailing address MORAN, DEBBIE Y 3903 TRISTAN ST HOUSTON TX 77021 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$129.37	Priority amount \$129.37 Nonpriority amount \$0.00
2.4555. Priority creditor's name and mailing address MORAN, MADISON R 900 SOUTHERLY ROAD TOWSON MD 21204 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$91.80	Priority amount \$91.80 Nonpriority amount \$0.00
2.4556. Priority creditor's name and mailing address MORAN, NORALICE 19240 SW 119TH PL MIAMI FL 33177-4368 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$63.25	Priority amount \$63.25 Nonpriority amount \$0.00

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2.4557. Priority creditor's name and mailing address MORAN, TIFFANY L 13133 BAGATELLE ST MORENO VALLEY CA 92553 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$74.76	Priority amount \$74.76 Nonpriority amount \$0.00
2.4558. Priority creditor's name and mailing address MORBY, KIERLYN L 11050 N BILTMORE DR PHX AZ 85029 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$900.12	Priority amount \$900.12 Nonpriority amount \$0.00
2.4559. Priority creditor's name and mailing address MORELAND, AMBER D 225 BLUEBONNET CT COLLEGE PARK GA 30349-3764 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,022.38	Priority amount \$2,022.38 Nonpriority amount \$0.00

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2.4560.	Priority creditor's name and mailing address MORELAND, MARY J 1303 E MAIN ST. MURFREESBORO TN 37130 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$93.79</td> </tr> </table>	Total claim	\$93.79	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$93.79</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$93.79	Nonpriority amount	\$0.00
Total claim										
\$93.79										
Priority amount										
\$93.79										
Nonpriority amount										
\$0.00										
2.4561.	Priority creditor's name and mailing address MORENO, ALMA T EIDER APT #805 CONDO SAN JUAN PR 00924 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$664.46</td> </tr> </table>	Total claim	\$664.46	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$664.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$664.46	Nonpriority amount	\$0.00
Total claim										
\$664.46										
Priority amount										
\$664.46										
Nonpriority amount										
\$0.00										
2.4562.	Priority creditor's name and mailing address MORENO, ARIANA I 505 GELLERT BLVD DALY CITY CA 94015 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$544.00</td> </tr> </table>	Total claim	\$544.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$544.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$544.00	Nonpriority amount	\$0.00
Total claim										
\$544.00										
Priority amount										
\$544.00										
Nonpriority amount										
\$0.00										

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2.4563. Priority creditor's name and mailing address MORENO, AURELIA G 9307 W. RAYMOND ST. TOLLESON AZ 85353 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,490.16	Priority amount \$1,490.16 Nonpriority amount \$0.00
2.4564. Priority creditor's name and mailing address MORENO, CHANTEA 3009 GODDARD PL MIDLAND TX 79705 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$195.20	Priority amount \$195.20 Nonpriority amount \$0.00
2.4565. Priority creditor's name and mailing address MORENO, LORENA M 1605 GUNTER AT B DURHAM NC 27707 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$127.38	Priority amount \$127.38 Nonpriority amount \$0.00

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2.4566. Priority creditor's name and mailing address MORENO, LUZ D 111 S ST. LOUIS #8 LOS ANGELES CA 90033 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$209.52	Priority amount \$209.52 Nonpriority amount \$0.00
2.4567. Priority creditor's name and mailing address MORET, SABRINA A 183 SUBURBAN AVE DEER PARK NY 11729 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$283.44	Priority amount \$283.44 Nonpriority amount \$0.00
2.4568. Priority creditor's name and mailing address MORGAN, AMARI 4238 4TH ST SE 202 WASHINGTON DC 20032 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$251.00	Priority amount \$251.00 Nonpriority amount \$0.00

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2.4569. Priority creditor's name and mailing address MORGAN, EMILY D 50 N UNIVERSITY DR EDMOND OK 73034 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$137.17</td> </tr> </table>	Total claim	\$137.17	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$137.17</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$137.17	Nonpriority amount	\$0.00
Total claim									
\$137.17									
Priority amount									
\$137.17									
Nonpriority amount									
\$0.00									
2.4570. Priority creditor's name and mailing address MORGAN, JAYMIE I 408 SPRINGDALE STREET ATHENS GA 30606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$408.79</td> </tr> </table>	Total claim	\$408.79	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$408.79</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$408.79	Nonpriority amount	\$0.00
Total claim									
\$408.79									
Priority amount									
\$408.79									
Nonpriority amount									
\$0.00									
2.4571. Priority creditor's name and mailing address MORGAN, JESSICA L 7445 MONTICELLO RD. APT 524B COLUMBIA SC 29203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$72.62</td> </tr> </table>	Total claim	\$72.62	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$72.62</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$72.62	Nonpriority amount	\$0.00
Total claim									
\$72.62									
Priority amount									
\$72.62									
Nonpriority amount									
\$0.00									

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2.4572. Priority creditor's name and mailing address MORGAN, ROMINA 7811 CATALPA AVE. WOODRIDGE IL 60517 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$167.48	Priority amount \$167.48 Nonpriority amount \$0.00
2.4573. Priority creditor's name and mailing address MORGAN, SAISHA H 2217 ADDIE DR PLEASANT HILL MO 64080 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$111.11	Priority amount \$111.11 Nonpriority amount \$0.00
2.4574. Priority creditor's name and mailing address MORGAN, SHRNEILL J 3315 MESA VERDE GRAND PRAIRIE TX 75052 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$108.08	Priority amount \$108.08 Nonpriority amount \$0.00

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2.4575. Priority creditor's name and mailing address MORGAN, TAYLOR E 6909 CINNABAR DR. FRISCO TX 75035 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$121.69	Priority amount \$121.69 Nonpriority amount \$0.00
2.4576. Priority creditor's name and mailing address MORGAN, TYNESHA 8570 MAGNOLIA TRAIL EDEN PRAIRIE MN 55344 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$85.78	Priority amount \$85.78 Nonpriority amount \$0.00
2.4577. Priority creditor's name and mailing address MORIN, CLARISSA J 175 SW MAIN ST DOUGLAS MA 01516 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$66.24	Priority amount \$66.24 Nonpriority amount \$0.00

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2.4578. Priority creditor's name and mailing address MORITZ, ANNA 35 LAURIE BLVD BETHPAGE NY 11714 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$404.16	Priority amount \$404.16 Nonpriority amount \$0.00
2.4579. Priority creditor's name and mailing address MORO, TERESA M 1092 WOODFIELD RD GREENACRES FL 33415 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$475.88	Priority amount \$475.88 Nonpriority amount \$0.00
2.4580. Priority creditor's name and mailing address MORRELL, SEQUORIA 10425 RUNNING CEDAR LN 503 FREDERICKSBURG VA 22407 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$22.93	Priority amount \$22.93 Nonpriority amount \$0.00

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2.4581. Priority creditor's name and mailing address MORRIS, BENITA D 904 NE 25TH TERRACE GAINESVILLE FL 32641 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$66.41	Priority amount \$66.41 Nonpriority amount \$0.00
2.4582. Priority creditor's name and mailing address MORRIS, BREANA 356 BLOSSOM AVE MACON GA 31204 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$431.55	Priority amount \$431.55 Nonpriority amount \$0.00
2.4583. Priority creditor's name and mailing address MORRIS, CIERRA R 4414 WALDEN ST. DENVER CO 80249 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$107.67	Priority amount \$107.67 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4584. Priority creditor's name and mailing address MORRIS, DESTINY 418 WEST ELDRIDGE FLINT MI 48505 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$66.14</td> </tr> </table>	Total claim	\$66.14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$66.14</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$66.14	Nonpriority amount	\$0.00
Total claim									
\$66.14									
Priority amount									
\$66.14									
Nonpriority amount									
\$0.00									
2.4585. Priority creditor's name and mailing address MORRIS, GABBY D 3447 CENTRAL AVE ASHLAND KY 41101 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$513.48</td> </tr> </table>	Total claim	\$513.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$513.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$513.48	Nonpriority amount	\$0.00
Total claim									
\$513.48									
Priority amount									
\$513.48									
Nonpriority amount									
\$0.00									
2.4586. Priority creditor's name and mailing address MORRIS, GAILYNN A 5401 CULVER STREET INDIANAPOLIS IN 46226 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$141.08</td> </tr> </table>	Total claim	\$141.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$141.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$141.08	Nonpriority amount	\$0.00
Total claim									
\$141.08									
Priority amount									
\$141.08									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4587.	Priority creditor's name and mailing address MORRIS, SALENA 1334 MACDONALD ROAD C CHESAPEAKE VA 23325 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$100.77</td> </tr> </table>	Total claim	\$100.77	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$100.77</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$100.77	Nonpriority amount	\$0.00
Total claim										
\$100.77										
Priority amount										
\$100.77										
Nonpriority amount										
\$0.00										
2.4588.	Priority creditor's name and mailing address MORRIS, TAYLOR M 175 SCHUYLER AVENUE 1ST FLOOR NEWARK NJ 07112 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$123.72</td> </tr> </table>	Total claim	\$123.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$123.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$123.72	Nonpriority amount	\$0.00
Total claim										
\$123.72										
Priority amount										
\$123.72										
Nonpriority amount										
\$0.00										
2.4589.	Priority creditor's name and mailing address MORRISON, ALYSSA 1828 RADNOR DR MELBOURNE FL 32901 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$628.23</td> </tr> </table>	Total claim	\$628.23	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$628.23</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$628.23	Nonpriority amount	\$0.00
Total claim										
\$628.23										
Priority amount										
\$628.23										
Nonpriority amount										
\$0.00										

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2.4590. Priority creditor's name and mailing address MORRISON, HALEY B 104 BECKWITH CT. HUNTSVILLE AL 35811 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$413.35</td> </tr> </table>	Total claim	\$413.35	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$413.35</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$413.35	Nonpriority amount	\$0.00
Total claim									
\$413.35									
Priority amount									
\$413.35									
Nonpriority amount									
\$0.00									
2.4591. Priority creditor's name and mailing address MORRISON, KALI 25 ROXBURY STREET FARMINGDALE NY 11735 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$611.51</td> </tr> </table>	Total claim	\$611.51	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$611.51</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$611.51	Nonpriority amount	\$0.00
Total claim									
\$611.51									
Priority amount									
\$611.51									
Nonpriority amount									
\$0.00									
2.4592. Priority creditor's name and mailing address MORRISON, KIANA A 9709 HOLLYBURGH TERRACE CHARLOTTE NC 28215 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,235.78</td> </tr> </table>	Total claim	\$1,235.78	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,235.78</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,235.78	Nonpriority amount	\$0.00
Total claim									
\$1,235.78									
Priority amount									
\$1,235.78									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4593. Priority creditor's name and mailing address MORRISON, RAYANNE A 363 SOUTH 1ST AVE MOUNT VERNON NY 10550 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$204.75	Priority amount \$204.75 Nonpriority amount \$0.00
2.4594. Priority creditor's name and mailing address MORROW, MARIAH A 7614 VERA AVE BAKERSFIELD CA 93307 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$120.36	Priority amount \$120.36 Nonpriority amount \$0.00
2.4595. Priority creditor's name and mailing address MOSELEY, CLAIR 19703 ANNALEE AVE CARSON CA 90746 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$557.30	Priority amount \$557.30 Nonpriority amount \$0.00

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2.4596. Priority creditor's name and mailing address MOSER, JAELYN T 14035 NOBLE PARK DRIVE N/A ODESSA FL 33556 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$203.80	Priority amount \$203.80 Nonpriority amount \$0.00
2.4597. Priority creditor's name and mailing address MOSES, DESIRAE N 150 BOONE LN MOCKSVILLE NC 27028-5184 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,390.87	Priority amount \$3,390.87 Nonpriority amount \$0.00
2.4598. Priority creditor's name and mailing address MOSES, KATRINA 2541 WASSER TERRACE APT 161 HERNDON VA 20171 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$204.45	Priority amount \$204.45 Nonpriority amount \$0.00

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2.4599.	Priority creditor's name and mailing address MOSES, ORIAUNA N 37303 CORNERVIEW RD GEISMAR LA 70734 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$270.41</td> </tr> </table>	Total claim	\$270.41	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$270.41</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$270.41	Nonpriority amount	\$0.00
Total claim										
\$270.41										
Priority amount										
\$270.41										
Nonpriority amount										
\$0.00										
2.4600.	Priority creditor's name and mailing address MOSES-FRAZIER, CHEYENNE A 4905 COLUMBIA ARD APT G COLUMBIA MD 21044 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$51.51</td> </tr> </table>	Total claim	\$51.51	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$51.51</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$51.51	Nonpriority amount	\$0.00
Total claim										
\$51.51										
Priority amount										
\$51.51										
Nonpriority amount										
\$0.00										
2.4601.	Priority creditor's name and mailing address MOSIER, HAILEE 6070 GLEBE DRIVE INDIANAPOLIS IN 46237 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$144.54</td> </tr> </table>	Total claim	\$144.54	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$144.54</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$144.54	Nonpriority amount	\$0.00
Total claim										
\$144.54										
Priority amount										
\$144.54										
Nonpriority amount										
\$0.00										

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2.4602.	Priority creditor's name and mailing address MOSLEY, JAZMYN K 21 DAKA COURT BLOOMFIELD NJ 07003 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$119.30</td> </tr> </table>	Total claim	\$119.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$119.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$119.30	Nonpriority amount	\$0.00
Total claim										
\$119.30										
Priority amount										
\$119.30										
Nonpriority amount										
\$0.00										
2.4603.	Priority creditor's name and mailing address MOSQUEDA, DEJA M 419 CEDAR STREET APT 5 ALLENTOWN PA 18102 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$53.76</td> </tr> </table>	Total claim	\$53.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$53.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$53.76	Nonpriority amount	\$0.00
Total claim										
\$53.76										
Priority amount										
\$53.76										
Nonpriority amount										
\$0.00										
2.4604.	Priority creditor's name and mailing address MOSQUEDAS, CRYSTAL 11 CONCORD OLD BRIDGE NJ 08857 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$519.69</td> </tr> </table>	Total claim	\$519.69	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$519.69</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$519.69	Nonpriority amount	\$0.00
Total claim										
\$519.69										
Priority amount										
\$519.69										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4605. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
MOSSMAN, KRISTIN N 545 3RD ST N WINTHROP IA 50682		\$463.42	\$463.42
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.4606. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
MOSSON, JAKIYA 802 PERSEUS KILLEEN TX 76542		\$101.58	\$101.58
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.4607. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
MOTSINGER, LAUREN C 5656 WALLINGWOOD DRIVE LAWRENCE IN 46226		\$186.58	\$186.58
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

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2.4608.	Priority creditor's name and mailing address MOUA, NTXIAVYIA C 2775 HILLTOP CT NORTH ST PAUL MN 55109 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$183.69</td> </tr> </table>	Total claim	\$183.69	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$183.69</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$183.69	Nonpriority amount	\$0.00
Total claim										
\$183.69										
Priority amount										
\$183.69										
Nonpriority amount										
\$0.00										
2.4609.	Priority creditor's name and mailing address MOUA, PHOUA 245 SWANTON ROAD APT. 8 MADISON WI 53714 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$558.84</td> </tr> </table>	Total claim	\$558.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$558.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$558.84	Nonpriority amount	\$0.00
Total claim										
\$558.84										
Priority amount										
\$558.84										
Nonpriority amount										
\$0.00										
2.4610.	Priority creditor's name and mailing address MOUCHERON, MADELEINE L 9334 MERLOT CIRCLE BREINIGSVILLE PA 18031 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$76.04</td> </tr> </table>	Total claim	\$76.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$76.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$76.04	Nonpriority amount	\$0.00
Total claim										
\$76.04										
Priority amount										
\$76.04										
Nonpriority amount										
\$0.00										

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2.4611. Priority creditor's name and mailing address MOULTON, MACKENZIE S 1622 E AMBER LANE GILBERT AZ 85296 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$121.99	Priority amount \$121.99 Nonpriority amount \$0.00
2.4612. Priority creditor's name and mailing address MOUMAND, KAINATH 4218 JUPITER CT UNION CITY CA 94587 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$128.28	Priority amount \$128.28 Nonpriority amount \$0.00
2.4613. Priority creditor's name and mailing address MOUNTS, EMMA E 206 LANYARD PLACE 206 LANYARD PL LEHIGH ACRES FL 33936 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$138.66	Priority amount \$138.66 Nonpriority amount \$0.00

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2.4614. Priority creditor's name and mailing address MOXON-JOHNSON, JUNE M 10200 PARK MEADOWS DR 2012 LONE TREE CO 80124 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$81.36</td> </tr> </table>	Total claim	\$81.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$81.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$81.36	Nonpriority amount	\$0.00
Total claim									
\$81.36									
Priority amount									
\$81.36									
Nonpriority amount									
\$0.00									
2.4615. Priority creditor's name and mailing address MOYA, MARCY B 469 CONNETQUOT AVE ISLIP TERRACE NY 11752 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$381.84</td> </tr> </table>	Total claim	\$381.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$381.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$381.84	Nonpriority amount	\$0.00
Total claim									
\$381.84									
Priority amount									
\$381.84									
Nonpriority amount									
\$0.00									
2.4616. Priority creditor's name and mailing address MUELLER, JOSIE 509 NIAGARA COURT R513 GRIGGS HA DULUTH MN 55812 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$78.68</td> </tr> </table>	Total claim	\$78.68	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$78.68</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$78.68	Nonpriority amount	\$0.00
Total claim									
\$78.68									
Priority amount									
\$78.68									
Nonpriority amount									
\$0.00									

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2.4617. Priority creditor's name and mailing address MUELLER, LILLIA K 24979 CONSTITUTION AVE 1032 VALENCIA CA 91381 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$158.64	Priority amount \$158.64 Nonpriority amount \$0.00
2.4618. Priority creditor's name and mailing address MUHAMMAD, HANEEFAH A 57 ROSE TERRACE NEWARK NJ 07108 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$469.88	Priority amount \$469.88 Nonpriority amount \$0.00
2.4619. Priority creditor's name and mailing address MUHAMMAD, LATIFAH R 397 BUCKS HILL RD WATERBURY CT 06704 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$137.24	Priority amount \$137.24 Nonpriority amount \$0.00

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2.4620. Priority creditor's name and mailing address MUIR, AUGUST M 1820 FRIZZELL DR VIRGINIA BEACH VA 23455 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$88.90</td> </tr> </table>	Total claim	\$88.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$88.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$88.90	Nonpriority amount	\$0.00
Total claim									
\$88.90									
Priority amount									
\$88.90									
Nonpriority amount									
\$0.00									
2.4621. Priority creditor's name and mailing address MULDER, TONI M 14532 BLAIR ST. HOLLAND MI 49424 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$125.94</td> </tr> </table>	Total claim	\$125.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$125.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$125.94	Nonpriority amount	\$0.00
Total claim									
\$125.94									
Priority amount									
\$125.94									
Nonpriority amount									
\$0.00									
2.4622. Priority creditor's name and mailing address MULL, JOANNE 2341 ST JOSEPH WEST BLOOMFIELD MI 48324 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$4,794.51</td> </tr> </table>	Total claim	\$4,794.51	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$4,794.51</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$4,794.51	Nonpriority amount	\$0.00
Total claim									
\$4,794.51									
Priority amount									
\$4,794.51									
Nonpriority amount									
\$0.00									

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2.4623. Priority creditor's name and mailing address MULLEN, KASSANDRA C 1 FAIRVIEW AVE 6 YORKVILLE NY 13495 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$107.12	Priority amount \$107.12 Nonpriority amount \$0.00
2.4624. Priority creditor's name and mailing address MULLEN, TINA A 1005 SCHENECTADY AVENUE BROOKLYN NY 11203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$153.90	Priority amount \$153.90 Nonpriority amount \$0.00
2.4625. Priority creditor's name and mailing address MULLER, ORYEIN E 95-024 WAIHAU STREET APT 10B MILILANI HI 96789 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$63.04	Priority amount \$63.04 Nonpriority amount \$0.00

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2.4626. Priority creditor's name and mailing address MUMFORD, MARAJAH I 202 GREENBRIER DR SNOW HILL MD 21863 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$44.44	Priority amount \$44.44 Nonpriority amount \$0.00
2.4627. Priority creditor's name and mailing address MUNFORD, JEWEL G 1841 WALTON STREET PETERSBURG VA 23805 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,392.90	Priority amount \$1,392.90 Nonpriority amount \$0.00
2.4628. Priority creditor's name and mailing address MUNGCAL, ALYSSA L 217 8TH AVE BETHLEHEM PA 18018-5104 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,294.08	Priority amount \$1,294.08 Nonpriority amount \$0.00

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2.4629. Priority creditor's name and mailing address MUNNERLYN, SHEKEYVIA S 1518 NE 31ST Ocala FL 34479 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$489.25</td> </tr> </table>	Total claim	\$489.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$489.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$489.25	Nonpriority amount	\$0.00
Total claim									
\$489.25									
Priority amount									
\$489.25									
Nonpriority amount									
\$0.00									
2.4630. Priority creditor's name and mailing address MUNOZ, ANNA M 4275 BALDWIN ST HUDSONVILLE MI 49426 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$32.73</td> </tr> </table>	Total claim	\$32.73	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$32.73</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$32.73	Nonpriority amount	\$0.00
Total claim									
\$32.73									
Priority amount									
\$32.73									
Nonpriority amount									
\$0.00									
2.4631. Priority creditor's name and mailing address MUNOZ, GRACIELA 4618 KATARINA AVE BROWNSVILLE TX 78526 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$396.59</td> </tr> </table>	Total claim	\$396.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$396.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$396.59	Nonpriority amount	\$0.00
Total claim									
\$396.59									
Priority amount									
\$396.59									
Nonpriority amount									
\$0.00									

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2.4632. Priority creditor's name and mailing address MUNOZ, KAREN A 610 SOUTH CLAY MIDLAND TX 79701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$579.16	Priority amount \$579.16 Nonpriority amount \$0.00
2.4633. Priority creditor's name and mailing address MUNOZ, LIRIS M 18 PINE CREEK CT. PITTSBURG CA 94565 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,320.61	Priority amount \$1,320.61 Nonpriority amount \$0.00
2.4634. Priority creditor's name and mailing address MUNOZ, LOPEZ MAHARAI 9101 E MISSOURI AVE DENVER CO 80247 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$136.64	Priority amount \$136.64 Nonpriority amount \$0.00

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2.4635. Priority creditor's name and mailing address MUNOZ, LORENA 1504 HIGHLAND AVE BERWYN IL 60402-1317 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,660.52	Priority amount \$3,660.52 Nonpriority amount \$0.00
2.4636. Priority creditor's name and mailing address MUNOZ, MICHELLE 29 4TH AVEBUE LONG BRANCH NJ 07740-6533 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,261.79	Priority amount \$1,261.79 Nonpriority amount \$0.00
2.4637. Priority creditor's name and mailing address MUNOZ, PERLA 856 HART AVE LAS VEGAS NV 89106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$24.75	Priority amount \$24.75 Nonpriority amount \$0.00

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2.4638. Priority creditor's name and mailing address MUNOZ, RICHARD H 233 SEYMOUR RD PORT CHESTER NY 10573 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,723.81</td> </tr> </table>	Total claim	\$1,723.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,723.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,723.81	Nonpriority amount	\$0.00
Total claim									
\$1,723.81									
Priority amount									
\$1,723.81									
Nonpriority amount									
\$0.00									
2.4639. Priority creditor's name and mailing address MUNOZ, STEPHANIE M 5219 VERNICE ST WIMAUMA FL 33598 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$75.97</td> </tr> </table>	Total claim	\$75.97	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$75.97</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$75.97	Nonpriority amount	\$0.00
Total claim									
\$75.97									
Priority amount									
\$75.97									
Nonpriority amount									
\$0.00									
2.4640. Priority creditor's name and mailing address MURDOCK, ASHLEY S 2867 OXFORD WAY APT 301 CLAREMONT NC 28610 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$111.13</td> </tr> </table>	Total claim	\$111.13	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$111.13</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$111.13	Nonpriority amount	\$0.00
Total claim									
\$111.13									
Priority amount									
\$111.13									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4641. Priority creditor's name and mailing address MURDOCK, KAITLYN B 6313 EMERALD TRAIL ACWORTH GA 30101 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$408.26	Priority amount \$408.26 Nonpriority amount \$0.00
2.4642. Priority creditor's name and mailing address MURDOCK, KIRA 4230 DROSELA AVENUE MAYS LANDING NJ 08330 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$156.74	Priority amount \$156.74 Nonpriority amount \$0.00
2.4643. Priority creditor's name and mailing address MURIEL, VALERIA 38 BAYVIEW AVE FL 1 NORWALK CT 06854 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$80.78	Priority amount \$80.78 Nonpriority amount \$0.00

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2.4644. Priority creditor's name and mailing address MURILLO, ADRIANA M 431 OLMSTEAD AVE BRONX NY 10473 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$160.95	Priority amount \$160.95 Nonpriority amount \$0.00
2.4645. Priority creditor's name and mailing address MURILLO, VANESSA 2906 HARRISON AVENUE EL PASO TX 79930 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$216.46	Priority amount \$216.46 Nonpriority amount \$0.00
2.4646. Priority creditor's name and mailing address MURILLO, VERONICA C 6010 DAVIS RD FT WORTH TX 76140 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,803.74	Priority amount \$1,803.74 Nonpriority amount \$0.00

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2.4647. Priority creditor's name and mailing address MURPHY, KAYLEE 215 BRENT RD WALDORF MD 20602 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$434.35	Priority amount \$434.35 Nonpriority amount \$0.00
2.4648. Priority creditor's name and mailing address MURPHY, KELSEY S 5011 CELADON AVE FAIRFIELD OH OH 45014 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$605.33	Priority amount \$605.33 Nonpriority amount \$0.00
2.4649. Priority creditor's name and mailing address MURPHY, MCKAYLA A 11225 EMILY LANE SW OLYMPIA WA 98512 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$193.20	Priority amount \$193.20 Nonpriority amount \$0.00

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2.4650.	Priority creditor's name and mailing address MURRAY, AALIYAH N 20751 WAKEDON SOUTHFIELD MI 48033 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$70.49</td> </tr> </table>	Total claim	\$70.49	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$70.49</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$70.49	Nonpriority amount	\$0.00
Total claim										
\$70.49										
Priority amount										
\$70.49										
Nonpriority amount										
\$0.00										
2.4651.	Priority creditor's name and mailing address MURRAY, AUTUMN M 4684 SOUTH BEECHWOOD DR. MACON GA 31210 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$66.67</td> </tr> </table>	Total claim	\$66.67	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$66.67</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$66.67	Nonpriority amount	\$0.00
Total claim										
\$66.67										
Priority amount										
\$66.67										
Nonpriority amount										
\$0.00										
2.4652.	Priority creditor's name and mailing address MURRAY, DAVITA 31 ANGERER AVE BROCKTON MA 02302 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$848.01</td> </tr> </table>	Total claim	\$848.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$848.01</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$848.01	Nonpriority amount	\$0.00
Total claim										
\$848.01										
Priority amount										
\$848.01										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4653. Priority creditor's name and mailing address MURRAY, MICAH D 383 LAS COLINAS BLVD. APT 3020 IRVING TX 75039 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$572.39	Priority amount \$572.39 Nonpriority amount \$0.00
2.4654. Priority creditor's name and mailing address MURRELL, ARNELL 764 CREST VALLEY PL HENDERSON NV 89011 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$25.33	Priority amount \$25.33 Nonpriority amount \$0.00
2.4655. Priority creditor's name and mailing address MURRILL, JAFFAR 3219 FLOWERS RD SOUTH APT. R ATLANTA GA 30341 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$4,488.00	Priority amount \$4,488.00 Nonpriority amount \$0.00

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2.4656. Priority creditor's name and mailing address MURTAGH, HENRIETTA R 521 HILL STREET WHITINSVILLE MA 01588 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$822.43</td> </tr> </table>	Total claim	\$822.43	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$822.43</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$822.43	Nonpriority amount	\$0.00
Total claim									
\$822.43									
Priority amount									
\$822.43									
Nonpriority amount									
\$0.00									
2.4657. Priority creditor's name and mailing address MUSAWI, MUSTAFA 2310 DOLAN FALLS LANE HOUSTON TX 77089 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$634.46</td> </tr> </table>	Total claim	\$634.46	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$634.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$634.46	Nonpriority amount	\$0.00
Total claim									
\$634.46									
Priority amount									
\$634.46									
Nonpriority amount									
\$0.00									
2.4658. Priority creditor's name and mailing address MUSCARI, JORDAN 7408 W 140TH AVE CEDAR LAKE IN 46303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,263.13</td> </tr> </table>	Total claim	\$2,263.13	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,263.13</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,263.13	Nonpriority amount	\$0.00
Total claim									
\$2,263.13									
Priority amount									
\$2,263.13									
Nonpriority amount									
\$0.00									

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2.4659.	Priority creditor's name and mailing address MUSGROVE, MADISON M 8912 SHERMAN ROAD FOLEY AL 36535 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$127.05</td></tr></table>	Total claim	\$127.05	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$127.05</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$127.05	Nonpriority amount	\$0.00
Total claim										
\$127.05										
Priority amount										
\$127.05										
Nonpriority amount										
\$0.00										
2.4660.	Priority creditor's name and mailing address MUSICH, CASSIDY M 14457 CLAUDE CT THORNTON CO 80602 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$150.08</td></tr></table>	Total claim	\$150.08	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$150.08</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$150.08	Nonpriority amount	\$0.00
Total claim										
\$150.08										
Priority amount										
\$150.08										
Nonpriority amount										
\$0.00										
2.4661.	Priority creditor's name and mailing address MUSICK, BRITTNEY 202 CHARLES STREET APT. 202 FREDERICKSBURG VA 22401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$103.63</td></tr></table>	Total claim	\$103.63	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$103.63</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$103.63	Nonpriority amount	\$0.00
Total claim										
\$103.63										
Priority amount										
\$103.63										
Nonpriority amount										
\$0.00										

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2.4662.	Priority creditor's name and mailing address MUSO, CINDY 61 MELROSE AVE STATEN ISLAND NY 10301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$242.85	Priority amount \$242.85 Nonpriority amount \$0.00
2.4663.	Priority creditor's name and mailing address MUSSLEWHITE, KYLIE E 9502 CARY-ALGONQUIN ROAD CARY IL 60013 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$65.84	Priority amount \$65.84 Nonpriority amount \$0.00
2.4664.	Priority creditor's name and mailing address MUTH, MEGAN H 29259 SNAPDRAGON PLACE SANTA CLARITA CA 91387 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$109.92	Priority amount \$109.92 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4665.	Priority creditor's name and mailing address MUTERSBAUGH, SAMANTHA 2520 SAINT THOMAS DR LINCOLN NE 68502 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$674.98</td> </tr> </table>	Total claim	\$674.98	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$674.98</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$674.98	Nonpriority amount	\$0.00
Total claim										
\$674.98										
Priority amount										
\$674.98										
Nonpriority amount										
\$0.00										
2.4666.	Priority creditor's name and mailing address MYERS, CHRISTINE R 11211 SPRING PINE ST. SAN ANTONIO TX 78249 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$493.61</td> </tr> </table>	Total claim	\$493.61	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$493.61</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$493.61	Nonpriority amount	\$0.00
Total claim										
\$493.61										
Priority amount										
\$493.61										
Nonpriority amount										
\$0.00										
2.4667.	Priority creditor's name and mailing address MYERS, ISABEL G 7161C NABORS DR TINKER AFB OKL OKLAHOMA CITY OK 73145 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$483.45</td> </tr> </table>	Total claim	\$483.45	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$483.45</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$483.45	Nonpriority amount	\$0.00
Total claim										
\$483.45										
Priority amount										
\$483.45										
Nonpriority amount										
\$0.00										

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2.4668.	Priority creditor's name and mailing address MYERS, MCKENZIE E 306 E WILSON BLVD HAGERSTOWN MD 21740 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$120.19</td> </tr> </table>	Total claim	\$120.19	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$120.19</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$120.19	Nonpriority amount	\$0.00
Total claim										
\$120.19										
Priority amount										
\$120.19										
Nonpriority amount										
\$0.00										
2.4669.	Priority creditor's name and mailing address MYERS, SYDNEY D 815 PASEO CAMARILLO 488 CAMARILLO CA 93010 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$88.56</td> </tr> </table>	Total claim	\$88.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$88.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$88.56	Nonpriority amount	\$0.00
Total claim										
\$88.56										
Priority amount										
\$88.56										
Nonpriority amount										
\$0.00										
2.4670.	Priority creditor's name and mailing address NABIYEVA, NIGINA 4220 HUNT CLUB CIRCLE APT 804 FAIRFAX VA 22033 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$928.50</td> </tr> </table>	Total claim	\$928.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$928.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$928.50	Nonpriority amount	\$0.00
Total claim										
\$928.50										
Priority amount										
\$928.50										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4671. Priority creditor's name and mailing address NAEOLE, HEUAHEANAHENAHE POBOX 11 KAAAWA HI 96730 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$116.28	Priority amount \$116.28 Nonpriority amount \$0.00
2.4672. Priority creditor's name and mailing address NAGLE, LORI J 5928 TULIP ST 2ND FLOOR PHILADELPHIA PA 19135-3304 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,657.21	Priority amount \$2,657.21 Nonpriority amount \$0.00
2.4673. Priority creditor's name and mailing address NAGUE, JOHN E 338 HIGATE DRIVE DALY CITY CA 94015 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$303.45	Priority amount \$303.45 Nonpriority amount \$0.00

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2.4674. Priority creditor's name and mailing address NAJAR, - RAMIREZ APRIL 535 WOODLAWN AVE CHULA VISTA CA 91910 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$203.76	Priority amount \$203.76 Nonpriority amount \$0.00
2.4675. Priority creditor's name and mailing address NAJERA, CHRIS A 7876 W MEXICO PL LAKEWOOD MA 80232 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$356.42	Priority amount \$356.42 Nonpriority amount \$0.00
2.4676. Priority creditor's name and mailing address NAKAZIBWE, SOPHIA 2850 S LAKELINE BLVD APT 1638 CEDARPARK TX 78613 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$583.22	Priority amount \$583.22 Nonpriority amount \$0.00

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2.4677. Priority creditor's name and mailing address NAMA, MOUYEGHE LIZ JOYCE 2475 GRAY FALLS DR APT 721 HOUSTON TX 77077 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$128.68	Priority amount \$128.68 Nonpriority amount \$0.00
2.4678. Priority creditor's name and mailing address NAN, MONICA 5445 GARFIELD AVE PENNSAUKEN NJ 08109 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$108.85	Priority amount \$108.85 Nonpriority amount \$0.00
2.4679. Priority creditor's name and mailing address NANAN, HOLLY J 10121 CAPE ANN DRIVE COLUMBIA MD 21046 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$85.35	Priority amount \$85.35 Nonpriority amount \$0.00

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2.4680.	Priority creditor's name and mailing address NAPIER, EMILY P 10459 WALNUT RIDGE RD WALTON KY 41094 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$177.21</td> </tr> </table>	Total claim	\$177.21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$177.21</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$177.21	Nonpriority amount	\$0.00
Total claim										
\$177.21										
Priority amount										
\$177.21										
Nonpriority amount										
\$0.00										
2.4681.	Priority creditor's name and mailing address NAPOLEON, DORCA 2142 ALDDRIN RD 4A OCEAN NJ 07712 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$83.81</td> </tr> </table>	Total claim	\$83.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$83.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$83.81	Nonpriority amount	\$0.00
Total claim										
\$83.81										
Priority amount										
\$83.81										
Nonpriority amount										
\$0.00										
2.4682.	Priority creditor's name and mailing address NAQVI, ZARYAAB 91 ISABELLE STREET METUCHEN NJ 08840 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$40.54</td> </tr> </table>	Total claim	\$40.54	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$40.54</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$40.54	Nonpriority amount	\$0.00
Total claim										
\$40.54										
Priority amount										
\$40.54										
Nonpriority amount										
\$0.00										

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2.4683. Priority creditor's name and mailing address NARANJO, ANGELA 1102 N IVY ST. ESCONDIDO CA 92026 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$180.84	Priority amount \$180.84 Nonpriority amount \$0.00
2.4684. Priority creditor's name and mailing address NARAYANAN, RUTHIKA 10 MITCHELL AVE EAST BRUNSWICK NJ 08816 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$215.94	Priority amount \$215.94 Nonpriority amount \$0.00
2.4685. Priority creditor's name and mailing address NARCISSE, SO'LACE 3722 WALTON WAY EXT 129 AUGUSTA GA 30907 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$192.42	Priority amount \$192.42 Nonpriority amount \$0.00

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2.4686.	Priority creditor's name and mailing address NARINE, ASHLEY 118-02 107TH AVE RICHMOND HILL NY 11419 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$120.00</td> </tr> </table>	Total claim	\$120.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$120.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$120.00	Nonpriority amount	\$0.00
Total claim										
\$120.00										
Priority amount										
\$120.00										
Nonpriority amount										
\$0.00										
2.4687.	Priority creditor's name and mailing address NASH, MYCHAYLA M 1600 WOLFE AVE NORTH BRADDOCK PA 15104 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$433.50</td> </tr> </table>	Total claim	\$433.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$433.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$433.50	Nonpriority amount	\$0.00
Total claim										
\$433.50										
Priority amount										
\$433.50										
Nonpriority amount										
\$0.00										
2.4688.	Priority creditor's name and mailing address NATHANIEL, LETHADDUS C 5900 TRACY RD ATOKA TN 38004 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$133.99</td> </tr> </table>	Total claim	\$133.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$133.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$133.99	Nonpriority amount	\$0.00
Total claim										
\$133.99										
Priority amount										
\$133.99										
Nonpriority amount										
\$0.00										

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2.4689. Priority creditor's name and mailing address NAUER, AMBER K 490 THORME STREET BRIDGEPORT CT 06606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$155.35	Priority amount \$155.35 Nonpriority amount \$0.00
2.4690. Priority creditor's name and mailing address NAVA, LIZBETH 1400 13TH ST 219 IMPERIAL BEACH CA 91932 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$179.76	Priority amount \$179.76 Nonpriority amount \$0.00
2.4691. Priority creditor's name and mailing address NAVA, VANESSA 3422 COLLIER AVE SAN DIEGO CA 92116 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$191.52	Priority amount \$191.52 Nonpriority amount \$0.00

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2.4692. Priority creditor's name and mailing address NAVARRETE, ALVAREZ DAYELSY F 8347 SWEET MAIDEN SAN ANTONIO TX 78242 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$260.92</td> </tr> </table>	Total claim	\$260.92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$260.92</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$260.92	Nonpriority amount	\$0.00
Total claim									
\$260.92									
Priority amount									
\$260.92									
Nonpriority amount									
\$0.00									
2.4693. Priority creditor's name and mailing address NAVARRETE, AMANDA 15251 SENECA RD APT 95 VICTORVILLE CA 92392 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$185.28</td> </tr> </table>	Total claim	\$185.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$185.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$185.28	Nonpriority amount	\$0.00
Total claim									
\$185.28									
Priority amount									
\$185.28									
Nonpriority amount									
\$0.00									
2.4694. Priority creditor's name and mailing address NAVARRETE, CIELO N 127 RETIRO MOSS BEACH CA 94038 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$119.55</td> </tr> </table>	Total claim	\$119.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$119.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$119.55	Nonpriority amount	\$0.00
Total claim									
\$119.55									
Priority amount									
\$119.55									
Nonpriority amount									
\$0.00									

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2.4695. Priority creditor's name and mailing address NAVARRETE, GRABIELA 3442 CLOVERDALE LN DALLAS TX 75234 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$791.37	Priority amount \$791.37 Nonpriority amount \$0.00
2.4696. Priority creditor's name and mailing address NAVARRO, ARIANNA 6424 E VICTORY RD NAMPA ID 83687 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,492.50	Priority amount \$1,492.50 Nonpriority amount \$0.00
2.4697. Priority creditor's name and mailing address NAVARRO, DANIELLE J 24231 SCHIVENER HOUSE LANE KATY TX 77493 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,049.05	Priority amount \$2,049.05 Nonpriority amount \$0.00

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2.4698. Priority creditor's name and mailing address NAVARRO, STEPHANIE 2560 HENRY AVE PINOLE CA 94564 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$192.60</td> </tr> </table>	Total claim	\$192.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$192.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$192.60	Nonpriority amount	\$0.00
Total claim									
\$192.60									
Priority amount									
\$192.60									
Nonpriority amount									
\$0.00									
2.4699. Priority creditor's name and mailing address NAVEDO, KIARALEE E 290 BROADWAY ST. SUITE 287 METHUEN MA 01844 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$71.64</td> </tr> </table>	Total claim	\$71.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$71.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$71.64	Nonpriority amount	\$0.00
Total claim									
\$71.64									
Priority amount									
\$71.64									
Nonpriority amount									
\$0.00									
2.4700. Priority creditor's name and mailing address NAW, MIMI 223 CEDAR ST HIGH POINT NC 27260 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$476.43</td> </tr> </table>	Total claim	\$476.43	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$476.43</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$476.43	Nonpriority amount	\$0.00
Total claim									
\$476.43									
Priority amount									
\$476.43									
Nonpriority amount									
\$0.00									

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2.4701. Priority creditor's name and mailing address NDAGIRE, DAPHINE M 710 N 7TH ST APT 3 TERRE HAUTE IN 47807 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$127.32	Priority amount \$127.32 Nonpriority amount \$0.00
2.4702. Priority creditor's name and mailing address NDOMO, JANE MEGANE 1428 HAMPSHIRE WEST COURT #12 SILVER SPRING MD 20903 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$311.15	Priority amount \$311.15 Nonpriority amount \$0.00
2.4703. Priority creditor's name and mailing address NEAL, DIAMOND N 11526 SULPHUR HILLS PLACE WALDORF MD 20695 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$31.51	Priority amount \$31.51 Nonpriority amount \$0.00

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2.4704. Priority creditor's name and mailing address NEAL, STARKISHA B 1215 2ND AVE N #14 SAUK-RAPIDS MN 56379 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$280.72	Priority amount \$280.72 Nonpriority amount \$0.00
2.4705. Priority creditor's name and mailing address NEARY, DEVON M 7308 ARAGON STREET LAS VEGAS NV 89145 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$135.55	Priority amount \$135.55 Nonpriority amount \$0.00
2.4706. Priority creditor's name and mailing address NEARY, ROBIN 761 E RIVER RD GRAND ISLAND NY 14072-2940 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$112.89	Priority amount \$112.89 Nonpriority amount \$0.00

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2.4707. Priority creditor's name and mailing address NEAVES, TAYLOR M 9331 AUTUMN SUN SAN ANTONIO TX 78254 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$137.76	Priority amount \$137.76 Nonpriority amount \$0.00
2.4708. Priority creditor's name and mailing address NEDZA, ELIZABETH 10808 S NASHVILLE AVE WORTH IL 60482-1619 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$861.52	Priority amount \$861.52 Nonpriority amount \$0.00
2.4709. Priority creditor's name and mailing address NEEDHAM, JENNIFER L 15 CARDINAL DR. FLORENCE KY 41042 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,877.17	Priority amount \$1,877.17 Nonpriority amount \$0.00

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2.4710. Priority creditor's name and mailing address NEEL, ABBIE N 5538 WESLEY DRIVE MILTON FL 32570 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$135.78	Priority amount \$135.78 Nonpriority amount \$0.00
2.4711. Priority creditor's name and mailing address NEELEY, CAITLIN M 3652 BUENA VISTA DRIVE HUBBARD OH 44425 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$77.38	Priority amount \$77.38 Nonpriority amount \$0.00
2.4712. Priority creditor's name and mailing address NEESON, BRITTANY N 118 BOWER CT STATEN ISLAND NY 10309-1634 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$925.98	Priority amount \$925.98 Nonpriority amount \$0.00

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2.4713. Priority creditor's name and mailing address NEGRETE, GABRIELLA 11406 CITRUS DR. 101 VENTURA CA 93004 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$716.50	Priority amount \$716.50 Nonpriority amount \$0.00
2.4714. Priority creditor's name and mailing address NEGRETE, JOCELYN 6515 DENSMORE AVE LAKE BALBOA CA 91406 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$160.19	Priority amount \$160.19 Nonpriority amount \$0.00
2.4715. Priority creditor's name and mailing address NEGRI, KELLY A 162 WEST 14TH ST DEER PARK NY 11729 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,460.78	Priority amount \$2,460.78 Nonpriority amount \$0.00

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2.4716. Priority creditor's name and mailing address NELLE, CHRIS A 16277 CAMERON AVE PETERSBURG IL 62675 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,316.32	Priority amount \$2,316.32 Nonpriority amount \$0.00
2.4717. Priority creditor's name and mailing address NELSON, ADDISYN L 1003 NORTH 9TH AVENUE EAST DULUTH MN 55805 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$145.44	Priority amount \$145.44 Nonpriority amount \$0.00
2.4718. Priority creditor's name and mailing address NELSON, ALEYAH S 1213 HERITAGE DR WENDELL NC 27591 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$101.72	Priority amount \$101.72 Nonpriority amount \$0.00

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2.4719. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
NELSON, CARLETHA 1537 GRACE AVE PANAMA CITY FL 32405		\$589.38	\$589.38
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.4720. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
NELSON, DEIDRA 19140 PIERSON DETROIT MI 48219		\$561.60	\$561.60
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.4721. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
NELSON, EMMA R 117 N GREENGATE DR YUKON OK 73099		\$90.05	\$90.05
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

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2.4722. Priority creditor's name and mailing address NELSON, JADE K 3721 ORLEANS AVE LOWER SIOUX CITY IA 51106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$69.98	Priority amount \$69.98 Nonpriority amount \$0.00
2.4723. Priority creditor's name and mailing address NELSON, JOSLYN A 223 TOLLVIEW CT GILBERTS IL 60136 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$149.82	Priority amount \$149.82 Nonpriority amount \$0.00
2.4724. Priority creditor's name and mailing address NELSON, MACKENZIE E 2070 N SPRIGG ST. 4-4106 C CAPE GIRARDEAU MO 63367 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$106.38	Priority amount \$106.38 Nonpriority amount \$0.00

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2.4725. Priority creditor's name and mailing address NELSON, MICHELLE 6670 WEST 24TH CT 12 HIALEAH FL 33016 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$63.45	Priority amount \$63.45 Nonpriority amount \$0.00
2.4726. Priority creditor's name and mailing address NELSON, NICOLE D 5478 TIPPLE RD ROCKFORD IL 61102 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$318.20	Priority amount \$318.20 Nonpriority amount \$0.00
2.4727. Priority creditor's name and mailing address NELSON, RICHELLA A 155 TALL PINES CT WINSTON-SALEM NC 27107 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$59.30	Priority amount \$59.30 Nonpriority amount \$0.00

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2.4728. Priority creditor's name and mailing address NELSON, SAMANTHA M 8704 NE 59TH STREET VANCOUVER WA 98662 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$115.44</td> </tr> </table>	Total claim	\$115.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$115.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$115.44	Nonpriority amount	\$0.00
Total claim									
\$115.44									
Priority amount									
\$115.44									
Nonpriority amount									
\$0.00									
2.4729. Priority creditor's name and mailing address NEPOMUCENO, SYDNEY 28419 MAYFAIR DR VALENCIA CA 91354-1521 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$213.41</td> </tr> </table>	Total claim	\$213.41	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$213.41</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$213.41	Nonpriority amount	\$0.00
Total claim									
\$213.41									
Priority amount									
\$213.41									
Nonpriority amount									
\$0.00									
2.4730. Priority creditor's name and mailing address NEUBAUER, SAMANTHA E 1003 MICHELLE DRIVE GULFPORT MS 39503 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$531.47</td> </tr> </table>	Total claim	\$531.47	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$531.47</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$531.47	Nonpriority amount	\$0.00
Total claim									
\$531.47									
Priority amount									
\$531.47									
Nonpriority amount									
\$0.00									

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2.4731. Priority creditor's name and mailing address NEVADA DEPARTMENT OF TAXATION SALES TAX STATE OF NEVADA-SALES/USE PO BOX 7165 SAN FRANCISCO CA 94120 Date or dates debt was incurred JANUARY '19 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$53,762.73</td></tr></table>	Total claim	\$53,762.73	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$53,762.73</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$53,762.73	Nonpriority amount	\$0.00
Total claim									
\$53,762.73									
Priority amount									
\$53,762.73									
Nonpriority amount									
\$0.00									
2.4732. Priority creditor's name and mailing address NEVADA DEPT. OF TAXATION P.O. BOX 7165 SAN FRANCISCO CA 94120 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$5,517.27</td></tr></table>	Total claim	\$5,517.27	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$5,517.27</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$5,517.27	Nonpriority amount	\$0.00
Total claim									
\$5,517.27									
Priority amount									
\$5,517.27									
Nonpriority amount									
\$0.00									
2.4733. Priority creditor's name and mailing address NEVILLE, PAYTON L 3605 STARTOWN RD. NEWTON NC 28658 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$157.14</td></tr></table>	Total claim	\$157.14	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$157.14</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$157.14	Nonpriority amount	\$0.00
Total claim									
\$157.14									
Priority amount									
\$157.14									
Nonpriority amount									
\$0.00									

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2.4734. Priority creditor's name and mailing address NEVINGER, KIMBERLY D 4130 CESAR CHAVEZ ST. APT. 21 SAN FRANCISCO CA 94131 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$6,907.93</td> </tr> </table>	Total claim	\$6,907.93	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$6,907.93</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$6,907.93	Nonpriority amount	\$0.00
Total claim									
\$6,907.93									
Priority amount									
\$6,907.93									
Nonpriority amount									
\$0.00									
2.4735. Priority creditor's name and mailing address NEWCOMER, TAMRA H 18105 AMBERLY LN SOUTH BEND IN 46637 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,076.58</td> </tr> </table>	Total claim	\$3,076.58	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,076.58</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,076.58	Nonpriority amount	\$0.00
Total claim									
\$3,076.58									
Priority amount									
\$3,076.58									
Nonpriority amount									
\$0.00									
2.4736. Priority creditor's name and mailing address NEWE, ZYANYA A 6 SAPPHIRE RD OCALA FL 34472 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,132.05</td> </tr> </table>	Total claim	\$1,132.05	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,132.05</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,132.05	Nonpriority amount	\$0.00
Total claim									
\$1,132.05									
Priority amount									
\$1,132.05									
Nonpriority amount									
\$0.00									

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2.4737. Priority creditor's name and mailing address NEWSHOLME, MYA L 504 LIGHTHOUSE DRIVE MANAHAWKIN NJ 08050 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$70.09	Priority amount \$70.09 Nonpriority amount \$0.00
2.4738. Priority creditor's name and mailing address NEWSOM, JALONI J 3701 W. BENJAMIN HOLT DR. 149 STOCKTON CA 95219 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$151.92	Priority amount \$151.92 Nonpriority amount \$0.00
2.4739. Priority creditor's name and mailing address NEWSOM, ZARIA M 1105 PALMER RD MEMPHIS TN 38116 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$36.75	Priority amount \$36.75 Nonpriority amount \$0.00

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2.4740. Priority creditor's name and mailing address NEWTON, JANEAL 280 GRANGER VIEW CIRCLE FRANKLIN TN 37064 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$588.49	Priority amount \$588.49 Nonpriority amount \$0.00
2.4741. Priority creditor's name and mailing address NEWTON, JASMINE 10680 WARD RD WHITAKERS NC 27891 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$55.46	Priority amount \$55.46 Nonpriority amount \$0.00
2.4742. Priority creditor's name and mailing address NEWTON, RACHEL M 441 LONE OAKS LOOP SILVERTON OR 97381 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$768.16	Priority amount \$768.16 Nonpriority amount \$0.00

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2.4743.	Priority creditor's name and mailing address NEWTON, RAVEN M 4607 PINE BLVD ORANGE BEACH AL 36561 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$79.76</td></tr></table>	Total claim	\$79.76	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$79.76</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$79.76	Nonpriority amount	\$0.00
Total claim										
\$79.76										
Priority amount										
\$79.76										
Nonpriority amount										
\$0.00										
2.4744.	Priority creditor's name and mailing address NGIGE, TIAISHIA A 2650 N. FIZTHUGH AVE APT 1512 DALLAS TX 75204 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$4,359.30</td></tr></table>	Total claim	\$4,359.30	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$4,359.30</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$4,359.30	Nonpriority amount	\$0.00
Total claim										
\$4,359.30										
Priority amount										
\$4,359.30										
Nonpriority amount										
\$0.00										
2.4745.	Priority creditor's name and mailing address NGUYEN, ELISA 12977 N 50TH STREET 212A TAMPA FL 33617 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$41.88</td></tr></table>	Total claim	\$41.88	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$41.88</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$41.88	Nonpriority amount	\$0.00
Total claim										
\$41.88										
Priority amount										
\$41.88										
Nonpriority amount										
\$0.00										

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2.4746. Priority creditor's name and mailing address NGUYEN, HONG 3212 TEN ACRE RD PANAMA CITY FL 32405 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$522.06</td> </tr> </table>	Total claim	\$522.06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$522.06</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$522.06	Nonpriority amount	\$0.00
Total claim									
\$522.06									
Priority amount									
\$522.06									
Nonpriority amount									
\$0.00									
2.4747. Priority creditor's name and mailing address NGUYEN, IVON 11912 CASTLEFORD WAY CROWLEY TX 76036 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$146.45</td> </tr> </table>	Total claim	\$146.45	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$146.45</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$146.45	Nonpriority amount	\$0.00
Total claim									
\$146.45									
Priority amount									
\$146.45									
Nonpriority amount									
\$0.00									
2.4748. Priority creditor's name and mailing address NGUYEN, JENNA P 115 NORTH BIRCHER STREET ANAHEIM CA 92801 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$178.96</td> </tr> </table>	Total claim	\$178.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$178.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$178.96	Nonpriority amount	\$0.00
Total claim									
\$178.96									
Priority amount									
\$178.96									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4749. Priority creditor's name and mailing address NGUYEN, JENNIFER 55 BONCOUER RD CHELTENHAM PA 19012 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$212.12</td> </tr> </table>	Total claim	\$212.12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$212.12</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$212.12	Nonpriority amount	\$0.00
Total claim									
\$212.12									
Priority amount									
\$212.12									
Nonpriority amount									
\$0.00									
2.4750. Priority creditor's name and mailing address NGUYEN, KAYCEE L 6813 VANCE ST ARVADA CO 80003 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$56.28</td> </tr> </table>	Total claim	\$56.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$56.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$56.28	Nonpriority amount	\$0.00
Total claim									
\$56.28									
Priority amount									
\$56.28									
Nonpriority amount									
\$0.00									
2.4751. Priority creditor's name and mailing address NGUYEN, KENNY N 355 E. PRIMM BLVD PMB 5457 5457 PRIMM NV 89019 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$291.28</td> </tr> </table>	Total claim	\$291.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$291.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$291.28	Nonpriority amount	\$0.00
Total claim									
\$291.28									
Priority amount									
\$291.28									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4752. Priority creditor's name and mailing address NGUYEN, LILIAN S 18 ROCKEFELLER ST. RANDOLPH MA 02368 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$114.96	Priority amount \$114.96 Nonpriority amount \$0.00
2.4753. Priority creditor's name and mailing address NGUYEN, SUSAN 3656 DUNBAR AVE SW APT.A1 APT.A1 WYOMING MI 49509 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$355.71	Priority amount \$355.71 Nonpriority amount \$0.00
2.4754. Priority creditor's name and mailing address NHAN, TIFFANY J 20 WASHBURN STREET WORCESTER MA 01610 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$191.28	Priority amount \$191.28 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4755. Priority creditor's name and mailing address NICASIO, CHAVEZ CECILIA 800 HILL AVE LOT 201 AURORA IL 60505 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$151.02	Priority amount \$151.02 Nonpriority amount \$0.00
2.4756. Priority creditor's name and mailing address NICHOLAS, MONIQUE 2035 CAPSTONE CT ROCK HILL SC 29732 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$141.74	Priority amount \$141.74 Nonpriority amount \$0.00
2.4757. Priority creditor's name and mailing address NICKS, BROOKE A 3915 UPMANN DRIVE ROCKLEDGE FL 32955 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$149.40	Priority amount \$149.40 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4758. Priority creditor's name and mailing address NICOLAS, JENNIFAR L 1029 NW 12TH ST FORT LAUDERDALE FL 33311 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$238.32	Priority amount \$238.32 Nonpriority amount \$0.00
2.4759. Priority creditor's name and mailing address NICOLAS, KELLE Y 1003 TOWER BLVD LAKE WALES FL 33853 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$169.11	Priority amount \$169.11 Nonpriority amount \$0.00
2.4760. Priority creditor's name and mailing address NICOLAS, LAKISHA A 2760 NW 164TH ST MIAMI GARDENS FL 33054 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,433.85	Priority amount \$3,433.85 Nonpriority amount \$0.00

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2.4761. Priority creditor's name and mailing address NIEDERHAUS, CORY A. 53 PLYMOUTH AVE MT. SINAI NY 11766 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$0.00	Priority amount \$0.00 Nonpriority amount \$0.00
2.4762. Priority creditor's name and mailing address NIEDERSCHUH, DAYNA J 10208 PLYMOUTH OKLAHOMA CITY OK 73159 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,998.08	Priority amount \$3,998.08 Nonpriority amount \$0.00
2.4763. Priority creditor's name and mailing address NIES, AIMEE L 905 COMMONWEALTH BLVD MANCHESTER NJ 08759 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$613.91	Priority amount \$613.91 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4764. Priority creditor's name and mailing address NIETO, LETICIA 3130 CRESTDALE DR APT 1136 HOUSTON TX 77080-3935 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,181.25	Priority amount \$2,181.25 Nonpriority amount \$0.00
2.4765. Priority creditor's name and mailing address NIEVES, DAYANA CALLE FENIX G-7 URB. LAS GAVIO TOA BAJA PR 00949 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$136.07	Priority amount \$136.07 Nonpriority amount \$0.00
2.4766. Priority creditor's name and mailing address NIEVES, JARIMAR 2731 GARFIELD AVENUE CAMDEN NJ 08105 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$190.72	Priority amount \$190.72 Nonpriority amount \$0.00

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2.4767. Priority creditor's name and mailing address NIEVES, KAMILA CARR 167 BO. CUCHILLAS MOCA PR 00676 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$36.98	Priority amount \$36.98 Nonpriority amount \$0.00
2.4768. Priority creditor's name and mailing address NIEVES, SHALIYAH P 22 WADSWORTH STREET MANCHESTER CT 06040 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$176.24	Priority amount \$176.24 Nonpriority amount \$0.00
2.4769. Priority creditor's name and mailing address NIEVES, VANESSA M 12 OAKLAND AVE 3 CRANSTON RI 02910 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$268.70	Priority amount \$268.70 Nonpriority amount \$0.00

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2.4770. Priority creditor's name and mailing address NIKIEMA-OUEDRAOGO. WENDENDA MA 2206 BRIGHTSEAT RD APT. 201 LANDOVER MD 20785 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$0.00	Priority amount \$0.00 Nonpriority amount \$0.00
2.4771. Priority creditor's name and mailing address NISHIDA, BREEANN S 28581 AUTHURIUM WAY MURRIETA CA 92563 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$184.92	Priority amount \$184.92 Nonpriority amount \$0.00
2.4772. Priority creditor's name and mailing address NITTOLO, AMANDA 703 KENSINGTON CT. BREWSTER NY 10509 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$417.45	Priority amount \$417.45 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4773. Priority creditor's name and mailing address NIX, DELLA 22 4TH COURT WEST BIRMINGHAM AL 35204 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$31.97	Priority amount \$31.97 Nonpriority amount \$0.00
2.4774. Priority creditor's name and mailing address NIXON, SYDNEY L 2324 NW 112TH STREET OKC OK 73120 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$44.73	Priority amount \$44.73 Nonpriority amount \$0.00
2.4775. Priority creditor's name and mailing address NOCELOTL, DIANA V 311 SIMMS ST AURORA IL 60505 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$313.50	Priority amount \$313.50 Nonpriority amount \$0.00

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2.4776. Priority creditor's name and mailing address NOEL, RAELYNN A 11870 MEADOW WOOD WAY MORENO VALLEY CA 92557-6216 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$111.00</td> <td>\$111.00</td> </tr> </table>	Total claim	Priority amount	\$111.00	\$111.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$111.00	\$111.00								
Nonpriority amount									
\$0.00									
2.4777. Priority creditor's name and mailing address NOGALES, BRIANNA N 17100 31ST DR SE BOTHELL WA 98012 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$656.70</td> <td>\$656.70</td> </tr> </table>	Total claim	Priority amount	\$656.70	\$656.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$656.70	\$656.70								
Nonpriority amount									
\$0.00									
2.4778. Priority creditor's name and mailing address NOGOY, ISABELLE 4545 17TH AVE NE SEATTLE WA 98105 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$252.00</td> <td>\$252.00</td> </tr> </table>	Total claim	Priority amount	\$252.00	\$252.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$252.00	\$252.00								
Nonpriority amount									
\$0.00									

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2.4779. Priority creditor's name and mailing address NOLASCO, JENNIFER 1472 W. 47TH ST LOS ANGELES CA 90062 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$883.50	Priority amount \$883.50 Nonpriority amount \$0.00
2.4780. Priority creditor's name and mailing address NOLL, TANNER R 1902 SE ESTERBROOK STREET PORT ST LUCIE FL 34983 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$110.40	Priority amount \$110.40 Nonpriority amount \$0.00
2.4781. Priority creditor's name and mailing address NOLTING, KAITLYN 6443 NESBIT ST COALMONT IN 47845 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$106.65	Priority amount \$106.65 Nonpriority amount \$0.00

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2.4782. Priority creditor's name and mailing address NOMURA, KIANNA 94-304 KEAOOPIA STREET MILILANI HI 96789 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$30.60</td> </tr> </table>	Total claim	\$30.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$30.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$30.60	Nonpriority amount	\$0.00
Total claim									
\$30.60									
Priority amount									
\$30.60									
Nonpriority amount									
\$0.00									
2.4783. Priority creditor's name and mailing address NORBERT, TATIANA L 10704 GUNGROVE DR UNIT B AUSTIN TX 78750 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$87.67</td> </tr> </table>	Total claim	\$87.67	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$87.67</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$87.67	Nonpriority amount	\$0.00
Total claim									
\$87.67									
Priority amount									
\$87.67									
Nonpriority amount									
\$0.00									
2.4784. Priority creditor's name and mailing address NORDMAN, LAUREN T 19800 SASSAFRASS DRIVE LITTLE ROCK AR 72206 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,131.32</td> </tr> </table>	Total claim	\$2,131.32	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,131.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,131.32	Nonpriority amount	\$0.00
Total claim									
\$2,131.32									
Priority amount									
\$2,131.32									
Nonpriority amount									
\$0.00									

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2.4785. Priority creditor's name and mailing address NORDQUIST, AMBER 393 9TH AVE WALCOTT ND 58077 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$4,067.81</td> </tr> </table>	Total claim	\$4,067.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$4,067.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$4,067.81	Nonpriority amount	\$0.00
Total claim									
\$4,067.81									
Priority amount									
\$4,067.81									
Nonpriority amount									
\$0.00									
2.4786. Priority creditor's name and mailing address NORIA, JENNIFER 4009 LANFORD RD MISSION TX 78574 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$219.60</td> </tr> </table>	Total claim	\$219.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$219.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$219.60	Nonpriority amount	\$0.00
Total claim									
\$219.60									
Priority amount									
\$219.60									
Nonpriority amount									
\$0.00									
2.4787. Priority creditor's name and mailing address NORIEGA, KIANNA R 2030 PHILLIPS RD NEW BEDFORD MA 02745 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$709.31</td> </tr> </table>	Total claim	\$709.31	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$709.31</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$709.31	Nonpriority amount	\$0.00
Total claim									
\$709.31									
Priority amount									
\$709.31									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4788. Priority creditor's name and mailing address NORIEGA, RICARDO 1A4-4 SAN RAFAEL CAGUAS PR 00725 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,091.20	Priority amount \$1,091.20 Nonpriority amount \$0.00
2.4789. Priority creditor's name and mailing address NORIEGA, RUIZ MARGARET J 155 E SUNSET ST LONG BEACH CA 90805 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$232.80	Priority amount \$232.80 Nonpriority amount \$0.00
2.4790. Priority creditor's name and mailing address NORMAN, KEELASHAY 2936 SIXTH ST. MUSKEGON HEIGHTS MI 49444 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$212.57	Priority amount \$212.57 Nonpriority amount \$0.00

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2.4791. Priority creditor's name and mailing address NORRINGTON, SANDRA C 8356 104TH AVE VERO BEACH FL 32967 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$56.94	Priority amount \$56.94 Nonpriority amount \$0.00
2.4792. Priority creditor's name and mailing address NORRIS, ASHLEY 1134 CROSS VALLEY COVE CORDOVA TN 38018 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,631.22	Priority amount \$3,631.22 Nonpriority amount \$0.00
2.4793. Priority creditor's name and mailing address NORRIS, AUBREY 411 MARYLAND STREET PARKER CITY IN 47368 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$121.73	Priority amount \$121.73 Nonpriority amount \$0.00

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2.4794. Priority creditor's name and mailing address NORRIS, BRIANNA 83 PEARLHARBOR PL BRIDGEPORT CT 06610 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$189.01	Priority amount \$189.01 Nonpriority amount \$0.00
2.4795. Priority creditor's name and mailing address NORRIS, CHRISTAL L 4060 BISCAYNE RD INDIANAPOLIS IN 46226 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$30.33	Priority amount \$30.33 Nonpriority amount \$0.00
2.4796. Priority creditor's name and mailing address NORRIS, HALEY M 102 BROWNLEA DRIVE 14 GREENVILLE NC 27858 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$208.38	Priority amount \$208.38 Nonpriority amount \$0.00

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2.4797. Priority creditor's name and mailing address NORSWORTHY, SAMANTHA G 205 WILLOW COVE PADUCAH KY 42003 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$196.33	Priority amount \$196.33 Nonpriority amount \$0.00
2.4798. Priority creditor's name and mailing address NORTH DAKOTA OFFICE OF STATE TAX COMMISSIONER SALES TAX PO BOX 5623 BISMARCK ND 58506-5623 Date or dates debt was incurred JANUARY 19 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$414.68	Priority amount \$414.68 Nonpriority amount \$0.00
2.4799. Priority creditor's name and mailing address NORTH HILLS SCHOOL DISTRICT 135 SIXTH AVENUE PITTSBURGH PA 15229-1291 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$639.31	Priority amount \$639.31 Nonpriority amount \$0.00

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2.4800. Priority creditor's name and mailing address NORTH, AIYANA F 6502 182ND PL SW LYNNWOOD WA 98037 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$254.16	Priority amount \$254.16 Nonpriority amount \$0.00
2.4801. Priority creditor's name and mailing address NORTH-BECERRA, HEATHER S 6155 FLORIDA ST DETROIT MI 48210-1973 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,255.92	Priority amount \$2,255.92 Nonpriority amount \$0.00
2.4802. Priority creditor's name and mailing address NORTHERN, RYNIAH A 327 SHERBORNE LANE KISSIMMEE FL 34758 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$128.10	Priority amount \$128.10 Nonpriority amount \$0.00

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2.4803. Priority creditor's name and mailing address NORTON, BREANNE M 2800 S HIGHLAND MESA ROAD #6-204 FLAGSTAFF AZ 86001 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$190.60	Priority amount \$190.60 Nonpriority amount \$0.00
2.4804. Priority creditor's name and mailing address NORTON, LINDSEY N 1506 LINCOLNSHIRE DR. 6 CHAMPAIGN IL 61821 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,532.50	Priority amount \$3,532.50 Nonpriority amount \$0.00
2.4805. Priority creditor's name and mailing address NORWOOD, TARA C 7757 67TH ST N PINELLAS PARK FL 33781 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$421.36	Priority amount \$421.36 Nonpriority amount \$0.00

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2.4806.	Priority creditor's name and mailing address NOSEDA, RENEE M 13334 WESTMINISTER STERLING HEIGHTS MI 48313 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$2,349.22</td></tr></table>	Total claim	\$2,349.22	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$2,349.22</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$2,349.22	Nonpriority amount	\$0.00
Total claim										
\$2,349.22										
Priority amount										
\$2,349.22										
Nonpriority amount										
\$0.00										
2.4807.	Priority creditor's name and mailing address NOYES, NIA P 1208 10TH AVE S ST CLOUD MN 56301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$40.92</td></tr></table>	Total claim	\$40.92	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$40.92</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$40.92	Nonpriority amount	\$0.00
Total claim										
\$40.92										
Priority amount										
\$40.92										
Nonpriority amount										
\$0.00										
2.4808.	Priority creditor's name and mailing address NULL, STEPHANIE A 1042 8TH AVE BRACKENRIDGE PA 15014 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$594.32</td></tr></table>	Total claim	\$594.32	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$594.32</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$594.32	Nonpriority amount	\$0.00
Total claim										
\$594.32										
Priority amount										
\$594.32										
Nonpriority amount										
\$0.00										

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2.4809. Priority creditor's name and mailing address NULTER, LAUREN L 2608 AVERY STREET 22 PARKERSBURG WV 26104 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$35.70	Priority amount \$35.70 Nonpriority amount \$0.00
2.4810. Priority creditor's name and mailing address NUNCIO, MARIA I 2300 18TH STREET PLANO TX 75074-5732 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$615.04	Priority amount \$615.04 Nonpriority amount \$0.00
2.4811. Priority creditor's name and mailing address NUNEZ, ANGELICA C 4 STEVEN ST APT 2 DANBURY CT 06810 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$121.00	Priority amount \$121.00 Nonpriority amount \$0.00

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2.4812. Priority creditor's name and mailing address NUNEZ, BRENDA PO BOX 1105 FRAZIER PARK CA 93225 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,068.90	Priority amount \$1,068.90 Nonpriority amount \$0.00
2.4813. Priority creditor's name and mailing address NUNEZ, CELYNA 11284 IVY PLACE LOS ANGELES CA 90064 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$145.75	Priority amount \$145.75 Nonpriority amount \$0.00
2.4814. Priority creditor's name and mailing address NUNEZ, LINDA O 1915 GREENFIELD AVE. NORTH CHICAGO IL 60064 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$293.21	Priority amount \$293.21 Nonpriority amount \$0.00

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2.4815. Priority creditor's name and mailing address NUNNALLEE, AILISE E 5006 MADISON HEIGHTS CT SE OLYMPIA WA 98501 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$724.82	Priority amount \$724.82 Nonpriority amount \$0.00
2.4816. Priority creditor's name and mailing address NUON, NATHALIE S 1781 KYRA CIRCLE SAN JOSE CA 95122 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$884.57	Priority amount \$884.57 Nonpriority amount \$0.00
2.4817. Priority creditor's name and mailing address NUTAUT, ALLY J 2945 S 5TH ST SPRINGFIELD IL 62703-4015 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$528.63	Priority amount \$528.63 Nonpriority amount \$0.00

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2.4818. Priority creditor's name and mailing address NUTTER, JESSICA 818 E LANGSFORD RD APT 204 LEES SUMMIT MO 64063 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$878.33	Priority amount \$878.33 Nonpriority amount \$0.00
2.4819. Priority creditor's name and mailing address NY CITY DEPT OF FINANCE PO BOX 3931 NEW YORK NY 10008-3931 Date or dates debt was incurred DEC '18-JAN '19 Last 4 digits of account number: 0505 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$10,238.00	Priority amount \$10,238.00 Nonpriority amount \$0.00
2.4820. Priority creditor's name and mailing address OBEID, AISHA I 8857 HAPPINESS RD HARRISBURG NC 28075 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$91.07	Priority amount \$91.07 Nonpriority amount \$0.00

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2.4821. Priority creditor's name and mailing address OBERHEUSER, BLAKE M 637 CAMINO DEL CONTENTO PUEBLO WEST CO 81007 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$543.35	Priority amount \$543.35 Nonpriority amount \$0.00
2.4822. Priority creditor's name and mailing address OBIE, LAUREN N 10100 NW 86 STREET KANSAS CITY MO 64153 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$174.15	Priority amount \$174.15 Nonpriority amount \$0.00
2.4823. Priority creditor's name and mailing address OBILLO, TRISHA ALLISON M 42112 AUTUMN RAIN CIRCLE ASHBURN VA 20148 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$130.80	Priority amount \$130.80 Nonpriority amount \$0.00

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2.4824. Priority creditor's name and mailing address OBLEPIAS, BIANCA 669 ROOSEVELT AVE CARTERET NJ 07008 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$453.72	Priority amount \$453.72 Nonpriority amount \$0.00
2.4825. Priority creditor's name and mailing address O'BRIEN, COURTNEY S 9128 S. AVERS EVERGREEN PARK IL 60805 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$39.05	Priority amount \$39.05 Nonpriority amount \$0.00
2.4826. Priority creditor's name and mailing address O'BRIEN, KEARA 505 PACHECO DR TRACY CA 95376-1426 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$569.03	Priority amount \$569.03 Nonpriority amount \$0.00

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2.4827. Priority creditor's name and mailing address OCAMPO, ABIGAIL C 4126 W. BARRY AVE. 2 CHICAGO IL 60641 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$520.30</td> </tr> </table>	Total claim	\$520.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$520.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$520.30	Nonpriority amount	\$0.00
Total claim									
\$520.30									
Priority amount									
\$520.30									
Nonpriority amount									
\$0.00									
2.4828. Priority creditor's name and mailing address OCASIO, - RODRIGUEZ NATASHA 129 HAWTHORNE DRIVE GUYTON GA 31312 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$254.02</td> </tr> </table>	Total claim	\$254.02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$254.02</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$254.02	Nonpriority amount	\$0.00
Total claim									
\$254.02									
Priority amount									
\$254.02									
Nonpriority amount									
\$0.00									
2.4829. Priority creditor's name and mailing address OCCHIONERO, HEATHER N 1801 DUNWOODY RD BALTIMORE MD 21234 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,374.85</td> </tr> </table>	Total claim	\$3,374.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,374.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,374.85	Nonpriority amount	\$0.00
Total claim									
\$3,374.85									
Priority amount									
\$3,374.85									
Nonpriority amount									
\$0.00									

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2.4830.	Priority creditor's name and mailing address OCHOA, BRIANA D 9200 PERRY AVENUE AMARILLO TX 79119 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$191.24</td> </tr> </table>	Total claim	\$191.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$191.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$191.24	Nonpriority amount	\$0.00
Total claim										
\$191.24										
Priority amount										
\$191.24										
Nonpriority amount										
\$0.00										
2.4831.	Priority creditor's name and mailing address OCHOA, CRUZ JENIFER C 1404 N FRENCH ST #K K SANT ANA CA 92701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$180.24</td> </tr> </table>	Total claim	\$180.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$180.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$180.24	Nonpriority amount	\$0.00
Total claim										
\$180.24										
Priority amount										
\$180.24										
Nonpriority amount										
\$0.00										
2.4832.	Priority creditor's name and mailing address OCHOA-CARDENAS, BEATRIZ 1325 ROBERTS ST RENO NV 89502 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$335.40</td> </tr> </table>	Total claim	\$335.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$335.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$335.40	Nonpriority amount	\$0.00
Total claim										
\$335.40										
Priority amount										
\$335.40										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4833. Priority creditor's name and mailing address O'CONNOR, CHARLENE R 700 W LA JOLLA ST #63 PLACENTIA CA 92870 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,414.07</td> </tr> </table>	Total claim	\$1,414.07	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,414.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,414.07	Nonpriority amount	\$0.00
Total claim									
\$1,414.07									
Priority amount									
\$1,414.07									
Nonpriority amount									
\$0.00									
2.4834. Priority creditor's name and mailing address O'CONNOR, SHANNON K 1526 S. CHARLES BLVD APT. 94A GREENVILLE NC 27858 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$117.74</td> </tr> </table>	Total claim	\$117.74	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$117.74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$117.74	Nonpriority amount	\$0.00
Total claim									
\$117.74									
Priority amount									
\$117.74									
Nonpriority amount									
\$0.00									
2.4835. Priority creditor's name and mailing address O'CONNOR, MARY KAY 758 NORTH POINT #2 SAN FRANCISCO CA 94109 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$16,056.25</td> </tr> </table>	Total claim	\$16,056.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$12,850.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$3,206.25</td> </tr> </table>	Priority amount	\$12,850.00	Nonpriority amount	\$3,206.25
Total claim									
\$16,056.25									
Priority amount									
\$12,850.00									
Nonpriority amount									
\$3,206.25									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4836. Priority creditor's name and mailing address ODEN, CARMILLA M 117 BROWNLEA DR. APT. 10 GREENVILLE NC 27858 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$240.71	Priority amount \$240.71 Nonpriority amount \$0.00
2.4837. Priority creditor's name and mailing address ODOM, HALEY 7 DEAL AVE NW FORT WALTON BEACH FL 32548 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$34.52	Priority amount \$34.52 Nonpriority amount \$0.00
2.4838. Priority creditor's name and mailing address ODOM, LAURYN E 848 TARA COURT COLUMBIA SC 29210 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$73.35	Priority amount \$73.35 Nonpriority amount \$0.00

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2.4839. Priority creditor's name and mailing address O'DONNELL, BRILLIANNA C 1622 NORWOOD AVENUE PROSPECT PARK PA 19076 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$570.46	Priority amount \$570.46 Nonpriority amount \$0.00
2.4840. Priority creditor's name and mailing address OFFOR, JAANAI 4815 BOYLAN STREET FAYETTEVILLE NC 28306 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$107.88	Priority amount \$107.88 Nonpriority amount \$0.00
2.4841. Priority creditor's name and mailing address OGBEVIRE, SHEILA 4089 ASHWINTON WAY ROCKFORD IL 61109-3274 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$243.30	Priority amount \$243.30 Nonpriority amount \$0.00

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2.4842. Priority creditor's name and mailing address OGLESBY, FAITH A 1416 ASIA COURT LATTA SC 29565 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$184.34	Priority amount \$184.34 Nonpriority amount \$0.00
2.4843. Priority creditor's name and mailing address OGLESBY, KNEISHA P 26.5 SOUTH GEORGIA AVE ATLANTIC CITY NJ 08401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$32.13	Priority amount \$32.13 Nonpriority amount \$0.00
2.4844. Priority creditor's name and mailing address OHANIAN, TAMARA 1396 CATNAP LANE MONUMENT CO 80132 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$259.62	Priority amount \$259.62 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.4845. Priority creditor's name and mailing address**OHIO DEPARTMENT OF TAXATION
OH CAT
PO BOX 182101
COLUMBUS OH 43218-2101**Date or dates debt was incurred**

JANUARY 19

Last 4 digits of account number:**Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (8)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

TAXES

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Total claim

\$4,360.54

Priority amount

\$4,360.54

Nonpriority amount

\$0.00

2.4846. Priority creditor's name and mailing addressOJHA, HANNAH G
305 FERRARA CT
KISSIMMEE FL 34758**Date or dates debt was incurred****Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$129.97

Priority amount

\$129.97

Nonpriority amount

\$0.00

2.4847. Priority creditor's name and mailing addressOKE-DIRAN, SARAH
5461 N. EAST RIVER ROAD
1601
CHICAGO IL 60656**Date or dates debt was incurred****Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$95.69

Priority amount

\$95.69

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4848. Priority creditor's name and mailing address O'KEEFE, LUCIANNA J 71 HUDSON STREET SOUTH GLENS FALLS NY 12803 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,538.18</td> </tr> </table>	Total claim	\$2,538.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,538.18</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,538.18	Nonpriority amount	\$0.00
Total claim									
\$2,538.18									
Priority amount									
\$2,538.18									
Nonpriority amount									
\$0.00									
2.4849. Priority creditor's name and mailing address OKELLY, HILLARY H 5376 NEIL DR. SAINT PETERSBURG FL 33714 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$240.35</td> </tr> </table>	Total claim	\$240.35	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$240.35</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$240.35	Nonpriority amount	\$0.00
Total claim									
\$240.35									
Priority amount									
\$240.35									
Nonpriority amount									
\$0.00									
2.4850. Priority creditor's name and mailing address OKEY, CYNTHIA L 2616 22ND ST NW CANTON OH 44708 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$552.28</td> </tr> </table>	Total claim	\$552.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$552.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$552.28	Nonpriority amount	\$0.00
Total claim									
\$552.28									
Priority amount									
\$552.28									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4851. Priority creditor's name and mailing address OKRAKEL, MARCIA E 3927 49TH AVE SW OLYMPIA WA 98512 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$220.68	Priority amount \$220.68 Nonpriority amount \$0.00
2.4852. Priority creditor's name and mailing address OLADITAN, OLAPEJU V 18 GIORDAN COURT STATEN ISLAND NY 10303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$45.75	Priority amount \$45.75 Nonpriority amount \$0.00
2.4853. Priority creditor's name and mailing address OLDHAM, PETER G 1125 S. EBENEZER AVE. APT. 221 SIOUX FALLS SD 57106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,296.93	Priority amount \$1,296.93 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4854. Priority creditor's name and mailing address OLEA, GARCIA CINTHIA 1965 BLUEBIRD CT MIDDLETOWN OH 45044 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$582.23	Priority amount \$582.23 Nonpriority amount \$0.00
2.4855. Priority creditor's name and mailing address OLEA, MARCELENA A 3200 S LITZLER DR APT 5-220 FLAGSTAFF AZ 85392 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$39.05	Priority amount \$39.05 Nonpriority amount \$0.00
2.4856. Priority creditor's name and mailing address OLIPHANT, JENNIFER L 1361 CYPRESS POINT LN APT 104 VENTURA CA 93003 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$544.51	Priority amount \$544.51 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4857. Priority creditor's name and mailing address OLIVARES, ESTEFANIE 3075 REDDING AVE APART. 915 SACRAMENTO CA 95820 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$40.56	Priority amount \$40.56 Nonpriority amount \$0.00
2.4858. Priority creditor's name and mailing address OLIVAREZ, NATALIE 4422 LOMINA AVE. LAKEWOOD CA 90713 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$221.04	Priority amount \$221.04 Nonpriority amount \$0.00
2.4859. Priority creditor's name and mailing address OLIVAS, AMANDA 2123 SOUTH KANSAS 2123 WICHITA KS 67211 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$80.98	Priority amount \$80.98 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4860. Priority creditor's name and mailing address OLIVAS, KAILEE 8220 E 24TH DR DENVER CO 80238 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$41.96</td> </tr> </table>	Total claim	\$41.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$41.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$41.96	Nonpriority amount	\$0.00
Total claim									
\$41.96									
Priority amount									
\$41.96									
Nonpriority amount									
\$0.00									
2.4861. Priority creditor's name and mailing address OLIVAS, LEANDRA G 8710 MESA OAK DR. RIVERSIDE CA 92508 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$158.04</td> </tr> </table>	Total claim	\$158.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$158.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$158.04	Nonpriority amount	\$0.00
Total claim									
\$158.04									
Priority amount									
\$158.04									
Nonpriority amount									
\$0.00									
2.4862. Priority creditor's name and mailing address OLIVE, KRISTY D 5300 PASEO RANCHO CATILLA LOS ANGELES CA 90032 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$297.96</td> </tr> </table>	Total claim	\$297.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$297.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$297.96	Nonpriority amount	\$0.00
Total claim									
\$297.96									
Priority amount									
\$297.96									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4863. Priority creditor's name and mailing address OLIVEIRA, CAROLINE M 106 RAYMOND STREET FALL RIVER MA 02723 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$739.59	Priority amount \$739.59 Nonpriority amount \$0.00
2.4864. Priority creditor's name and mailing address OLIVER, MAISYN 1965 E 15TH AVENUE 405 EUGENE OR 97403 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$192.72	Priority amount \$192.72 Nonpriority amount \$0.00
2.4865. Priority creditor's name and mailing address OLIVER, SKYLER M 2036 WESTON AVENUE YOUNGSTOWN OH 44514 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$135.69	Priority amount \$135.69 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4866.	Priority creditor's name and mailing address OLIVER, TRINITY M 500 WELLBORN RD. N. APPT. 2322 COLLEGE STATION TX 77840 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$32.40</td> </tr> </table>	Total claim	\$32.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$32.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$32.40	Nonpriority amount	\$0.00
Total claim										
\$32.40										
Priority amount										
\$32.40										
Nonpriority amount										
\$0.00										
2.4867.	Priority creditor's name and mailing address OLIVERAS, ZHANIAH E 53 WARNER PLACE UNIT F WATERBURY CT 06704 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$169.32</td> </tr> </table>	Total claim	\$169.32	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$169.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$169.32	Nonpriority amount	\$0.00
Total claim										
\$169.32										
Priority amount										
\$169.32										
Nonpriority amount										
\$0.00										
2.4868.	Priority creditor's name and mailing address OLIVEROS, CLAUDIA 519 BRIGGS AVE MODESTO CA 95351 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$107.04</td> </tr> </table>	Total claim	\$107.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$107.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$107.04	Nonpriority amount	\$0.00
Total claim										
\$107.04										
Priority amount										
\$107.04										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4869.	Priority creditor's name and mailing address OLIVO, CAMILLE CALLE VIEJA 7143 20C SABANA SECA PR 00952 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$166.97</td> </tr> </table>	Total claim	\$166.97	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$166.97</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$166.97	Nonpriority amount	\$0.00
Total claim										
\$166.97										
Priority amount										
\$166.97										
Nonpriority amount										
\$0.00										
2.4870.	Priority creditor's name and mailing address OLMO, NATHALIA 3300 LORNE DR KILLEEN TX 76542 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$33.22</td> </tr> </table>	Total claim	\$33.22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$33.22</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$33.22	Nonpriority amount	\$0.00
Total claim										
\$33.22										
Priority amount										
\$33.22										
Nonpriority amount										
\$0.00										
2.4871.	Priority creditor's name and mailing address OLMOS, CRYSTAL 4200 KAYTLAIN AVE BAKERSFIELD CA 93313-3983 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,750.24</td> </tr> </table>	Total claim	\$1,750.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,750.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,750.24	Nonpriority amount	\$0.00
Total claim										
\$1,750.24										
Priority amount										
\$1,750.24										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4872. Priority creditor's name and mailing address OLMOS, DEYSI E 619 E GORHAM ST APT.1 MADISON WI 535703 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$136.01	Priority amount \$136.01 Nonpriority amount \$0.00
2.4873. Priority creditor's name and mailing address OLSEN, KALEY N 1945 VALANCE ST. SAN DIEGO CA 92154 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$269.16	Priority amount \$269.16 Nonpriority amount \$0.00
2.4874. Priority creditor's name and mailing address OLSON, HALLE 5150 THISTLE COURT COLORADO SPRINGS CO 80917 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$66.27	Priority amount \$66.27 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4875. Priority creditor's name and mailing address OLSON, NATALIE B 2713 W MAPLEWOOD AVE #210 BELLINGHAM WA 98225 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$581.72	Priority amount \$581.72 Nonpriority amount \$0.00
2.4876. Priority creditor's name and mailing address O'MALLEY, ERIN E 69 CHERYL DRIVE RONKONKOMA NY 11779 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$207.00	Priority amount \$207.00 Nonpriority amount \$0.00
2.4877. Priority creditor's name and mailing address O'MALLEY, MADISON A 4609 DEER CREEK CT APT 1 YOUNGSTOWN OH 44515 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$111.92	Priority amount \$111.92 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4878. Priority creditor's name and mailing address O'MEALLY, DANIELLE E 12L SUNMIST SQUARE AMHERST NY 14228 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,275.00	Priority amount \$1,275.00 Nonpriority amount \$0.00
2.4879. Priority creditor's name and mailing address O'NEAL, JAYLA M 1000 17TH AVE 169 NASHVILLE TN 37208 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$174.59	Priority amount \$174.59 Nonpriority amount \$0.00
2.4880. Priority creditor's name and mailing address O'NEIL, SCARLETT R 929 5TH STREET SOUTH SAUK RAPIDS MN 56379 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,825.77	Priority amount \$3,825.77 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4881.	Priority creditor's name and mailing address OPPENHEIMER, ARIANA 482 ALLEN PARK RD. SPRINGFIELD MA 01118 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$288.00</td> </tr> </table>	Total claim	\$288.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$288.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$288.00	Nonpriority amount	\$0.00
Total claim										
\$288.00										
Priority amount										
\$288.00										
Nonpriority amount										
\$0.00										
2.4882.	Priority creditor's name and mailing address OQUENDO, JACKELINE A 34 N. SWEZEY TOWN RD. MIDDLE ISLAND NY 11953-1443 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$5,670.37</td> </tr> </table>	Total claim	\$5,670.37	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$5,670.37</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$5,670.37	Nonpriority amount	\$0.00
Total claim										
\$5,670.37										
Priority amount										
\$5,670.37										
Nonpriority amount										
\$0.00										
2.4883.	Priority creditor's name and mailing address ORANGE, LETIA 2390 NUT TREE RD 12 VACAVILLE CA 95687 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$73.56</td> </tr> </table>	Total claim	\$73.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$73.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$73.56	Nonpriority amount	\$0.00
Total claim										
\$73.56										
Priority amount										
\$73.56										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4884. Priority creditor's name and mailing address ORDONEZ, DAISY 24929 ALDERBROOK DR APT.5 NEWHALL CA 91321 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$213.00	Priority amount \$213.00 Nonpriority amount \$0.00
2.4885. Priority creditor's name and mailing address ORDONEZ, ELIZABETH A 4001 FAUDREE RD APT L205 ODESSA TX 79765 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$4,587.40	Priority amount \$4,587.40 Nonpriority amount \$0.00
2.4886. Priority creditor's name and mailing address OREGEL, STEPHANIE 1329 NOCHE DR OXNARD CA 93030 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$228.60	Priority amount \$228.60 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4887. Priority creditor's name and mailing address ORELLANA, CARLA 205 BENTON DR APT. 1203 ALLEN TX 75002-5359 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,914.59	Priority amount \$1,914.59 Nonpriority amount \$0.00
2.4888. Priority creditor's name and mailing address ORELLANA, KEITHY ARABELLA 10600 MONTARA AVENUE SOUTH GATE CA 90280 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$45.96	Priority amount \$45.96 Nonpriority amount \$0.00
2.4889. Priority creditor's name and mailing address ORELLANA, VALERIE 30560 APPALACHIAN DRIVE CASTAIC CA 91384 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$169.20	Priority amount \$169.20 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4890. Priority creditor's name and mailing address ORELLANA, YOSELIN 1705 RIVER OAKS DR ALLEN TX 75002-5359 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,940.32	Priority amount \$1,940.32 Nonpriority amount \$0.00
2.4891. Priority creditor's name and mailing address ORLANDO, KRISTIN N 74 MADISON AVENUE WESTBURY NY 11590 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,255.52	Priority amount \$1,255.52 Nonpriority amount \$0.00
2.4892. Priority creditor's name and mailing address ORNELAS, ARIANA D 240 GURRIES DR B GILROY CA 95020 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$492.76	Priority amount \$492.76 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4893. Priority creditor's name and mailing address ORNELAS, MARY G 852 EAST 20TH ST LN GREELEY CO 80631 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$109.89</td> </tr> </table>	Total claim	\$109.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$109.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$109.89	Nonpriority amount	\$0.00
Total claim									
\$109.89									
Priority amount									
\$109.89									
Nonpriority amount									
\$0.00									
2.4894. Priority creditor's name and mailing address OROZCO, ASTRID M 5135 N POST RD TRLR 235 INDIANAPOLIS IN 46226 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$182.52</td> </tr> </table>	Total claim	\$182.52	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$182.52</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$182.52	Nonpriority amount	\$0.00
Total claim									
\$182.52									
Priority amount									
\$182.52									
Nonpriority amount									
\$0.00									
2.4895. Priority creditor's name and mailing address OROZCO, MARISOL M 8839 GRAHAM DEARBORN MI 48126 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$219.60</td> </tr> </table>	Total claim	\$219.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$219.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$219.60	Nonpriority amount	\$0.00
Total claim									
\$219.60									
Priority amount									
\$219.60									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4896. Priority creditor's name and mailing address OROZCO, VALERIE 42774 AMAZON ST HEMET CA 92544 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$24.60</td> </tr> </table>	Total claim	\$24.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$24.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$24.60	Nonpriority amount	\$0.00
Total claim									
\$24.60									
Priority amount									
\$24.60									
Nonpriority amount									
\$0.00									
2.4897. Priority creditor's name and mailing address OROZCO, VILLASENOR KARINA 3877 LIGHT YEAR DR LAS VEGAS NV 89115 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$151.14</td> </tr> </table>	Total claim	\$151.14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$151.14</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$151.14	Nonpriority amount	\$0.00
Total claim									
\$151.14									
Priority amount									
\$151.14									
Nonpriority amount									
\$0.00									
2.4898. Priority creditor's name and mailing address ORR, KYRA 605 NE EMERSON ST PORTLAND OR 97211 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$755.04</td> </tr> </table>	Total claim	\$755.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$755.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$755.04	Nonpriority amount	\$0.00
Total claim									
\$755.04									
Priority amount									
\$755.04									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4899.	Priority creditor's name and mailing address ORTA, ERIS M 325 CLARENDON COLUMBUS OH 43223 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$62.88</td> </tr> </table>	Total claim	\$62.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$62.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$62.88	Nonpriority amount	\$0.00
Total claim										
\$62.88										
Priority amount										
\$62.88										
Nonpriority amount										
\$0.00										
2.4900.	Priority creditor's name and mailing address ORTEGA, ANA D 88 MANHATTAN AVE 3L BROOKLYN NY 11206 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$333.60</td> </tr> </table>	Total claim	\$333.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$333.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$333.60	Nonpriority amount	\$0.00
Total claim										
\$333.60										
Priority amount										
\$333.60										
Nonpriority amount										
\$0.00										
2.4901.	Priority creditor's name and mailing address ORTEGA, BEATRIZ A 2100 STALCUP RD FORT WORTH TX 76112 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$256.76</td> </tr> </table>	Total claim	\$256.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$256.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$256.76	Nonpriority amount	\$0.00
Total claim										
\$256.76										
Priority amount										
\$256.76										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.4902. Priority creditor's name and mailing address**ORTEGA, BETZABET S
8225 COMMUNITY DR
MANASSAS VA 20109**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$184.12

Priority amount

\$184.12

Nonpriority amount

\$0.00

2.4903. Priority creditor's name and mailing addressORTEGA, GIZELLE
5461 DEHESA ROAD
EL CAJON CA 92019**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$281.52

Priority amount

\$281.52

Nonpriority amount

\$0.00

2.4904. Priority creditor's name and mailing addressORTEGA, GUADALUPE O
3076 OAK CREST CIR
EL PASO TX 79936-0664**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$2,536.38

Priority amount

\$2,536.38

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4905.	Priority creditor's name and mailing address ORTEGA, MARTINEZ AMERICA G 1906 JEROME AV SW GRAND RAPIDS MI 49507 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$178.99</td></tr></table>	Total claim	\$178.99	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$178.99</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$178.99	Nonpriority amount	\$0.00
Total claim										
\$178.99										
Priority amount										
\$178.99										
Nonpriority amount										
\$0.00										
2.4906.	Priority creditor's name and mailing address ORTEGA, VERONICA F 15873 YARNELL STREET SYLMAR CA 91342 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$981.36</td></tr></table>	Total claim	\$981.36	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$981.36</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$981.36	Nonpriority amount	\$0.00
Total claim										
\$981.36										
Priority amount										
\$981.36										
Nonpriority amount										
\$0.00										
2.4907.	Priority creditor's name and mailing address ORTEGA, VILLALOBOS ERIKA J 2816 FM 1978 SAN MARCOS TX 78666 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$43.17</td></tr></table>	Total claim	\$43.17	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$43.17</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$43.17	Nonpriority amount	\$0.00
Total claim										
\$43.17										
Priority amount										
\$43.17										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4908. Priority creditor's name and mailing address ORTEGON, GABRIELA 1701 MILL ST SAN MARCOS TX 78666 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$31.84	Priority amount \$31.84 Nonpriority amount \$0.00
2.4909. Priority creditor's name and mailing address ORTEZ, ELVIA M 57 NEW ST SOUTH RIVER NJ 08882 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$713.17	Priority amount \$713.17 Nonpriority amount \$0.00
2.4910. Priority creditor's name and mailing address ORTIZ, ERANDI 6927 WRIGHT PLAZA APT O2 OMAHA NE 68106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$374.55	Priority amount \$374.55 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4911. Priority creditor's name and mailing address ORTIZ, FRANCISCA 6910 W WATERS AVE APT 600 TAMPA FL 33634-2215 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$33.42	Priority amount \$33.42 Nonpriority amount \$0.00
2.4912. Priority creditor's name and mailing address ORTIZ, GYSSELLE 2502 FLINT COURT SOUTH BEND IN 46628 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$239.68	Priority amount \$239.68 Nonpriority amount \$0.00
2.4913. Priority creditor's name and mailing address ORTIZ, INGRID 969 GROVE STREET 1ST FLOOR ELIZABETH NJ 07202 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$71.95	Priority amount \$71.95 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4914. Priority creditor's name and mailing address ORTIZ, JANYZE O 4416 ELIZABETH ST APT 5 CUDAHY CA 90201 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,069.85	Priority amount \$2,069.85 Nonpriority amount \$0.00
2.4915. Priority creditor's name and mailing address ORTIZ, JESSICA 2687 E. BERETTA PLACE CHANDLER AZ 85286-5704 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$748.55	Priority amount \$748.55 Nonpriority amount \$0.00
2.4916. Priority creditor's name and mailing address ORTIZ, KATELYNN E 127 B HILLCREST AVE APT B COLLINGSWOOD NJ 08108 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$103.55	Priority amount \$103.55 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4917. Priority creditor's name and mailing address ORTIZ, MARGARITA 5709 BROSAM DR PLAINFIELD IL 60586 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$511.51	Priority amount \$511.51 Nonpriority amount \$0.00
2.4918. Priority creditor's name and mailing address ORTIZ, MARIA G 9108 MAPLE ST BELLFLOWER CA 90706-5619 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,495.98	Priority amount \$1,495.98 Nonpriority amount \$0.00
2.4919. Priority creditor's name and mailing address ORTIZ, MILAGROS E 9534 BRIAR GLENN WAY GAITHERSBURG MD 20886 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$436.19	Priority amount \$436.19 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4920.	Priority creditor's name and mailing address ORTIZ, MIRIAM 720 BAYSHORE DR CONDO 303 FT LAUDERDALE FL 33304 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$100.42</td> </tr> </table>	Total claim	\$100.42	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$100.42</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$100.42	Nonpriority amount	\$0.00
Total claim										
\$100.42										
Priority amount										
\$100.42										
Nonpriority amount										
\$0.00										
2.4921.	Priority creditor's name and mailing address ORTIZ, YESENIA 1500 SEMINOLE DR 22 JOHNSON CITY TN 37604 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$29.15</td> </tr> </table>	Total claim	\$29.15	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$29.15</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$29.15	Nonpriority amount	\$0.00
Total claim										
\$29.15										
Priority amount										
\$29.15										
Nonpriority amount										
\$0.00										
2.4922.	Priority creditor's name and mailing address ORTIZ, ZOIE I 2241 VINE ST DENVER CO 80205 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$115.22</td> </tr> </table>	Total claim	\$115.22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$115.22</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$115.22	Nonpriority amount	\$0.00
Total claim										
\$115.22										
Priority amount										
\$115.22										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4923. Priority creditor's name and mailing address ORTOLANI, ANDREA M 113 AQUEDUCT COURT FOREST HILL MD 21050 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$237.66	Priority amount \$237.66 Nonpriority amount \$0.00
2.4924. Priority creditor's name and mailing address OSBURN, EMALEE N 1008 PEPPERTREE PLACE NORMAN OK 73071 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$117.53	Priority amount \$117.53 Nonpriority amount \$0.00
2.4925. Priority creditor's name and mailing address OSCAR-LYNN, DEANNA K 10870 PINE STREET TAYLOR MI 48180 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$196.48	Priority amount \$196.48 Nonpriority amount \$0.00

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2.4926.	Priority creditor's name and mailing address OSIER, JESSICA C 3060 SEDGWICK CIRCLE LOVELAND CO 80538 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$400.49</td> </tr> </table>	Total claim	\$400.49	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$400.49</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$400.49	Nonpriority amount	\$0.00
Total claim										
\$400.49										
Priority amount										
\$400.49										
Nonpriority amount										
\$0.00										
2.4927.	Priority creditor's name and mailing address OSORIO, MARTINEZ ESTEFANIA 1775 LINNERUD DR. APT 201 SUN PRAIRIE WI 53590 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$52.13</td> </tr> </table>	Total claim	\$52.13	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$52.13</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$52.13	Nonpriority amount	\$0.00
Total claim										
\$52.13										
Priority amount										
\$52.13										
Nonpriority amount										
\$0.00										
2.4928.	Priority creditor's name and mailing address OSORTO, LISETTE M 2208 RICHWOOD PIKE DR RUSKIN FL 33570 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$208.96</td> </tr> </table>	Total claim	\$208.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$208.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$208.96	Nonpriority amount	\$0.00
Total claim										
\$208.96										
Priority amount										
\$208.96										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4929. Priority creditor's name and mailing address OSSUN, BERNADETTE 5669 N FRESNO ST 142 FRESNO CA 93710 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,886.99</td> </tr> </table>	Total claim	\$1,886.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,886.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,886.99	Nonpriority amount	\$0.00
Total claim									
\$1,886.99									
Priority amount									
\$1,886.99									
Nonpriority amount									
\$0.00									
2.4930. Priority creditor's name and mailing address OSUNA, AGUERO MARTHA L 2004 E. WHITE AVE. APT.101 FRESNO CA 93701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$135.24</td> </tr> </table>	Total claim	\$135.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$135.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$135.24	Nonpriority amount	\$0.00
Total claim									
\$135.24									
Priority amount									
\$135.24									
Nonpriority amount									
\$0.00									
2.4931. Priority creditor's name and mailing address OSUNA, HEAVEN M 208 LAURA LN GRAND PRAIRIE TX 75052 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$145.43</td> </tr> </table>	Total claim	\$145.43	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$145.43</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$145.43	Nonpriority amount	\$0.00
Total claim									
\$145.43									
Priority amount									
\$145.43									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4932. Priority creditor's name and mailing address OSWALD, ALEXANDREA J 319 CHESTNUT HEIGHTS DRIVE LIVERPOOL NY 13088 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$363.64	Priority amount \$363.64 Nonpriority amount \$0.00
2.4933. Priority creditor's name and mailing address OSWALD, ANNA 4144 W 90TH ST HOMETOWN IL 60456-1214 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,270.78	Priority amount \$1,270.78 Nonpriority amount \$0.00
2.4934. Priority creditor's name and mailing address OSWALD, CLARA 530 WARRICK DR WASHINGTON PA 15301-9514 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$585.42	Priority amount \$585.42 Nonpriority amount \$0.00

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2.4935. Priority creditor's name and mailing address OTERO, APRIL 1529 SAN PEDRO RD NE RIO RANCHO NM 87144 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,321.27</td> </tr> </table>	Total claim	\$2,321.27	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,321.27</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,321.27	Nonpriority amount	\$0.00
Total claim									
\$2,321.27									
Priority amount									
\$2,321.27									
Nonpriority amount									
\$0.00									
2.4936. Priority creditor's name and mailing address OTERO, MARIANN C 1804 OXFORD SQ BEL AIR MD 21015 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$887.04</td> </tr> </table>	Total claim	\$887.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$887.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$887.04	Nonpriority amount	\$0.00
Total claim									
\$887.04									
Priority amount									
\$887.04									
Nonpriority amount									
\$0.00									
2.4937. Priority creditor's name and mailing address OTTAH, JESSICA 2861 INGRAM CIRCLE MESQUITE TX 75181 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$69.39</td> </tr> </table>	Total claim	\$69.39	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$69.39</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$69.39	Nonpriority amount	\$0.00
Total claim									
\$69.39									
Priority amount									
\$69.39									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4938.	Priority creditor's name and mailing address OTWAY, AVA 919 MYRTLE AVE APT 12L BROOKLYN NY 11206 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$121.65</td> </tr> </table>	Total claim	\$121.65	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$121.65</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$121.65	Nonpriority amount	\$0.00
Total claim										
\$121.65										
Priority amount										
\$121.65										
Nonpriority amount										
\$0.00										
2.4939.	Priority creditor's name and mailing address OTZENBERGER, PAYTON L 12029 LA PALMERA AVE LAS VEGAS NV 89138 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$74.58</td> </tr> </table>	Total claim	\$74.58	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$74.58</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$74.58	Nonpriority amount	\$0.00
Total claim										
\$74.58										
Priority amount										
\$74.58										
Nonpriority amount										
\$0.00										
2.4940.	Priority creditor's name and mailing address OUBAID, HEDAYA 4515 SE DUPONT RD BERRYTON KS 66409 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$80.48</td> </tr> </table>	Total claim	\$80.48	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$80.48</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$80.48	Nonpriority amount	\$0.00
Total claim										
\$80.48										
Priority amount										
\$80.48										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4941. Priority creditor's name and mailing address OVALLE, BELEN 742 W WHEATRIDGE DR TUCSON AZ 85704 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$67.10</td> </tr> </table>	Total claim	\$67.10	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$67.10</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$67.10	Nonpriority amount	\$0.00
Total claim									
\$67.10									
Priority amount									
\$67.10									
Nonpriority amount									
\$0.00									
2.4942. Priority creditor's name and mailing address OVERTON, SELINA R 2712 BEACHMONT AVENUE NORFOLK VA 23504 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,255.66</td> </tr> </table>	Total claim	\$1,255.66	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,255.66</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,255.66	Nonpriority amount	\$0.00
Total claim									
\$1,255.66									
Priority amount									
\$1,255.66									
Nonpriority amount									
\$0.00									
2.4943. Priority creditor's name and mailing address OVIEDO, ANGELIKA R 566 CENTRAL AVENUE BROOKLYN NY 11207 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$547.50</td> </tr> </table>	Total claim	\$547.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$547.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$547.50	Nonpriority amount	\$0.00
Total claim									
\$547.50									
Priority amount									
\$547.50									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4944. Priority creditor's name and mailing address OVIEDO, YANET E COUNTRY CLUB C/259 #GY21 CAROLINA PR 00982 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$129.20	Priority amount \$129.20 Nonpriority amount \$0.00
2.4945. Priority creditor's name and mailing address OWEN, MANDIE 18081 MIDWAY RD. APT.1912 DALLAS TX 75287 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,223.17	Priority amount \$2,223.17 Nonpriority amount \$0.00
2.4946. Priority creditor's name and mailing address OWEN, SARAH G 94-214 NOHOLOA CT APT 29 MILILANI HI 96789-2431 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$593.75	Priority amount \$593.75 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.4947. Priority creditor's name and mailing address**OWENS, JAMI M
5311 FAIRBANKS
LANSING MI 48917**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$1,903.74

Priority amount

\$1,903.74

Nonpriority amount

\$0.00

2.4948. Priority creditor's name and mailing addressOWENS, SHELBY D
100 BYRAM DR APT 19H
BYRAM MS 39272**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$70.48

Priority amount

\$70.48

Nonpriority amount

\$0.00

2.4949. Priority creditor's name and mailing addressOWES, JAYNAH L
1712 EAST CLEAR LAKE DR.
SALISBURY MD 21804**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$93.83

Priority amount

\$93.83

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4950.	Priority creditor's name and mailing address OWUSU, CLAUDIA E 7426 OLIVER AVE S. APT 3 3 RICHFIELD MN 55423 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$220.80</td></tr></table>	Total claim	\$220.80	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$220.80</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$220.80	Nonpriority amount	\$0.00
Total claim										
\$220.80										
Priority amount										
\$220.80										
Nonpriority amount										
\$0.00										
2.4951.	Priority creditor's name and mailing address OXLEY, EMILY R 47 FLINT STREET SPRINGFIELD MA 01129 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$476.06</td></tr></table>	Total claim	\$476.06	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$476.06</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$476.06	Nonpriority amount	\$0.00
Total claim										
\$476.06										
Priority amount										
\$476.06										
Nonpriority amount										
\$0.00										
2.4952.	Priority creditor's name and mailing address OXLEY, KAYLEIGH C 1032 LAIRD AVENUE PARKERSBURG WV 26101 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$99.31</td></tr></table>	Total claim	\$99.31	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$99.31</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$99.31	Nonpriority amount	\$0.00
Total claim										
\$99.31										
Priority amount										
\$99.31										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4953. Priority creditor's name and mailing address OXLEY, TAMI 426 GARDEN STREET WEST SACRAMENTO CA 95691 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,537.75	Priority amount \$2,537.75 Nonpriority amount \$0.00
2.4954. Priority creditor's name and mailing address OXNER, MARIE A 668 CHINQUAPIN WAY STONE MOUNTAIN GA 30083 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,679.81	Priority amount \$1,679.81 Nonpriority amount \$0.00
2.4955. Priority creditor's name and mailing address PABLO VILLAREAL JR TAX ASSESSOR-COLLECTOR P.O.BOX 3337 EDINBURG TX 78540-3337 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$7,937.79	Priority amount \$7,937.79 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4956.	Priority creditor's name and mailing address PABON, MARTINEZ MICHELLE M 2745 SAMPSON AVE 3C BRONX NY 10465 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$210.90</td></tr></table>	Total claim	\$210.90	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$210.90</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$210.90	Nonpriority amount	\$0.00
Total claim										
\$210.90										
Priority amount										
\$210.90										
Nonpriority amount										
\$0.00										
2.4957.	Priority creditor's name and mailing address PACHECO, ARACELI N 3327 E KERCKHOFF AVE FRESNO CA 93702 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$75.60</td></tr></table>	Total claim	\$75.60	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$75.60</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$75.60	Nonpriority amount	\$0.00
Total claim										
\$75.60										
Priority amount										
\$75.60										
Nonpriority amount										
\$0.00										
2.4958.	Priority creditor's name and mailing address PACKER, JOZETTE 16 W 38TH ST BAYONNE NJ 07002 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$121.51</td></tr></table>	Total claim	\$121.51	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$121.51</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$121.51	Nonpriority amount	\$0.00
Total claim										
\$121.51										
Priority amount										
\$121.51										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4959.	Priority creditor's name and mailing address PACLEB, MAYLANI 94-342 HANAWAI CIRCLE WAIPAHU HI 96797 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$3,797.90</td></tr></table>	Total claim	\$3,797.90	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$3,797.90</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$3,797.90	Nonpriority amount	\$0.00
Total claim										
\$3,797.90										
Priority amount										
\$3,797.90										
Nonpriority amount										
\$0.00										
2.4960.	Priority creditor's name and mailing address PADELSKI, KRISTY M 3417 WINDY WOOD DRIVE ORLANDO FL 32812 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$132.77</td></tr></table>	Total claim	\$132.77	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$132.77</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$132.77	Nonpriority amount	\$0.00
Total claim										
\$132.77										
Priority amount										
\$132.77										
Nonpriority amount										
\$0.00										
2.4961.	Priority creditor's name and mailing address PADIA, ALLYSSA S 3395 S TATUM COURT GILBERT AZ 85297 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$233.09</td></tr></table>	Total claim	\$233.09	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$233.09</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$233.09	Nonpriority amount	\$0.00
Total claim										
\$233.09										
Priority amount										
\$233.09										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4962. Priority creditor's name and mailing address PADILLA, ARIANA 10727 O STREET PLZ APT 17 OMAHA NE 68127 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$454.83	Priority amount \$454.83 Nonpriority amount \$0.00
2.4963. Priority creditor's name and mailing address PADILLA, GABRIELA 1529 E PRINCETON AVE FRESNO CA 93704 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$412.02	Priority amount \$412.02 Nonpriority amount \$0.00
2.4964. Priority creditor's name and mailing address PADILLA, JASMINE T 3311 EAST MILLER DRIVE FLAGSTAFF AZ 86004 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$119.28	Priority amount \$119.28 Nonpriority amount \$0.00

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2.4965. Priority creditor's name and mailing address PADILLA, JESSICA 20951 ROSCOE BLVD 21 CANOGA PARK CA 91304 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$201.93	Priority amount \$201.93 Nonpriority amount \$0.00
2.4966. Priority creditor's name and mailing address PADILLA, LESLIE P 1787 HARMONY WAY PITTSBURG CA 94565 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$273.84	Priority amount \$273.84 Nonpriority amount \$0.00
2.4967. Priority creditor's name and mailing address PADILLA, LEXI J 40258 MIMULUS WAY TEMECULA CA 92591 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$259.56	Priority amount \$259.56 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4968. Priority creditor's name and mailing address PADILLA, TAIRY M 2124 ALEXANDER STREET OXNARD CA 93033 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$186.00</td> <td>\$186.00</td> </tr> </table>	Total claim	Priority amount	\$186.00	\$186.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$186.00	\$186.00								
Nonpriority amount									
\$0.00									
2.4969. Priority creditor's name and mailing address PAGAN, IDALYS M 1815 RICHMOND AVE.N LEHIGH ACRES FL 33972 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$161.16</td> <td>\$161.16</td> </tr> </table>	Total claim	Priority amount	\$161.16	\$161.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$161.16	\$161.16								
Nonpriority amount									
\$0.00									
2.4970. Priority creditor's name and mailing address PAGAN, VICTORIA 68 ASTI AVE REVERE MA 02151 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,426.12</td> <td>\$2,426.12</td> </tr> </table>	Total claim	Priority amount	\$2,426.12	\$2,426.12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$2,426.12	\$2,426.12								
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.4971. Priority creditor's name and mailing address PAGE, ANIYAH L 2728 WOODCUTTER AVE COLUMBUS OH 43224 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$523.30	Priority amount \$523.30 Nonpriority amount \$0.00
2.4972. Priority creditor's name and mailing address PAGE, T'YANNA 9617 LANNEAU CT. BAKERSFIELD CA 93311 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$127.20	Priority amount \$127.20 Nonpriority amount \$0.00
2.4973. Priority creditor's name and mailing address PAIGE, JOINER ALISHA A 6524 MORRISON RD UTICA MS 39175 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$235.64	Priority amount \$235.64 Nonpriority amount \$0.00

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2.4974. Priority creditor's name and mailing address PAIO, DAISJAH L 99-105 OHEKANI LOOP. AIEA HI 96701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$93.84	Priority amount \$93.84 Nonpriority amount \$0.00
2.4975. Priority creditor's name and mailing address PAIZ, CAROLINA 333 PLAINFIELD ST 2ND PROVIDENCE RI 02909 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$207.38	Priority amount \$207.38 Nonpriority amount \$0.00
2.4976. Priority creditor's name and mailing address PALACIO, MARIA A 2538 LAKE DEBRA APT 23109 ORLANDO FL 32835 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,574.89	Priority amount \$2,574.89 Nonpriority amount \$0.00

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2.4977. Priority creditor's name and mailing address PALACIO, MICHELLE D 1838 WAKE FOREST RD NW PALM BAY FL 32907 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$85.94	Priority amount \$85.94 Nonpriority amount \$0.00
2.4978. Priority creditor's name and mailing address PALACIOS, FLORES DANIELA 657 SALOON CT HENDERSON NV 89011 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$118.06	Priority amount \$118.06 Nonpriority amount \$0.00
2.4979. Priority creditor's name and mailing address PALHAN, KIRAN 832 93RD STREET NIAGARA FALLS NY 14304 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$98.79	Priority amount \$98.79 Nonpriority amount \$0.00

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2.4980. Priority creditor's name and mailing address PALLADINO, AUDREY D 3582 WELLER DR GARNET VALLEY PA 19060 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$10,074.70	Priority amount \$10,074.70 Nonpriority amount \$0.00
2.4981. Priority creditor's name and mailing address PALLANTE, KARA 4 KENT CT EASTAMPTON NJ 08060-3271 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,631.35	Priority amount \$1,631.35 Nonpriority amount \$0.00
2.4982. Priority creditor's name and mailing address PALMA, AMY D 118 WALLACE AVE AUBURN MA 01501 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$317.52	Priority amount \$317.52 Nonpriority amount \$0.00

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2.4983. Priority creditor's name and mailing address PALMA, MARIANNE G 409 N. KODIAK ST. A ANAHEIM CA 92807 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$140.64	Priority amount \$140.64 Nonpriority amount \$0.00
2.4984. Priority creditor's name and mailing address PALMER, ABIGAIL J 100 49TH AVE CT GREELEY CO 80634 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$524.88	Priority amount \$524.88 Nonpriority amount \$0.00
2.4985. Priority creditor's name and mailing address PALMER, KALIMAH Q 1617 DIAMOND RIDGE CIR CASTLE ROCK CO 80108 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$361.75	Priority amount \$361.75 Nonpriority amount \$0.00

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2.4986. Priority creditor's name and mailing address PALMERIN, LAURA 14964 E. 54TH AVE DENVER CO 80239 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$39.96	Priority amount \$39.96 Nonpriority amount \$0.00
2.4987. Priority creditor's name and mailing address PALMITER, KIRA 3721 BOSK LANE COLLEGE GROVE TN 37046 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$532.95	Priority amount \$532.95 Nonpriority amount \$0.00
2.4988. Priority creditor's name and mailing address PAN, YI-LING L 108 CALIFORNIA AVENUE WATERTOWN NY 13601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$125.76	Priority amount \$125.76 Nonpriority amount \$0.00

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2.4989. Priority creditor's name and mailing address PANELLA, KACEY R 120 AZALEA CIR JACKSON NJ 08527 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$46.20</td> </tr> </table>	Total claim	\$46.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$46.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$46.20	Nonpriority amount	\$0.00
Total claim									
\$46.20									
Priority amount									
\$46.20									
Nonpriority amount									
\$0.00									
2.4990. Priority creditor's name and mailing address PANGELINAN, ANNALYSIA Y 1906 GREY FOX TRL KILLEEN TX 76543 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$94.90</td> </tr> </table>	Total claim	\$94.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$94.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$94.90	Nonpriority amount	\$0.00
Total claim									
\$94.90									
Priority amount									
\$94.90									
Nonpriority amount									
\$0.00									
2.4991. Priority creditor's name and mailing address PANN, SARIENDA K 5635 WEST 176TH STREET FARMINGTON MN 55024 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$106.78</td> </tr> </table>	Total claim	\$106.78	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$106.78</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$106.78	Nonpriority amount	\$0.00
Total claim									
\$106.78									
Priority amount									
\$106.78									
Nonpriority amount									
\$0.00									

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2.4992.	Priority creditor's name and mailing address PANTALEON, MARIELA J 46 HEYWARD ST BRENTWOOD NY 11718 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$165.36</td></tr></table>	Total claim	\$165.36	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$165.36</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$165.36	Nonpriority amount	\$0.00
Total claim										
\$165.36										
Priority amount										
\$165.36										
Nonpriority amount										
\$0.00										
2.4993.	Priority creditor's name and mailing address PAPIRI, ALEXIS B 32749 BLACKWATER RD FRANKFORD DE 19945 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$418.14</td></tr></table>	Total claim	\$418.14	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$418.14</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$418.14	Nonpriority amount	\$0.00
Total claim										
\$418.14										
Priority amount										
\$418.14										
Nonpriority amount										
\$0.00										
2.4994.	Priority creditor's name and mailing address PARGEON, EMMA L 12 E 3RD ST POTTSTOWN PA 19464 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$258.40</td></tr></table>	Total claim	\$258.40	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$258.40</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$258.40	Nonpriority amount	\$0.00
Total claim										
\$258.40										
Priority amount										
\$258.40										
Nonpriority amount										
\$0.00										

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2.4995. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
PARHAM, RAVEN D 11401 DUNBROOK ROAD APT. 102 NORTH CHESTERFIELD VA 23235	☐ Contingent ☐ Unliquidated ☐ Disputed	\$120.84	\$120.84
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.4996. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
PARISELLA, PAIGE 117 WASHINGTON AVE APT 414 SCHENECTADY NY 12305	☐ Contingent ☐ Unliquidated ☐ Disputed	\$72.26	\$72.26
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.4997. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
PARKER, AYLIA 2107 HORIZON TRL APT 3910 ARLINGTON TX 76011	☐ Contingent ☐ Unliquidated ☐ Disputed	\$62.47	\$62.47
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		Nonpriority amount \$0.00
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

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2.4998. Priority creditor's name and mailing address PARKER, ERIN M 3913 NORTH I-10 SERVICE ROAD APT 119 METAIRIE LA 70002 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$1,554.44</td></tr></table>	Total claim	\$1,554.44	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$1,554.44</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,554.44	Nonpriority amount	\$0.00
Total claim									
\$1,554.44									
Priority amount									
\$1,554.44									
Nonpriority amount									
\$0.00									
2.4999. Priority creditor's name and mailing address PARKER, HALEY 1030 MUNSEN SPRING DRIVE COLUMBIA SC 29209 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$2,681.82</td></tr></table>	Total claim	\$2,681.82	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$2,681.82</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$2,681.82	Nonpriority amount	\$0.00
Total claim									
\$2,681.82									
Priority amount									
\$2,681.82									
Nonpriority amount									
\$0.00									
2.5000. Priority creditor's name and mailing address PARKER, JAYLAAN 3500 JOHN A MERRITT BLVD BOX #5063 NASHVILLE TN 37209 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$59.08</td></tr></table>	Total claim	\$59.08	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$59.08</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$59.08	Nonpriority amount	\$0.00
Total claim									
\$59.08									
Priority amount									
\$59.08									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5001.	Priority creditor's name and mailing address PARKER, KATHERINE J 27 GOSS STREET CLINTON MA 01510 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$218.94</td> </tr> </table>	Total claim	\$218.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$218.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$218.94	Nonpriority amount	\$0.00
Total claim										
\$218.94										
Priority amount										
\$218.94										
Nonpriority amount										
\$0.00										
2.5002.	Priority creditor's name and mailing address PARKER, MALLORY 3051 JUNIPER ST SW B JBLM WA 98439 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$182.78</td> </tr> </table>	Total claim	\$182.78	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$182.78</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$182.78	Nonpriority amount	\$0.00
Total claim										
\$182.78										
Priority amount										
\$182.78										
Nonpriority amount										
\$0.00										
2.5003.	Priority creditor's name and mailing address PARKER, MORGAN W 3725 LOEHORMOORE AVE NE CANTON OH 44705 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,737.90</td> </tr> </table>	Total claim	\$1,737.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,737.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,737.90	Nonpriority amount	\$0.00
Total claim										
\$1,737.90										
Priority amount										
\$1,737.90										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5004. Priority creditor's name and mailing address PARKINSON, AURORA G 1829 EAST 14TH STREET BROOKLYN NY 11229 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$75.00</td> </tr> </table>	Total claim	\$75.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$75.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$75.00	Nonpriority amount	\$0.00
Total claim									
\$75.00									
Priority amount									
\$75.00									
Nonpriority amount									
\$0.00									
2.5005. Priority creditor's name and mailing address PARKS, ALLIAH 274 REGENTS CIRCLE MAYS LANDING NJ 08330 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$175.41</td> </tr> </table>	Total claim	\$175.41	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$175.41</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$175.41	Nonpriority amount	\$0.00
Total claim									
\$175.41									
Priority amount									
\$175.41									
Nonpriority amount									
\$0.00									
2.5006. Priority creditor's name and mailing address PARLIER, ALEXANDRIA A 433 SOUTH VAN BUREN ST. 12 IOWA CITY IA 52240 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$34.65</td> </tr> </table>	Total claim	\$34.65	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$34.65</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$34.65	Nonpriority amount	\$0.00
Total claim									
\$34.65									
Priority amount									
\$34.65									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5007.	Priority creditor's name and mailing address PARMELE, AMANDA 11 HOMER DRIVE MONSON MA 01057 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$590.63</td></tr></table>	Total claim	\$590.63	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$590.63</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$590.63	Nonpriority amount	\$0.00
Total claim										
\$590.63										
Priority amount										
\$590.63										
Nonpriority amount										
\$0.00										
2.5008.	Priority creditor's name and mailing address PARRA, CARMELLA A 1313 EL SERENO DR. BAKERSFIELD CA 93304 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$3,961.44</td></tr></table>	Total claim	\$3,961.44	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$3,961.44</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$3,961.44	Nonpriority amount	\$0.00
Total claim										
\$3,961.44										
Priority amount										
\$3,961.44										
Nonpriority amount										
\$0.00										
2.5009.	Priority creditor's name and mailing address PARRA, YASIEL 9 THAYER STREET APT. C14 NEW YORK NY 10040 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$369.45</td></tr></table>	Total claim	\$369.45	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$369.45</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$369.45	Nonpriority amount	\$0.00
Total claim										
\$369.45										
Priority amount										
\$369.45										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5010.	Priority creditor's name and mailing address PARRA-VEIRA, MARIA A 105 LOUISIANA AVE BRIDGEPORT CT 06610 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$87.61</td> </tr> </table>	Total claim	\$87.61	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$87.61</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$87.61	Nonpriority amount	\$0.00
Total claim										
\$87.61										
Priority amount										
\$87.61										
Nonpriority amount										
\$0.00										
2.5011.	Priority creditor's name and mailing address PARSONS, HANNAH 784 CALICO CT APT F TERRE HAUTE IN 47803 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$37.54</td> </tr> </table>	Total claim	\$37.54	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$37.54</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$37.54	Nonpriority amount	\$0.00
Total claim										
\$37.54										
Priority amount										
\$37.54										
Nonpriority amount										
\$0.00										
2.5012.	Priority creditor's name and mailing address PARSONS, SHAYLEE 16 STAFFORD WAY ROCHESTER NY 14626 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$351.98</td> </tr> </table>	Total claim	\$351.98	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$351.98</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$351.98	Nonpriority amount	\$0.00
Total claim										
\$351.98										
Priority amount										
\$351.98										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5013. Priority creditor's name and mailing address PARSONS, XORIA 114 PENN FOREST DR. ALBRIGHTSVILLE PA 18210 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$139.12	Priority amount \$139.12 Nonpriority amount \$0.00
2.5014. Priority creditor's name and mailing address PARTRIDGE, JADE K 17894 COUNTY ROUTE 3 CLAYTON NY 13624 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$390.72	Priority amount \$390.72 Nonpriority amount \$0.00
2.5015. Priority creditor's name and mailing address PASCALE, JESSICA 9 HAYES ST NESCONSET NY 11767 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$471.84	Priority amount \$471.84 Nonpriority amount \$0.00

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2.5016. Priority creditor's name and mailing address PASCO, CASSANDRA R 221 GRACE STREET GROVE CITY PA 16127 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,156.57	Priority amount \$3,156.57 Nonpriority amount \$0.00
2.5017. Priority creditor's name and mailing address PASCUAL, ADRIANNA V 94-1832 KULEWA LOOP APT. 44R WAIPAHU HI 96797 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$90.70	Priority amount \$90.70 Nonpriority amount \$0.00
2.5018. Priority creditor's name and mailing address PASDERTZ, TORI A 800 BAILEY DR. JOLIET IL 60404 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$196.60	Priority amount \$196.60 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5019.	Priority creditor's name and mailing address PASSLEY, CHYANNA 4347 52ND AVE S SAINT PETERSBURG FL 33711 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$67.51</td> </tr> </table>	Total claim	\$67.51	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$67.51</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$67.51	Nonpriority amount	\$0.00
Total claim										
\$67.51										
Priority amount										
\$67.51										
Nonpriority amount										
\$0.00										
2.5020.	Priority creditor's name and mailing address PASTRANA, ANAHI 2903 W. BELMONT CHICAGO IL 60618 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$718.38</td> </tr> </table>	Total claim	\$718.38	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$718.38</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$718.38	Nonpriority amount	\$0.00
Total claim										
\$718.38										
Priority amount										
\$718.38										
Nonpriority amount										
\$0.00										
2.5021.	Priority creditor's name and mailing address PATAO-SANTOS, JANELSA A 408 KEA STREET WAIHEE KAHULUI HI 96732 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$796.64</td> </tr> </table>	Total claim	\$796.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$796.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$796.64	Nonpriority amount	\$0.00
Total claim										
\$796.64										
Priority amount										
\$796.64										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5022.	Priority creditor's name and mailing address PATE, JEAVINE S 2224 JONATHAN DR APT A HUNTSVILLE AL 35810 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$52.33</td> </tr> </table>	Total claim	\$52.33	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$52.33</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$52.33	Nonpriority amount	\$0.00
Total claim										
\$52.33										
Priority amount										
\$52.33										
Nonpriority amount										
\$0.00										
2.5023.	Priority creditor's name and mailing address PATE, SARAH J 5100 O'BANNON DR APT 71 LAS VEGAS NV 89146 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$79.85</td> </tr> </table>	Total claim	\$79.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$79.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$79.85	Nonpriority amount	\$0.00
Total claim										
\$79.85										
Priority amount										
\$79.85										
Nonpriority amount										
\$0.00										
2.5024.	Priority creditor's name and mailing address PATEL, AMI 7364 HIDDEN CV COLUMBIA MD 21046-2025 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,772.93</td> </tr> </table>	Total claim	\$1,772.93	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,772.93</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,772.93	Nonpriority amount	\$0.00
Total claim										
\$1,772.93										
Priority amount										
\$1,772.93										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5025. Priority creditor's name and mailing address PATEL, ANMOLBEN 285 N RUTHERFORD BLVD MURFREESBORO TN 37130 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$130.09	Priority amount \$130.09 Nonpriority amount \$0.00
2.5026. Priority creditor's name and mailing address PATEL, FANNY 182 CAYUGA AVE SAN FRANCISCO CA 94112 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$618.31	Priority amount \$618.31 Nonpriority amount \$0.00
2.5027. Priority creditor's name and mailing address PATEL, VISHWA 487 LOWELL STREET METHUEN MA 01844 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$168.75	Priority amount \$168.75 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5028. Priority creditor's name and mailing address PATEL, YAMINI 548 PICADILLY DR MURFREESBORO TN 37128 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$137.23</td> </tr> </table>	Total claim	\$137.23	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$137.23</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$137.23	Nonpriority amount	\$0.00
Total claim									
\$137.23									
Priority amount									
\$137.23									
Nonpriority amount									
\$0.00									
2.5029. Priority creditor's name and mailing address PATEY, KAYLA M 772 ROCKPORT COURT UNIT 5 FT WALTON BEACH FL 32548 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$62.24</td> </tr> </table>	Total claim	\$62.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$62.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$62.24	Nonpriority amount	\$0.00
Total claim									
\$62.24									
Priority amount									
\$62.24									
Nonpriority amount									
\$0.00									
2.5030. Priority creditor's name and mailing address PATINO, LAURA G 263 TIMBERLINE DR BOX B VICTORIA TX 77905 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,586.56</td> </tr> </table>	Total claim	\$3,586.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,586.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,586.56	Nonpriority amount	\$0.00
Total claim									
\$3,586.56									
Priority amount									
\$3,586.56									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5031.	Priority creditor's name and mailing address PATRICK, PARSONS TURQUOISE S 14325 LUNA ROAD VICTORVILLE CA 92392 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,776.02	Priority amount \$2,776.02 Nonpriority amount \$0.00
2.5032.	Priority creditor's name and mailing address PATRICK-WILLIAMS, SIERRA D 7101 GAVILAN AVE. COLUMBIA SC 29203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$100.34	Priority amount \$100.34 Nonpriority amount \$0.00
2.5033.	Priority creditor's name and mailing address PATTERSON, CLARISSA J 155 WALTER SE WYOMING MI 49508 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$251.61	Priority amount \$251.61 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5034. Priority creditor's name and mailing address PATTERSON, DA'ONJRA K 1675 LAUREL YPSILANTI MI 48198 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$36.35</td> </tr> </table>	Total claim	\$36.35	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$36.35</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$36.35	Nonpriority amount	\$0.00
Total claim									
\$36.35									
Priority amount									
\$36.35									
Nonpriority amount									
\$0.00									
2.5035. Priority creditor's name and mailing address PATTERSON, EMMA G 2435 WALNUT AVE BUENA VISTA VA 24416 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$201.36</td> </tr> </table>	Total claim	\$201.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$201.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$201.36	Nonpriority amount	\$0.00
Total claim									
\$201.36									
Priority amount									
\$201.36									
Nonpriority amount									
\$0.00									
2.5036. Priority creditor's name and mailing address PATTERSON, EMMA J 49 BROOK STREET WEST SAYVILLE NY 11796 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$208.20</td> </tr> </table>	Total claim	\$208.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$208.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$208.20	Nonpriority amount	\$0.00
Total claim									
\$208.20									
Priority amount									
\$208.20									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5037. Priority creditor's name and mailing address PATTERSON, JADE A 4716 NW 22ND ST. COCONUT CREEK FL 33063 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$186.38</td> </tr> </table>	Total claim	\$186.38	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$186.38</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$186.38	Nonpriority amount	\$0.00
Total claim									
\$186.38									
Priority amount									
\$186.38									
Nonpriority amount									
\$0.00									
2.5038. Priority creditor's name and mailing address PATTERSON, LAKENDRA T 1075 POTATO HOUSE ROAD HICKORY GROVE SC 29717 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,195.30</td> </tr> </table>	Total claim	\$1,195.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,195.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,195.30	Nonpriority amount	\$0.00
Total claim									
\$1,195.30									
Priority amount									
\$1,195.30									
Nonpriority amount									
\$0.00									
2.5039. Priority creditor's name and mailing address PATTERSON, LINDSEY J 505 APPLE TREE LANE FAIRFIELD CA 94533 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$324.48</td> </tr> </table>	Total claim	\$324.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$324.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$324.48	Nonpriority amount	\$0.00
Total claim									
\$324.48									
Priority amount									
\$324.48									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5040. Priority creditor's name and mailing address PATTERSON, MADELINE M 2499 SOUTH JOSEPHINE STREET DENVER CO 80210 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$34.41</td></tr></table>	Total claim	\$34.41	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$34.41</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$34.41	Nonpriority amount	\$0.00
Total claim									
\$34.41									
Priority amount									
\$34.41									
Nonpriority amount									
\$0.00									
2.5041. Priority creditor's name and mailing address PATTERSON, PAYTON 400 E MAIN ST F6 ENDICOTT NY 13760 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$314.47</td></tr></table>	Total claim	\$314.47	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$314.47</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$314.47	Nonpriority amount	\$0.00
Total claim									
\$314.47									
Priority amount									
\$314.47									
Nonpriority amount									
\$0.00									
2.5042. Priority creditor's name and mailing address PATTERSON, ROSA M 223 CARLEIGH CT APT B RICHMOND VA 23227 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$33.59</td></tr></table>	Total claim	\$33.59	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$33.59</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$33.59	Nonpriority amount	\$0.00
Total claim									
\$33.59									
Priority amount									
\$33.59									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5043. Priority creditor's name and mailing address PATTERSON, SANAYA A 2475 LINWOOD AVE NIAGARA FALLS NY 14305 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$388.50	Priority amount \$388.50 Nonpriority amount \$0.00
2.5044. Priority creditor's name and mailing address PATTOCK, ABBIE S 3325 RIVERVIEW STREET LOWER BURRELL PA 15068 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$426.36	Priority amount \$426.36 Nonpriority amount \$0.00
2.5045. Priority creditor's name and mailing address PATTON, BRIANA E 5429 SHERMAN OAKS COURT HAYMARKET VA 20169 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$471.90	Priority amount \$471.90 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5046. Priority creditor's name and mailing address PATTON, KRISTEN L 3909 COPPERHEAD HILLS ST LAS VEGAS NV 89129 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,854.57</td> </tr> </table>	Total claim	\$2,854.57	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,854.57</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,854.57	Nonpriority amount	\$0.00
Total claim									
\$2,854.57									
Priority amount									
\$2,854.57									
Nonpriority amount									
\$0.00									
2.5047. Priority creditor's name and mailing address PATUBO, EMILY R 501 W. BACON ST. APT. 5301 RICHMOND VA 23222 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$99.08</td> </tr> </table>	Total claim	\$99.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$99.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$99.08	Nonpriority amount	\$0.00
Total claim									
\$99.08									
Priority amount									
\$99.08									
Nonpriority amount									
\$0.00									
2.5048. Priority creditor's name and mailing address PAUL, JULLIETTE 91-60 193RD ST APT. 2B HOLLIS NY 11423 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$513.45</td> </tr> </table>	Total claim	\$513.45	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$513.45</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$513.45	Nonpriority amount	\$0.00
Total claim									
\$513.45									
Priority amount									
\$513.45									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5049. Priority creditor's name and mailing address PAUL, OLIVIA 327 WALKER AVENUE LANGHORNE PA 19047 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$483.23	Priority amount \$483.23 Nonpriority amount \$0.00
2.5050. Priority creditor's name and mailing address PAVAO, LEXIE M 146 ARMOUR STREET NEW BEDFORD MA 02740 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$253.80	Priority amount \$253.80 Nonpriority amount \$0.00
2.5051. Priority creditor's name and mailing address PAYAN, YARITZIA 480 N WALNUT ST M LA HABRA CA 90631 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$233.64	Priority amount \$233.64 Nonpriority amount \$0.00

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2.5052. Priority creditor's name and mailing address PAYE, BINTA M 58 KINFIELD STREET PROVIDENCE RI 02909 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$72.58	Priority amount \$72.58 Nonpriority amount \$0.00
2.5053. Priority creditor's name and mailing address PAYNE, CHELSEA R 3304 NORDLAND DRIVE URBANA IL 61802 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,339.73	Priority amount \$1,339.73 Nonpriority amount \$0.00
2.5054. Priority creditor's name and mailing address PAYNE, JOHNE 181 PONDEROSA DR LADSON SC 29456 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$122.01	Priority amount \$122.01 Nonpriority amount \$0.00

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2.5055. Priority creditor's name and mailing address PAYNE, SAMANTHA M 3094 LAKE DR APT C7 MARINA CA 93933 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,707.66	Priority amount \$1,707.66 Nonpriority amount \$0.00
2.5056. Priority creditor's name and mailing address PAYNE, TREMON 10829 GAMBRIL DR 21 MANASSAS VA 20109 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$224.24	Priority amount \$224.24 Nonpriority amount \$0.00
2.5057. Priority creditor's name and mailing address PAYO, ASHLEY E 725 N FIG ST #44 ESCONDIDO CA 92025 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$297.96	Priority amount \$297.96 Nonpriority amount \$0.00

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2.5058. Priority creditor's name and mailing address PAZ, ANGIE M 4158 MIRADA LN OXNARD CA 93033 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,834.14	Priority amount \$3,834.14 Nonpriority amount \$0.00
2.5059. Priority creditor's name and mailing address PAZ, VICTORIA 2007 VIA BRAVO CARROLLTON TX 75006 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$96.90	Priority amount \$96.90 Nonpriority amount \$0.00
2.5060. Priority creditor's name and mailing address PAZMINO, MELANIE 43 1/2 ERIE ST. ELIZABETH NJ 07206 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$76.82	Priority amount \$76.82 Nonpriority amount \$0.00

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2.5061.	Priority creditor's name and mailing address PEARSON, BRITNEE A 7952 CASTELARDO PL ROUND ROCK TX 78665 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$123.40	Priority amount \$123.40 Nonpriority amount \$0.00
2.5062.	Priority creditor's name and mailing address PEARSON, DEMI 11001 OLD SAINT AUGUSTINE RD APT 2209 JACKSONVILLE FL 32257 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$556.05	Priority amount \$556.05 Nonpriority amount \$0.00
2.5063.	Priority creditor's name and mailing address PEARSON, PATRICIA K 4412 HARDWICK WAY NORTH HIGHLANDS CA 95660 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$243.24	Priority amount \$243.24 Nonpriority amount \$0.00

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2.5064. Priority creditor's name and mailing address PEARSON, TOLICIA 4412 HARDWICK WAY NORTH HIGHLANDS CA 95660 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$204.72	Priority amount \$204.72 Nonpriority amount \$0.00
2.5065. Priority creditor's name and mailing address PEASLEY, OLIVIA A 185 PICKETT RD PLAINFIELD CT 06374 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$279.78	Priority amount \$279.78 Nonpriority amount \$0.00
2.5066. Priority creditor's name and mailing address PECK, RACHEL 71 HICKORY HOLLOW PL ANTIOCH TN 37013 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$162.53	Priority amount \$162.53 Nonpriority amount \$0.00

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2.5067.	Priority creditor's name and mailing address PEDRAZA, STHEFANY 3851 VALLEY CREEK DR FLOWERY BRANCH GA 30542	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$149.43	Priority amount \$149.43
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.5068.	Priority creditor's name and mailing address PEDRAZA, YVETTE A 2557 PALM PL HUNTINGTON PARK CA 90255	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$221.64	Priority amount \$221.64
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.5069.	Priority creditor's name and mailing address PEDRO, JOHNNNA-LYNN 2214 ST PAUL DR COLORADO SPRINGS CO 80910	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$864.00	Priority amount \$864.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.5070. Priority creditor's name and mailing address PEEPLES, CHLOE D 13 BEECHWOOD STREET CABOT AR 72023 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$125.80	Priority amount \$125.80 Nonpriority amount \$0.00
2.5071. Priority creditor's name and mailing address PEL, JASMINE 18431 47TH PL W LYNNWOOD WA 98037 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$73.20	Priority amount \$73.20 Nonpriority amount \$0.00
2.5072. Priority creditor's name and mailing address PELCHAT, DANIELLE 30 FRONT ST 415 NASHUA NH 03064 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$100.80	Priority amount \$100.80 Nonpriority amount \$0.00

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2.5073. Priority creditor's name and mailing address PELKEY, SIERRA R 425 RIVERBEND PKWY 29 ATHENS GA 30605 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$125.69	Priority amount \$125.69 Nonpriority amount \$0.00
2.5074. Priority creditor's name and mailing address PELLEGRINI, OLIVIA 320 GOODALE ST WEST BOYLSTON MA 01583 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$5.40	Priority amount \$5.40 Nonpriority amount \$0.00
2.5075. Priority creditor's name and mailing address PELLEGRINO, RYLEE 1934 HILLTOWN PIKE PO BOX 303 HILLTOWN PA 18927 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$542.00	Priority amount \$542.00 Nonpriority amount \$0.00

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2.5076. Priority creditor's name and mailing address PELLHAM, TAMMY L 485 N. CITRUS AVE.#75 75 ESCONDIDO CA 92027 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,087.88	Priority amount \$1,087.88 Nonpriority amount \$0.00
2.5077. Priority creditor's name and mailing address PELLICCIOTTI, KATY 5 ORANGE CT WAPPINGERS FALLS NY 12590 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$115.77	Priority amount \$115.77 Nonpriority amount \$0.00
2.5078. Priority creditor's name and mailing address PELOT, KAITLYNN M 1510 S AVE REGULO TUCSON AZ 85710 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$417.69	Priority amount \$417.69 Nonpriority amount \$0.00

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2.5079.	Priority creditor's name and mailing address PENA, CARRENO EMILY 12905 MAPLEVIEW ST 133 LAKESIDE CA 92040 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$403.26</td></tr></table>	Total claim	\$403.26	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$403.26</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$403.26	Nonpriority amount	\$0.00
Total claim										
\$403.26										
Priority amount										
\$403.26										
Nonpriority amount										
\$0.00										
2.5080.	Priority creditor's name and mailing address PENA, DAISY M 1415 E APACHE BLVD APT 317 TEMPE AZ 85281 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$191.18</td></tr></table>	Total claim	\$191.18	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$191.18</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$191.18	Nonpriority amount	\$0.00
Total claim										
\$191.18										
Priority amount										
\$191.18										
Nonpriority amount										
\$0.00										
2.5081.	Priority creditor's name and mailing address PENA, JACQUELINE 5805 S TALMAN AVE CHICAGO IL 60629 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$259.20</td></tr></table>	Total claim	\$259.20	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$259.20</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$259.20	Nonpriority amount	\$0.00
Total claim										
\$259.20										
Priority amount										
\$259.20										
Nonpriority amount										
\$0.00										

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2.5082.	Priority creditor's name and mailing address PENA, LOPEZ KATIA Y 420 IOOF AVE GILROY CA 95020 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,368.85</td> </tr> </table>	Total claim	\$1,368.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,368.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,368.85	Nonpriority amount	\$0.00
Total claim										
\$1,368.85										
Priority amount										
\$1,368.85										
Nonpriority amount										
\$0.00										
2.5083.	Priority creditor's name and mailing address PENA, RUBI M 775 CASCADE ST 809 OREGON CITY OR 97045 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$350.98</td> </tr> </table>	Total claim	\$350.98	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$350.98</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$350.98	Nonpriority amount	\$0.00
Total claim										
\$350.98										
Priority amount										
\$350.98										
Nonpriority amount										
\$0.00										
2.5084.	Priority creditor's name and mailing address PENA, SOLIARYS 1919 W 10TH ST 66 LAKELAND FL 33805 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$30.13</td> </tr> </table>	Total claim	\$30.13	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$30.13</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$30.13	Nonpriority amount	\$0.00
Total claim										
\$30.13										
Priority amount										
\$30.13										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5085. Priority creditor's name and mailing address PENA-GASTELUM, CITLALLY 51875 EISENHOWER DRIVE LA QUINTA CA 92253 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$263.16	Priority amount \$263.16 Nonpriority amount \$0.00
2.5086. Priority creditor's name and mailing address PENAGOS, GABRIELA A 274 BOLTON ROAD EAST WINDSOR NJ 08520 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$36.46	Priority amount \$36.46 Nonpriority amount \$0.00
2.5087. Priority creditor's name and mailing address PENALOZA, JESSICA 14311 CR 45 TYLER TX 75704 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$560.84	Priority amount \$560.84 Nonpriority amount \$0.00

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2.5088.	Priority creditor's name and mailing address PENALVER, JANINE 1810 GUM ST GASTONIA NC 28054 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,031.66</td> </tr> </table>	Total claim	\$1,031.66	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,031.66</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,031.66	Nonpriority amount	\$0.00
Total claim										
\$1,031.66										
Priority amount										
\$1,031.66										
Nonpriority amount										
\$0.00										
2.5089.	Priority creditor's name and mailing address PENN, OLIVIA 13 HAMPTON WOODS LANE DARDENNE PRAIRIE MO 63368 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$263.61</td> </tr> </table>	Total claim	\$263.61	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$263.61</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$263.61	Nonpriority amount	\$0.00
Total claim										
\$263.61										
Priority amount										
\$263.61										
Nonpriority amount										
\$0.00										
2.5090.	Priority creditor's name and mailing address PENNINGTON, KIRSTEN S 1902 JUNIPER CIRCLE COLUMBIA MO 65201 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,149.25</td> </tr> </table>	Total claim	\$1,149.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,149.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,149.25	Nonpriority amount	\$0.00
Total claim										
\$1,149.25										
Priority amount										
\$1,149.25										
Nonpriority amount										
\$0.00										

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2.5091.	Priority creditor's name and mailing address PENNY, BRANDI J 10857 SHARONDALE RD APT 70 CINCINNATI OH 45241 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$144.20</td> </tr> </table>	Total claim	\$144.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$144.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$144.20	Nonpriority amount	\$0.00
Total claim										
\$144.20										
Priority amount										
\$144.20										
Nonpriority amount										
\$0.00										
2.5092.	Priority creditor's name and mailing address PENROD, KATIE M 5119 VICTORIA COVE BRENTWOOD TN 37027 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$462.18</td> </tr> </table>	Total claim	\$462.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$462.18</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$462.18	Nonpriority amount	\$0.00
Total claim										
\$462.18										
Priority amount										
\$462.18										
Nonpriority amount										
\$0.00										
2.5093.	Priority creditor's name and mailing address PENUNURI, CATHERINE D 1753 E PLEASANT LN. PHOENIX AZ 85042 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$239.80</td> </tr> </table>	Total claim	\$239.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$239.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$239.80	Nonpriority amount	\$0.00
Total claim										
\$239.80										
Priority amount										
\$239.80										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5094. Priority creditor's name and mailing address PEOPLES, ELBONEY 2812 CRAIGIE AVE A DECATUR GA 30030 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$309.60	Priority amount \$309.60 Nonpriority amount \$0.00
2.5095. Priority creditor's name and mailing address PEOPLES, JASMINE 1355 MARSHSIDE CT. INDIANAPOLIS IN 46239 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$138.55	Priority amount \$138.55 Nonpriority amount \$0.00
2.5096. Priority creditor's name and mailing address PEPI, DANIELLE M 35 ALISON COURT MAHOPAC NY 10541 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$340.08	Priority amount \$340.08 Nonpriority amount \$0.00

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2.5097. Priority creditor's name and mailing address PERDOMO, CAROLINA 14548 ANDREWS DR. DENVER CO 80239 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$141.20	Priority amount \$141.20 Nonpriority amount \$0.00
2.5098. Priority creditor's name and mailing address PEREGRINO, KRYSTLE A 1166 FASSLER AVENUE PACIFICA CA 94044 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,493.74	Priority amount \$2,493.74 Nonpriority amount \$0.00
2.5099. Priority creditor's name and mailing address PEREIRA, NICOLE C 253 SAN FELIPE AVE SOUTH SAN FRANCISCO CA 94080 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$873.44	Priority amount \$873.44 Nonpriority amount \$0.00

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2.5100.	Priority creditor's name and mailing address PERENA, JEARA 6730 4TH AVE SACRAMENTO CA 95817 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$90.60</td></tr></table>	Total claim	\$90.60	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$90.60</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$90.60	Nonpriority amount	\$0.00
Total claim										
\$90.60										
Priority amount										
\$90.60										
Nonpriority amount										
\$0.00										
2.5101.	Priority creditor's name and mailing address PEREZ, ABIGAIL 14527 PACIFIC AVE BALDWIN PARK CA 91706 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$146.28</td></tr></table>	Total claim	\$146.28	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$146.28</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$146.28	Nonpriority amount	\$0.00
Total claim										
\$146.28										
Priority amount										
\$146.28										
Nonpriority amount										
\$0.00										
2.5102.	Priority creditor's name and mailing address PEREZ, ABRYANNA A 4817 BRIDE ST LAS VEGAS NV 89081 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$127.88</td></tr></table>	Total claim	\$127.88	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$127.88</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$127.88	Nonpriority amount	\$0.00
Total claim										
\$127.88										
Priority amount										
\$127.88										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5103.	Priority creditor's name and mailing address PEREZ, ADRIANA 159 DANIEL PROVIDENCE RI 02909 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$92.61</td></tr></table>	Total claim	\$92.61	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$92.61</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$92.61	Nonpriority amount	\$0.00
Total claim										
\$92.61										
Priority amount										
\$92.61										
Nonpriority amount										
\$0.00										
2.5104.	Priority creditor's name and mailing address PEREZ, ALEXA M 6146 TWILIGHT VIEW WAY EL PASO TX 79932 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$303.68</td></tr></table>	Total claim	\$303.68	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$303.68</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$303.68	Nonpriority amount	\$0.00
Total claim										
\$303.68										
Priority amount										
\$303.68										
Nonpriority amount										
\$0.00										
2.5105.	Priority creditor's name and mailing address PEREZ, ALONDRA 1395 YOST ST. APT. #2 AURORA CO 80011 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$155.40</td></tr></table>	Total claim	\$155.40	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$155.40</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$155.40	Nonpriority amount	\$0.00
Total claim										
\$155.40										
Priority amount										
\$155.40										
Nonpriority amount										
\$0.00										

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2.5106. Priority creditor's name and mailing address PEREZ, AMNERIS 525 MAIN ST GOULDSBORO PA 18424 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$132.00	Priority amount \$132.00 Nonpriority amount \$0.00
2.5107. Priority creditor's name and mailing address PEREZ, ANNYA G 6020 E 68TH WAY COMMERCE CITY CO 80022 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$582.50	Priority amount \$582.50 Nonpriority amount \$0.00
2.5108. Priority creditor's name and mailing address PEREZ, BIANCA 2901 VINE CIR ROCKLIN CA 95765-4721 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,353.33	Priority amount \$1,353.33 Nonpriority amount \$0.00

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2.5109.	Priority creditor's name and mailing address PEREZ, BRANDIN L 211 S 61ST ST TACOMA WA 98408 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,021.90</td> </tr> </table>	Total claim	\$2,021.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,021.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,021.90	Nonpriority amount	\$0.00
Total claim										
\$2,021.90										
Priority amount										
\$2,021.90										
Nonpriority amount										
\$0.00										
2.5110.	Priority creditor's name and mailing address PEREZ, DANIELA 5403 HAYTER AVE. LAKEWOOD CA 90712 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$734.25</td> </tr> </table>	Total claim	\$734.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$734.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$734.25	Nonpriority amount	\$0.00
Total claim										
\$734.25										
Priority amount										
\$734.25										
Nonpriority amount										
\$0.00										
2.5111.	Priority creditor's name and mailing address PEREZ, EMILY J 296 FORREST STREET 1B JERSEY CITY NJ 07304 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$165.67</td> </tr> </table>	Total claim	\$165.67	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$165.67</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$165.67	Nonpriority amount	\$0.00
Total claim										
\$165.67										
Priority amount										
\$165.67										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5112. Priority creditor's name and mailing address PEREZ, EMILY M 60-16 70TH AVE RIDGEWOOD NY 11385 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$643.35	Priority amount \$643.35 Nonpriority amount \$0.00
2.5113. Priority creditor's name and mailing address PEREZ, EMILY R 3421 QUINTANA TRAIL SEGUIN TX 78155 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,699.40	Priority amount \$1,699.40 Nonpriority amount \$0.00
2.5114. Priority creditor's name and mailing address PEREZ, ERIS T 6014 N SACRAMENTO AVE CHICAGO IL 60659 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$158.40	Priority amount \$158.40 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5115.	Priority creditor's name and mailing address PEREZ, ICXIA J COLONIAL VILLAGE DR 366 LINCOLNTON NC 28092 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$158.39</td> </tr> </table>	Total claim	\$158.39	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$158.39</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$158.39	Nonpriority amount	\$0.00
Total claim										
\$158.39										
Priority amount										
\$158.39										
Nonpriority amount										
\$0.00										
2.5116.	Priority creditor's name and mailing address PEREZ, INDIA 3020 CONCORD NC 28025 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$239.25</td> </tr> </table>	Total claim	\$239.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$239.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$239.25	Nonpriority amount	\$0.00
Total claim										
\$239.25										
Priority amount										
\$239.25										
Nonpriority amount										
\$0.00										
2.5117.	Priority creditor's name and mailing address PEREZ, JACQUELINE 12304 27TH PL W EVERETT WA 98204 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$614.20</td> </tr> </table>	Total claim	\$614.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$614.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$614.20	Nonpriority amount	\$0.00
Total claim										
\$614.20										
Priority amount										
\$614.20										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5118. Priority creditor's name and mailing address PEREZ, JAZMIN S 25508 SAN LUPE AVE MORENO VALLEY CA 92551-7038 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,000.80	Priority amount \$2,000.80 Nonpriority amount \$0.00
2.5119. Priority creditor's name and mailing address PEREZ, JENNIE 5117 BROOKDALE DRIVE OKLAHOMA CITY OK 73135 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$92.14	Priority amount \$92.14 Nonpriority amount \$0.00
2.5120. Priority creditor's name and mailing address PEREZ, JENNIFER 625 CRANBROOK PARK GARLAND TX 75043-5413 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$458.33	Priority amount \$458.33 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5121. Priority creditor's name and mailing address PEREZ, JENNIFER M 2323 BAYLEAF DR ORLANDO FL 32837 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$674.63	Priority amount \$674.63 Nonpriority amount \$0.00
2.5122. Priority creditor's name and mailing address PEREZ, JORDAN R 4880 W 88TH PL WESTMINSTER CO 80031 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$151.74	Priority amount \$151.74 Nonpriority amount \$0.00
2.5123. Priority creditor's name and mailing address PEREZ, JULISA M 716 FERNANDINA STREET NW PALM BAY FL 32907 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$139.00	Priority amount \$139.00 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5124.	Priority creditor's name and mailing address PEREZ, LUZMARIA 124 WYCKOFF ROAD 31 EATONTOWN NJ 07724 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$565.52</td></tr></table>	Total claim	\$565.52	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$565.52</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$565.52	Nonpriority amount	\$0.00
Total claim										
\$565.52										
Priority amount										
\$565.52										
Nonpriority amount										
\$0.00										
2.5125.	Priority creditor's name and mailing address PEREZ, MADELYNN A 101 BLUEBONNET ST. WESLACO TX 78596 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$102.16</td></tr></table>	Total claim	\$102.16	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$102.16</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$102.16	Nonpriority amount	\$0.00
Total claim										
\$102.16										
Priority amount										
\$102.16										
Nonpriority amount										
\$0.00										
2.5126.	Priority creditor's name and mailing address PEREZ, MARIA J 9805 AUDEILA RD APT 2010 DALLAS TX 75238 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$1,517.96</td></tr></table>	Total claim	\$1,517.96	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$1,517.96</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,517.96	Nonpriority amount	\$0.00
Total claim										
\$1,517.96										
Priority amount										
\$1,517.96										
Nonpriority amount										
\$0.00										

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2.5127. Priority creditor's name and mailing address PEREZ, MELEENA 1471 LARKSPUR CT ROMEOVILLE IL 60446 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$148.75	Priority amount \$148.75 Nonpriority amount \$0.00
2.5128. Priority creditor's name and mailing address PEREZ, NIDIA Y 13902 VILLA CAMINO SAN ANTONIO TX 78233 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$158.99	Priority amount \$158.99 Nonpriority amount \$0.00
2.5129. Priority creditor's name and mailing address PEREZ, NYLA L 362 BISCAYNE LANE SEBASTIAN FL 32958 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$218.86	Priority amount \$218.86 Nonpriority amount \$0.00

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2.5130.	Priority creditor's name and mailing address PEREZ, SALINA M 2291 GORMAN ST CAMARILLO CA 93010 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$24.36</td> </tr> </table>	Total claim	\$24.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$24.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$24.36	Nonpriority amount	\$0.00
Total claim										
\$24.36										
Priority amount										
\$24.36										
Nonpriority amount										
\$0.00										
2.5131.	Priority creditor's name and mailing address PEREZ, SAMANTHA K 1008 LOWELL RD. LAS CRUCES NM 88001 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$120.60</td> </tr> </table>	Total claim	\$120.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$120.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$120.60	Nonpriority amount	\$0.00
Total claim										
\$120.60										
Priority amount										
\$120.60										
Nonpriority amount										
\$0.00										
2.5132.	Priority creditor's name and mailing address PEREZ, SANDRA L 2123 GROSS AVENUE PENNSAUKEN NJ 08110 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,267.20</td> </tr> </table>	Total claim	\$1,267.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,267.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,267.20	Nonpriority amount	\$0.00
Total claim										
\$1,267.20										
Priority amount										
\$1,267.20										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5133. Priority creditor's name and mailing address PEREZ, SANDRY A 221 MARINA CT SPARTANBURG SC 29303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$300.84	Priority amount \$300.84 Nonpriority amount \$0.00
2.5134. Priority creditor's name and mailing address PEREZ, SARAH I 1704 S CYPRESS AVE BROKEN ARROW OK 74012 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$101.51	Priority amount \$101.51 Nonpriority amount \$0.00
2.5135. Priority creditor's name and mailing address PEREZ, STEPHEN A 2913 HUNTER ROAD APT 314 SAN MARCOS TX 78666 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$64.39	Priority amount \$64.39 Nonpriority amount \$0.00

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2.5136. Priority creditor's name and mailing address PEREZ, TREYSY N 867 FLAGSTONE WAY LAS VEGAS NV 89110 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$392.48	Priority amount \$392.48 Nonpriority amount \$0.00
2.5137. Priority creditor's name and mailing address PEREZ-ACEVEDO, KARLA 30 W SAGE CREEK PL THE WOODLANDS TX 77382-1470 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,401.48	Priority amount \$1,401.48 Nonpriority amount \$0.00
2.5138. Priority creditor's name and mailing address PEREZ-LEMUS, KIMBERLY A 3404 FULLERTON ST. CALVERTON MD 20705 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$659.28	Priority amount \$659.28 Nonpriority amount \$0.00

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2.5139. Priority creditor's name and mailing address PEREZ-MONTEZ, ERICA M 3432 LONDON ROAD EAU CLAIRE WI 54701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$73.91	Priority amount \$73.91 Nonpriority amount \$0.00
2.5140. Priority creditor's name and mailing address PEREZ-REYES, ARIANA 452 TWIN OAKS VALLEY RD APT C SAN MARCOS CA 92069 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$212.04	Priority amount \$212.04 Nonpriority amount \$0.00
2.5141. Priority creditor's name and mailing address PERKINS, AMY 238 GRUENE HAVEN NEW BRAUNFELS TX 78132 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$185.59	Priority amount \$185.59 Nonpriority amount \$0.00

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2.5142. Priority creditor's name and mailing address PERKINS, ANNAH M 80004B GENERAL PATTON ST FORT DRUM NY 13603 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$133.76	Priority amount \$133.76 Nonpriority amount \$0.00
2.5143. Priority creditor's name and mailing address PERKINS, TONI M 131 DEVON STREET APT 2 DORCHESTER MA 02121 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$112.20	Priority amount \$112.20 Nonpriority amount \$0.00
2.5144. Priority creditor's name and mailing address PERREIRA, REBECCA 425 CIRBY WAY 56 ROSEVILLE CA 95678 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$864.74	Priority amount \$864.74 Nonpriority amount \$0.00

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2.5145. Priority creditor's name and mailing address PERRETT, COURTNEY L 6427 SEMINOLE LN RAPID CITY SD 57702 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,769.91</td> </tr> </table>	Total claim	\$2,769.91	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,769.91</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,769.91	Nonpriority amount	\$0.00
Total claim									
\$2,769.91									
Priority amount									
\$2,769.91									
Nonpriority amount									
\$0.00									
2.5146. Priority creditor's name and mailing address PERRI, SAMANTHA 740 STAFFORD AVE STATEN ISLAND NY 10309 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$363.00</td> </tr> </table>	Total claim	\$363.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$363.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$363.00	Nonpriority amount	\$0.00
Total claim									
\$363.00									
Priority amount									
\$363.00									
Nonpriority amount									
\$0.00									
2.5147. Priority creditor's name and mailing address PERRICONE, ANGELA M. 21 FOX AVE KEANSBURG NJ 07734 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Total claim	\$0.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$0.00
Total claim									
\$0.00									
Priority amount									
\$0.00									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5148. Priority creditor's name and mailing address PERRY, JANAE 2310 CARTWRIGHT ST TYLER TX 75701-2635 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$178.18	Priority amount \$178.18 Nonpriority amount \$0.00
2.5149. Priority creditor's name and mailing address PERRY, JOHNNELL 218 HAWKINS STREET FRANKLINTON NC 27525 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,218.15	Priority amount \$1,218.15 Nonpriority amount \$0.00
2.5150. Priority creditor's name and mailing address PERRY, JORDAN 3752 E FARGO ST MESA AZ 85205 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$322.20	Priority amount \$322.20 Nonpriority amount \$0.00

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2.5151. Priority creditor's name and mailing address PERRY, REBECCA 10705 TIDEWATER TRAIL FREDERICKSBURG VA 22408 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,323.14	Priority amount \$1,323.14 Nonpriority amount \$0.00
2.5152. Priority creditor's name and mailing address PERRY, TIA M 800 COLUMBIA DRIVE LOT 33 MYRTLE BEACH SC 29577 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$171.18	Priority amount \$171.18 Nonpriority amount \$0.00
2.5153. Priority creditor's name and mailing address PERRYMAN, ANNA-MARIA 1215 SENECA ST APT 417 SEATTLE WA 98101 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$157.28	Priority amount \$157.28 Nonpriority amount \$0.00

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2.5154. Priority creditor's name and mailing address PERSAUD, ALICIA A 13613 WELLINGTON CRESCENT BURNSVILLE MN 55337 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$314.38	Priority amount \$314.38 Nonpriority amount \$0.00
2.5155. Priority creditor's name and mailing address PERSAUD, HANESHA 19 CYPRESS COURT BROOKLYN NY 11208 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$987.53	Priority amount \$987.53 Nonpriority amount \$0.00
2.5156. Priority creditor's name and mailing address PERTUZ, ANGELLY 46 BUTLER AVE CENTRAL FALLS RI 02863 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$199.86	Priority amount \$199.86 Nonpriority amount \$0.00

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2.5157. Priority creditor's name and mailing address PESAVENTO, GINA N 26523 W STONEBRIAR WAY CHANNAHON IL 60410-8744 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,125.30	Priority amount \$1,125.30 Nonpriority amount \$0.00
2.5158. Priority creditor's name and mailing address PESUT, JULIA K 9845 CHILLICOTHE RD KIRTLAND OH 44094 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$42.75	Priority amount \$42.75 Nonpriority amount \$0.00
2.5159. Priority creditor's name and mailing address PETATAN, PRISCILLA 3602 YALE AVE WINSTON SALEM NC 27107 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$63.29	Priority amount \$63.29 Nonpriority amount \$0.00

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2.5160.	Priority creditor's name and mailing address PETE, AUBREY R 10416 COUNTRY GROVE CIRCLE DELMAR DE 19941 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$190.94</td> </tr> </table>	Total claim	\$190.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$190.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$190.94	Nonpriority amount	\$0.00
Total claim										
\$190.94										
Priority amount										
\$190.94										
Nonpriority amount										
\$0.00										
2.5161.	Priority creditor's name and mailing address PETE, KATY L 10416 COUNTRY GROVE CIRCLE DELMAR DE 19940 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,649.78</td> </tr> </table>	Total claim	\$2,649.78	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,649.78</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,649.78	Nonpriority amount	\$0.00
Total claim										
\$2,649.78										
Priority amount										
\$2,649.78										
Nonpriority amount										
\$0.00										
2.5162.	Priority creditor's name and mailing address PETERKIN, KENNA C 3720 BOSTIC DRIVE 203B GREENVILLE NC 27834 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$151.46</td> </tr> </table>	Total claim	\$151.46	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$151.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$151.46	Nonpriority amount	\$0.00
Total claim										
\$151.46										
Priority amount										
\$151.46										
Nonpriority amount										
\$0.00										

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2.5163.	Priority creditor's name and mailing address PETERS, SARAH J 42 PAW PAW AVE RIVESVILLE WV 26588 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$35.88</td> </tr> </table>	Total claim	\$35.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$35.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$35.88	Nonpriority amount	\$0.00
Total claim										
\$35.88										
Priority amount										
\$35.88										
Nonpriority amount										
\$0.00										
2.5164.	Priority creditor's name and mailing address PETERS, SARAH K 3558 CITRUS ST LEMON GROVE CA 91945 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$521.80</td> </tr> </table>	Total claim	\$521.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$521.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$521.80	Nonpriority amount	\$0.00
Total claim										
\$521.80										
Priority amount										
\$521.80										
Nonpriority amount										
\$0.00										
2.5165.	Priority creditor's name and mailing address PETERSEN, BRITTANY L 330 S.TYLER APT 608 WICHITA KS 67209 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$179.15</td> </tr> </table>	Total claim	\$179.15	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$179.15</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$179.15	Nonpriority amount	\$0.00
Total claim										
\$179.15										
Priority amount										
\$179.15										
Nonpriority amount										
\$0.00										

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2.5166.	Priority creditor's name and mailing address PETERSON, BONNIE L 1003 ETON WAY NEPTUNE NJ 07753 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$156.38</td> </tr> </table>	Total claim	\$156.38	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$156.38</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$156.38	Nonpriority amount	\$0.00
Total claim										
\$156.38										
Priority amount										
\$156.38										
Nonpriority amount										
\$0.00										
2.5167.	Priority creditor's name and mailing address PETERSON, JULIA R 1712 VAN BUREN AVE CHARLOTTE NC 28216 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$99.96</td> </tr> </table>	Total claim	\$99.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$99.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$99.96	Nonpriority amount	\$0.00
Total claim										
\$99.96										
Priority amount										
\$99.96										
Nonpriority amount										
\$0.00										
2.5168.	Priority creditor's name and mailing address PETERSON, NICOLE 2106 SW WOODLAND DR ANKENY IA 50023 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$45.76</td> </tr> </table>	Total claim	\$45.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$45.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$45.76	Nonpriority amount	\$0.00
Total claim										
\$45.76										
Priority amount										
\$45.76										
Nonpriority amount										
\$0.00										

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2.5169. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
PETRALBA, NINA 2403 RUSSELL LONG BLV. CANYON TX 79016		\$120.04	\$120.04
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.5170. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
PEYTON, CORY M 2435 S 25TH ST APT 1 PADUCAH KY 42003-3327		\$3,643.20	\$3,643.20
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.5171. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
PEZZELATO, CHIARA 110 AUDREY AVENUE 100 OYSTER BAY NY 11771		\$119.76	\$119.76
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

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2.5172. Priority creditor's name and mailing address PFEIL, JACKIE 713 KLEMONT AVENUE PITTSBURGH PA 15202 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$362.12	Priority amount \$362.12 Nonpriority amount \$0.00
2.5173. Priority creditor's name and mailing address PHAM, ALYSIA N 3165 SORREL STREET YORK PA 17404 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$676.26	Priority amount \$676.26 Nonpriority amount \$0.00
2.5174. Priority creditor's name and mailing address PHAN, KIM-YEN T 5136 SPRINGWOOD DR. TAMPA FL 33624 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$671.91	Priority amount \$671.91 Nonpriority amount \$0.00

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2.5175. Priority creditor's name and mailing address PHAN, NATALIE U 3414 N 52ND ST FORT SMITH AR 72904 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$204.43	Priority amount \$204.43 Nonpriority amount \$0.00
2.5176. Priority creditor's name and mailing address PHAN, SIENNA 269 NORTH SLATE STREET GILBERT AZ 85234 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$39.27	Priority amount \$39.27 Nonpriority amount \$0.00
2.5177. Priority creditor's name and mailing address PHARR, ASIA U 65 JUDY LANE STAMFORD CT 06906 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$102.51	Priority amount \$102.51 Nonpriority amount \$0.00

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2.5178. Priority creditor's name and mailing address PHELPS, GABBRIELLE M 119 N. 54TH STREET PHILADELPHIA PA 19139 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$134.90	Priority amount \$134.90 Nonpriority amount \$0.00
2.5179. Priority creditor's name and mailing address PHELPS, MADISON 923 DEGEEST DR RAPID CITY SD 57703 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$525.25	Priority amount \$525.25 Nonpriority amount \$0.00
2.5180. Priority creditor's name and mailing address PHELPS, OLIVIA 1920 BENNETT RD ABERDEEN MD 21001 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$224.22	Priority amount \$224.22 Nonpriority amount \$0.00

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2.5181. Priority creditor's name and mailing address PHENGPHONG, TERADA L 31 N SHELLY AVE FRESNO CA 93727 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$32.76	Priority amount \$32.76 Nonpriority amount \$0.00
2.5182. Priority creditor's name and mailing address PHENGPHONGSAVANH, GRACE 140 SALISBURY ST DRACUT MA 01824 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$88.20	Priority amount \$88.20 Nonpriority amount \$0.00
2.5183. Priority creditor's name and mailing address PHILLIPS, ALEXIS N 1918 WESTWOOD DRIVE CAPE GIRARDEAU MO 63701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$92.71	Priority amount \$92.71 Nonpriority amount \$0.00

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2.5184. Priority creditor's name and mailing address PHILLIPS, AMBER L 2855 REESE RD COLUMBUS GA 31907 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$84.61</td> </tr> </table>	Total claim	\$84.61	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$84.61</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$84.61	Nonpriority amount	\$0.00
Total claim									
\$84.61									
Priority amount									
\$84.61									
Nonpriority amount									
\$0.00									
2.5185. Priority creditor's name and mailing address PHILLIPS, CARLY 141 CAMPUS VIEW RD APT 4 MANKATO MN 56001 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$151.94</td> </tr> </table>	Total claim	\$151.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$151.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$151.94	Nonpriority amount	\$0.00
Total claim									
\$151.94									
Priority amount									
\$151.94									
Nonpriority amount									
\$0.00									
2.5186. Priority creditor's name and mailing address PHILLIPS, COREY S 5127 VANNOY AVENUE CASTRO VALLEY CA 94546 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,993.43</td> </tr> </table>	Total claim	\$1,993.43	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,993.43</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,993.43	Nonpriority amount	\$0.00
Total claim									
\$1,993.43									
Priority amount									
\$1,993.43									
Nonpriority amount									
\$0.00									

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2.5187.	Priority creditor's name and mailing address PHILLIPS, DYMIN 23104 RICHARDS RD 27202 PRAIRIE TX 77446 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$103.36</td> </tr> </table>	Total claim	\$103.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$103.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$103.36	Nonpriority amount	\$0.00
Total claim										
\$103.36										
Priority amount										
\$103.36										
Nonpriority amount										
\$0.00										
2.5188.	Priority creditor's name and mailing address PHILLIPS, KATHERINE 25420 SENATOR AVE #9 HARBOR CITY CA 90710 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$77.04</td> </tr> </table>	Total claim	\$77.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$77.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$77.04	Nonpriority amount	\$0.00
Total claim										
\$77.04										
Priority amount										
\$77.04										
Nonpriority amount										
\$0.00										
2.5189.	Priority creditor's name and mailing address PHILLIPS, MACKENZIE C 2608 NOLAN CREEK ST TEMPLE TX 76504 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,423.20</td> </tr> </table>	Total claim	\$2,423.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,423.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,423.20	Nonpriority amount	\$0.00
Total claim										
\$2,423.20										
Priority amount										
\$2,423.20										
Nonpriority amount										
\$0.00										

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2.5190. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
PHILLIPS, SASHE L 174 PITTSTON CIRCLE OWINGS MILLS MD 21117		\$816.77	\$816.77
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.5191. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
PHILLIPS, TORRIE 518 PRAIRIE RD BOX ELDER SD 57719		\$258.72	\$258.72
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.5192. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
PHILLIPS, TYSHELLE 3000 FORD RD APT F23 BRISTOL PA 19007		\$127.30	\$127.30
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

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2.5193. Priority creditor's name and mailing address PHOMMARATH, ARIANA A 780 CLARK ST BRIDGEPORT CT 06606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$315.68	Priority amount \$315.68 Nonpriority amount \$0.00
2.5194. Priority creditor's name and mailing address PHONGSAVTH, MEW 1510 MCDONALD ST SIOUX CITY IA 51103 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$176.85	Priority amount \$176.85 Nonpriority amount \$0.00
2.5195. Priority creditor's name and mailing address PICASION, VICTORIA D 7430 PAINTED MURAL AVE. LAS VEGAS NV 89179 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$101.66	Priority amount \$101.66 Nonpriority amount \$0.00

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2.5196. Priority creditor's name and mailing address PICAZO, VERONICA 1154 WHEELER ST. SW. WYOMING MI 49509 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$81.40</td> </tr> </table>	Total claim	\$81.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$81.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$81.40	Nonpriority amount	\$0.00
Total claim									
\$81.40									
Priority amount									
\$81.40									
Nonpriority amount									
\$0.00									
2.5197. Priority creditor's name and mailing address PICHOFF, MARK 317 PLANTERS CANAL RD. BELLE CHASSE LA 70037 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,490.31</td> </tr> </table>	Total claim	\$2,490.31	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,490.31</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,490.31	Nonpriority amount	\$0.00
Total claim									
\$2,490.31									
Priority amount									
\$2,490.31									
Nonpriority amount									
\$0.00									
2.5198. Priority creditor's name and mailing address PICHON, JAWAYNE 2420 TATTERSALL DR HARVEY LA 70058 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$29.22</td> </tr> </table>	Total claim	\$29.22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$29.22</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$29.22	Nonpriority amount	\$0.00
Total claim									
\$29.22									
Priority amount									
\$29.22									
Nonpriority amount									
\$0.00									

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2.5199. Priority creditor's name and mailing address PICINICH, TIONNA A 2267 ATTILBURGH BLVD WEST MELBOURNE FL 32904 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$220.38	Priority amount \$220.38 Nonpriority amount \$0.00
2.5200. Priority creditor's name and mailing address PICKETT, ANJERRICA 7199 NIXON ST GREENWOOD LA 71033-1909 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$555.35	Priority amount \$555.35 Nonpriority amount \$0.00
2.5201. Priority creditor's name and mailing address PICO, KINSEY R 327 ROBERT ST. B SLIDELL LA 70458 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$233.22	Priority amount \$233.22 Nonpriority amount \$0.00

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2.5202. Priority creditor's name and mailing address PIERCE, JULIA M 221 JEFFERSON STREET STRATFORD CT 06615 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$150.63</td> </tr> </table>	Total claim	\$150.63	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$150.63</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$150.63	Nonpriority amount	\$0.00
Total claim									
\$150.63									
Priority amount									
\$150.63									
Nonpriority amount									
\$0.00									
2.5203. Priority creditor's name and mailing address PIERCE, NICOLE L 150 BELAIRE AVE. #004 DAYTON OH 45420 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$56.94</td> </tr> </table>	Total claim	\$56.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$56.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$56.94	Nonpriority amount	\$0.00
Total claim									
\$56.94									
Priority amount									
\$56.94									
Nonpriority amount									
\$0.00									
2.5204. Priority creditor's name and mailing address PIERRE, MAHALIA 5212 CULPEPPER PL WESLEY CHAPEL FL 33544 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$714.23</td> </tr> </table>	Total claim	\$714.23	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$714.23</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$714.23	Nonpriority amount	\$0.00
Total claim									
\$714.23									
Priority amount									
\$714.23									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5205. Priority creditor's name and mailing address PIERRE, SAMUEL 5113 PIPES O THE GLEN WAY ORLANDO FL 32808 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$149.21</td> </tr> </table>	Total claim	\$149.21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$149.21</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$149.21	Nonpriority amount	\$0.00
Total claim									
\$149.21									
Priority amount									
\$149.21									
Nonpriority amount									
\$0.00									
2.5206. Priority creditor's name and mailing address PIERSON, CLARUIZ M 210 E. CAMERON AVE APT. H VISALIA CA 93277 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$179.64</td> </tr> </table>	Total claim	\$179.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$179.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$179.64	Nonpriority amount	\$0.00
Total claim									
\$179.64									
Priority amount									
\$179.64									
Nonpriority amount									
\$0.00									
2.5207. Priority creditor's name and mailing address PIERSON, JADE L 242 S. WINOOSKI AVE APT 7 BURLINGTON VT 05401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,770.60</td> </tr> </table>	Total claim	\$2,770.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,770.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,770.60	Nonpriority amount	\$0.00
Total claim									
\$2,770.60									
Priority amount									
\$2,770.60									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5208. Priority creditor's name and mailing address PIETZSCH, GRACE E 3103 COOPER AVENUE PENNSAUKEN NJ 08109 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$84.51	Priority amount \$84.51 Nonpriority amount \$0.00
2.5209. Priority creditor's name and mailing address PIGATTI, MARIA H 591 LAKEWAY DRIVE WEST BABYLON NY 11704 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$716.25	Priority amount \$716.25 Nonpriority amount \$0.00
2.5210. Priority creditor's name and mailing address PIKE, SHELLY 1757 26TH AVE #106 OAKLAND CA 94601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$5,870.78	Priority amount \$5,870.78 Nonpriority amount \$0.00

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2.5211. Priority creditor's name and mailing address PILAC, ALYSSA M 8754 N. OLEANDER AVE. NILES IL 60714 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$164.78	Priority amount \$164.78 Nonpriority amount \$0.00
2.5212. Priority creditor's name and mailing address PILIER, LINOSKA M 722 MYRTLE COVE CT. 202 ORLANDO FL 32825 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$109.66	Priority amount \$109.66 Nonpriority amount \$0.00
2.5213. Priority creditor's name and mailing address PIMENTEL, ALEXANDRA A 43 ABNER POTTER'S WAY DARTMOUTH MA 02748 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$98.40	Priority amount \$98.40 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5214. Priority creditor's name and mailing address PIMENTEL, MORGAN 43 ABNER POTTER'S WAY DARTMOUTH MA 02748 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$97.44</td> </tr> </table>	Total claim	\$97.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$97.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$97.44	Nonpriority amount	\$0.00
Total claim									
\$97.44									
Priority amount									
\$97.44									
Nonpriority amount									
\$0.00									
2.5215. Priority creditor's name and mailing address PINEDA, AMANDA B 495 BLUE HILL AVE 104 DORCHESTER MA 02121 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$312.96</td> </tr> </table>	Total claim	\$312.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$312.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$312.96	Nonpriority amount	\$0.00
Total claim									
\$312.96									
Priority amount									
\$312.96									
Nonpriority amount									
\$0.00									
2.5216. Priority creditor's name and mailing address PINEDA, LEANNA M 4102 SHERWOOD LN 3 HOUSTON TX 77092 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$611.11</td> </tr> </table>	Total claim	\$611.11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$611.11</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$611.11	Nonpriority amount	\$0.00
Total claim									
\$611.11									
Priority amount									
\$611.11									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5217. Priority creditor's name and mailing address PINEDO, DAISY G 6734 CURTIS AVE LONG BEACH CA 90805 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$186.36	Priority amount \$186.36 Nonpriority amount \$0.00
2.5218. Priority creditor's name and mailing address PINKNEY, AUTUMN N 2321 CENTENNIAL RIDGE WAY 103 RALEIGH NC 27603 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$268.21	Priority amount \$268.21 Nonpriority amount \$0.00
2.5219. Priority creditor's name and mailing address PINKNEY, MORIAH G 2047 ROBINSON ROAD NEWTON NC 28658 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$186.18	Priority amount \$186.18 Nonpriority amount \$0.00

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2.5220. Priority creditor's name and mailing address PINTO, LAURA 408 MILGATE ST UTICA NY 13501 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$266.74	Priority amount \$266.74 Nonpriority amount \$0.00
2.5221. Priority creditor's name and mailing address PINTOR, FERREYRA LUIS A 2206 IOWA ST MELROSE PARK IL 60160 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,901.50	Priority amount \$2,901.50 Nonpriority amount \$0.00
2.5222. Priority creditor's name and mailing address PIPKORN, QUIERRA 8501 W GRANTOSA DR APT 3 MILWAUKEE WI 53225 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$224.40	Priority amount \$224.40 Nonpriority amount \$0.00

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2.5223. Priority creditor's name and mailing address PIRANDO, MELISSA E 343 SYLVAN KNOLL ROAD STAMFORD CT 06902 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$142.76	Priority amount \$142.76 Nonpriority amount \$0.00
2.5224. Priority creditor's name and mailing address PISCANIO, ALEXA N 6400 FOLSOM BLVD 432 SACRAMENTO CA 95819 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$88.44	Priority amount \$88.44 Nonpriority amount \$0.00
2.5225. Priority creditor's name and mailing address PITCHFORD, KATIE D 302 S. 14TH STREET FORT SMITH AR 72901 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,456.55	Priority amount \$1,456.55 Nonpriority amount \$0.00

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2.5226. Priority creditor's name and mailing address PITTMAN, MEAGAN E 575 SANDSTONE DR DOTHAN AL 36303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$191.05</td> </tr> </table>	Total claim	\$191.05	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$191.05</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$191.05	Nonpriority amount	\$0.00
Total claim									
\$191.05									
Priority amount									
\$191.05									
Nonpriority amount									
\$0.00									
2.5227. Priority creditor's name and mailing address PITTMAN, SHAMARA L 1321 KITCHEN ST UNIT 1 JONESBORO AR 72401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$230.79</td> </tr> </table>	Total claim	\$230.79	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$230.79</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$230.79	Nonpriority amount	\$0.00
Total claim									
\$230.79									
Priority amount									
\$230.79									
Nonpriority amount									
\$0.00									
2.5228. Priority creditor's name and mailing address PITTS, SAVANAH A 1650 HAGER ST 2 UTICA NY 13502 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$269.40</td> </tr> </table>	Total claim	\$269.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$269.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$269.40	Nonpriority amount	\$0.00
Total claim									
\$269.40									
Priority amount									
\$269.40									
Nonpriority amount									
\$0.00									

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2.5229. Priority creditor's name and mailing address PIZZATI, ESKARLET Y 216 BAYLOR PL KENNER LA 70065 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$293.45	Priority amount \$293.45 Nonpriority amount \$0.00
2.5230. Priority creditor's name and mailing address PLAISIR, BRENDA D 2132 ALDRIN ROAD APT 1B OCEAN NJ 07712 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$478.28	Priority amount \$478.28 Nonpriority amount \$0.00
2.5231. Priority creditor's name and mailing address PLAZA, CECILIA M 5626 VIRGINIA LANE OXON HILL MD 20745 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$790.05	Priority amount \$790.05 Nonpriority amount \$0.00

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2.5232. Priority creditor's name and mailing address PLECITY, CHEYANN 111B MCCOLLUM CIRCLE MANSFIELD DEPOT CT 06251 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$418.45</td> </tr> </table>	Total claim	\$418.45	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$418.45</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$418.45	Nonpriority amount	\$0.00
Total claim									
\$418.45									
Priority amount									
\$418.45									
Nonpriority amount									
\$0.00									
2.5233. Priority creditor's name and mailing address PLUMITALLO, KRYSTAL A 213 OVERLAND RIDGE 104 WALTON KY 41094 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$412.06</td> </tr> </table>	Total claim	\$412.06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$412.06</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$412.06	Nonpriority amount	\$0.00
Total claim									
\$412.06									
Priority amount									
\$412.06									
Nonpriority amount									
\$0.00									
2.5234. Priority creditor's name and mailing address PLUMMER, MAURICIA R 1759 LANCING DRIVE APT. #172 SALEM VA 24153 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$55.71</td> </tr> </table>	Total claim	\$55.71	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$55.71</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$55.71	Nonpriority amount	\$0.00
Total claim									
\$55.71									
Priority amount									
\$55.71									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5235. Priority creditor's name and mailing address PODESTA, EMILY G 423 CLINTON AVENUE APT 2 ROSEVILLE CA 95678 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$43.44	Priority amount \$43.44 Nonpriority amount \$0.00
2.5236. Priority creditor's name and mailing address PODOLYAKINA, YEVGENIYA 2610 RIDGEVIEW COURT PARLIN NJ 08859 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$186.98	Priority amount \$186.98 Nonpriority amount \$0.00
2.5237. Priority creditor's name and mailing address PODRAZA, RENEE L 3345 VORDEN ST NEW PORT RICHEY FL 34655 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$240.77	Priority amount \$240.77 Nonpriority amount \$0.00

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2.5238. Priority creditor's name and mailing address POLANCO, CHARLEENE 11-13 FAIRHAVEN PL FAIR LAWN NJ 07410 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$44.07	Priority amount \$44.07 Nonpriority amount \$0.00
2.5239. Priority creditor's name and mailing address POLANCO, CONNIE M 118 PAINE ST. #2 WORCESTER MA 01605 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,710.27	Priority amount \$1,710.27 Nonpriority amount \$0.00
2.5240. Priority creditor's name and mailing address POLIN, SENDI 3616 N LARAMIE 2 CHICAGO IL 60641 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$754.80	Priority amount \$754.80 Nonpriority amount \$0.00

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2.5241. Priority creditor's name and mailing address POLITE, LISA 4603 MEADOWS AVE. SAVANNAH GA 31405 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$262.76	Priority amount \$262.76 Nonpriority amount \$0.00
2.5242. Priority creditor's name and mailing address POLLAK, MAGGIE M 48180 TILCH RD MACOMB MI 48044 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$252.13	Priority amount \$252.13 Nonpriority amount \$0.00
2.5243. Priority creditor's name and mailing address POLLARD, KALIEAH A 29 MONTCLAIRE DR PLEASANTVILLE NJ 08232 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$558.80	Priority amount \$558.80 Nonpriority amount \$0.00

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2.5244. Priority creditor's name and mailing address POLLARD, KATHERINE E 821 GLENWICK COURT BURLESON TX 76028 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$242.88	Priority amount \$242.88 Nonpriority amount \$0.00
2.5245. Priority creditor's name and mailing address POLLARD, KYLEE A 1074 STATE ROUTE 981 LATROBE PA 15650 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$88.95	Priority amount \$88.95 Nonpriority amount \$0.00
2.5246. Priority creditor's name and mailing address POMONTTY, TIARA N 60 SHANLEY STREET STRATFORD CT 06615 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$85.37	Priority amount \$85.37 Nonpriority amount \$0.00

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2.5247. Priority creditor's name and mailing address POMPA, LESLIE P 46725 CLINTON STREET 12 INDIO CA 92201 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$513.15	Priority amount \$513.15 Nonpriority amount \$0.00
2.5248. Priority creditor's name and mailing address POMPUTIS, JORDAN 3017 FREMONT AVE S 5 MINNEAPOLIS MN 55408 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$178.86	Priority amount \$178.86 Nonpriority amount \$0.00
2.5249. Priority creditor's name and mailing address PONCE, ANDREA R 595 TANGERINE DR EL CENTRO CA 92243 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$84.00	Priority amount \$84.00 Nonpriority amount \$0.00

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2.5250. Priority creditor's name and mailing address PONCE, ERNESTO 12525 WASHINGTON PL APT 201 LOS ANGELES CA 90066-4840 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$871.59	Priority amount \$871.59 Nonpriority amount \$0.00
2.5251. Priority creditor's name and mailing address PONCE, NADALIE 657 ZIEGLER DR GRAYSLAKE IL 60030 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$105.19	Priority amount \$105.19 Nonpriority amount \$0.00
2.5252. Priority creditor's name and mailing address PONCE, NATHALY 214 LINDEN AVENUE 6 WESTBURY NY 11590 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$380.40	Priority amount \$380.40 Nonpriority amount \$0.00

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2.5253. Priority creditor's name and mailing address PONCE, VERONICA E 1145 SHEARWATER DR PATTERSON CA 95363 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$36.36	Priority amount \$36.36 Nonpriority amount \$0.00
2.5254. Priority creditor's name and mailing address PONDER, NIJUAH L 725 SYCAMORE STREET HAMILTON OH 45011 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$112.09	Priority amount \$112.09 Nonpriority amount \$0.00
2.5255. Priority creditor's name and mailing address PONTE, TARA M 256 WOODWARD RD PROVIDENCE RI 02904 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$59.33	Priority amount \$59.33 Nonpriority amount \$0.00

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2.5256. Priority creditor's name and mailing address POOLE, CASSIDY M 2327 MT EDEN RED SHELBYVILLE KY 40065 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$273.15	Priority amount \$273.15 Nonpriority amount \$0.00
2.5257. Priority creditor's name and mailing address PORCARO, KYLA 437 BROAD ST APT 2 CUMBERLAND RI 02864-7820 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$174.24	Priority amount \$174.24 Nonpriority amount \$0.00
2.5258. Priority creditor's name and mailing address PORTER, KAMERON V 1333 EAST ELM STREET APT 7 SPRINGFILED MO 65802 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$43.69	Priority amount \$43.69 Nonpriority amount \$0.00

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2.5259.	Priority creditor's name and mailing address PORTER, LARITA M 6643 FAIRWAY AVENUE INDIANAPOLIS IN 46250 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$142.15</td> </tr> </table>	Total claim	\$142.15	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$142.15</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$142.15	Nonpriority amount	\$0.00
Total claim										
\$142.15										
Priority amount										
\$142.15										
Nonpriority amount										
\$0.00										
2.5260.	Priority creditor's name and mailing address PORTILLO-, CERVANTES BRIANNA X 3945 HOLLYBROOK LANE PUEBLO CO 81005 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$175.94</td> </tr> </table>	Total claim	\$175.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$175.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$175.94	Nonpriority amount	\$0.00
Total claim										
\$175.94										
Priority amount										
\$175.94										
Nonpriority amount										
\$0.00										
2.5261.	Priority creditor's name and mailing address PORTILLO, INGRID 25 HORTON STREET ATTLEBORO MA 02703 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$511.24</td> </tr> </table>	Total claim	\$511.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$511.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$511.24	Nonpriority amount	\$0.00
Total claim										
\$511.24										
Priority amount										
\$511.24										
Nonpriority amount										
\$0.00										

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2.5262. Priority creditor's name and mailing address PORTILLO, JACKY E 4194 LAKE SHORE DR. APT 4194 WACO TX 76710 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$29.99	Priority amount \$29.99 Nonpriority amount \$0.00
2.5263. Priority creditor's name and mailing address PORTILLO, VICKY C 15705 KERVIN AVE PARAMOUNT CA 90723 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$236.16	Priority amount \$236.16 Nonpriority amount \$0.00
2.5264. Priority creditor's name and mailing address POSEY, EVELYN 7310 E SPRINGBROOK COURT MIDDLETOWN MD 21769 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$379.35	Priority amount \$379.35 Nonpriority amount \$0.00

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2.5265. Priority creditor's name and mailing address POSEY, IAN O 6114 ENSIGN AVENUE NORTH HOLLYWOOD CA 91606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$58.91</td> </tr> </table>	Total claim	\$58.91	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$58.91</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$58.91	Nonpriority amount	\$0.00
Total claim									
\$58.91									
Priority amount									
\$58.91									
Nonpriority amount									
\$0.00									
2.5266. Priority creditor's name and mailing address POSEY, JAYLA S 5128 FORESTWOOD. ADAMSVILLE AL 35005 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$71.89</td> </tr> </table>	Total claim	\$71.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$71.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$71.89	Nonpriority amount	\$0.00
Total claim									
\$71.89									
Priority amount									
\$71.89									
Nonpriority amount									
\$0.00									
2.5267. Priority creditor's name and mailing address POSEY, SHERRY J 3452 BRIARCLIFF DR APT E GREENVILLE NC 27834 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$4,254.01</td> </tr> </table>	Total claim	\$4,254.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$4,254.01</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$4,254.01	Nonpriority amount	\$0.00
Total claim									
\$4,254.01									
Priority amount									
\$4,254.01									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5268. Priority creditor's name and mailing address POSEY, TEHYA M 27502 CORONADO WAY HAYWARD CA 94545 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$107.52	Priority amount \$107.52 Nonpriority amount \$0.00
2.5269. Priority creditor's name and mailing address POTTER, MADISON E 1530 SOUTH CHARLES BLVD APARTMENT 53 GREENVILLE NC 27858 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$150.23	Priority amount \$150.23 Nonpriority amount \$0.00
2.5270. Priority creditor's name and mailing address POTTER, OLIVIA R 8670 RANNEY ROAD TABERG NY 13471 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$507.84	Priority amount \$507.84 Nonpriority amount \$0.00

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2.5271. Priority creditor's name and mailing address POTTINGER, SAMANTHA K 354 PALISADE AVENUE APT 2 GARFIELD NJ 07026 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$198.69	Priority amount \$198.69 Nonpriority amount \$0.00
2.5272. Priority creditor's name and mailing address POUERIET, YAZMIN R 56 WERNER PL TEANECK NJ 07666 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$40.27	Priority amount \$40.27 Nonpriority amount \$0.00
2.5273. Priority creditor's name and mailing address POUK, LAUREN R 8772 EUROPEAN FAN PALM ALLEY WINTER GARDEN FL 34787 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,838.76	Priority amount \$1,838.76 Nonpriority amount \$0.00

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2.5274. Priority creditor's name and mailing address POULSEN, ROXANNE M 1454 RIVER RD SAN MARCOS TX 78666 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$140.16	Priority amount \$140.16 Nonpriority amount \$0.00
2.5275. Priority creditor's name and mailing address POWELL, AUTUMN A 1921 BLACKTHORN DR CHAMPAIGN IL 61821 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$504.34	Priority amount \$504.34 Nonpriority amount \$0.00
2.5276. Priority creditor's name and mailing address POWELL, CHELSEA J 1121 MCREE HEIGHTS CIRCLE NEWTON NC 28658 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$456.48	Priority amount \$456.48 Nonpriority amount \$0.00

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2.5277. Priority creditor's name and mailing address POWELL, MESA T 1216 CRISPUS DRIVE CHAMPAIGN IL 61820 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$148.75	Priority amount \$148.75 Nonpriority amount \$0.00
2.5278. Priority creditor's name and mailing address POWELL, MICHAEL-DAVID 1105 CHARTER OAK COURT VILLA RICA GA 30180 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$164.87	Priority amount \$164.87 Nonpriority amount \$0.00
2.5279. Priority creditor's name and mailing address POWELL, SEAIRA 3000 EVANGLINE ST APT 88 MONROE LA 71201 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$509.05	Priority amount \$509.05 Nonpriority amount \$0.00

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2.5280.	Priority creditor's name and mailing address POWELL, SEAN N 5621 HIGHWAY 69 S APT. 625 TUSCALOOSA AL 35405 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$84.30</td> </tr> </table>	Total claim	\$84.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$84.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$84.30	Nonpriority amount	\$0.00
Total claim										
\$84.30										
Priority amount										
\$84.30										
Nonpriority amount										
\$0.00										
2.5281.	Priority creditor's name and mailing address POWELL, SYDNEY 14900 NACOGDOCHES RD 2404 SAN ANTONIO TX 78247 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$86.07</td> </tr> </table>	Total claim	\$86.07	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$86.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$86.07	Nonpriority amount	\$0.00
Total claim										
\$86.07										
Priority amount										
\$86.07										
Nonpriority amount										
\$0.00										
2.5282.	Priority creditor's name and mailing address POWELL, TAYLOR-ANN M 92812 SOVERN PLACE JUNCTION CITY OR 97448 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$33.62</td> </tr> </table>	Total claim	\$33.62	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$33.62</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$33.62	Nonpriority amount	\$0.00
Total claim										
\$33.62										
Priority amount										
\$33.62										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5283. Priority creditor's name and mailing address POWERS, EMILY F 408 IVAN DRIVE LEWISVILLE TX 75067 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$74.66	Priority amount \$74.66 Nonpriority amount \$0.00
2.5284. Priority creditor's name and mailing address PRADO, ACE FRANCIS R 44 BRUNSWICK STREET SAN FRANCISCO CA 94112 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$960.54	Priority amount \$960.54 Nonpriority amount \$0.00
2.5285. Priority creditor's name and mailing address PRASTOS, ATHENA N 206 E FARMINGDALE ST. ISLIP TERRACE NY 11752 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$208.56	Priority amount \$208.56 Nonpriority amount \$0.00

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2.5286. Priority creditor's name and mailing address PRATHER, JADA J 71 FOX HILL DR APT B DOVER NJ 07801 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$39.56	Priority amount \$39.56 Nonpriority amount \$0.00
2.5287. Priority creditor's name and mailing address PRATT, BRIANNA L 308 SE FLAGSTONE DR. LEE'S SUMMIT MO 64063 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$559.20	Priority amount \$559.20 Nonpriority amount \$0.00
2.5288. Priority creditor's name and mailing address PRATT, JADA M 1411 GROVE AVE APT. 14 RICHMOND VA 23220 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$83.93	Priority amount \$83.93 Nonpriority amount \$0.00

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2.5289.	Priority creditor's name and mailing address PREDIERI, RYAN 513 24TH AVE NW B NORMAN OK 73069 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$150.53</td> </tr> </table>	Total claim	\$150.53	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$150.53</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$150.53	Nonpriority amount	\$0.00
Total claim										
\$150.53										
Priority amount										
\$150.53										
Nonpriority amount										
\$0.00										
2.5290.	Priority creditor's name and mailing address PREHODA, ELISE S 9737 COLUMBIA ROAD OLMSTED FALLS OH 44138 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$599.28</td> </tr> </table>	Total claim	\$599.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$599.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$599.28	Nonpriority amount	\$0.00
Total claim										
\$599.28										
Priority amount										
\$599.28										
Nonpriority amount										
\$0.00										
2.5291.	Priority creditor's name and mailing address PRESTON, EMELINE N 330 E VERNON AVE 2 NORMAL IL 61761 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$101.72</td> </tr> </table>	Total claim	\$101.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$101.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$101.72	Nonpriority amount	\$0.00
Total claim										
\$101.72										
Priority amount										
\$101.72										
Nonpriority amount										
\$0.00										

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2.5292. Priority creditor's name and mailing address PRESTON, STEPHANIE R 448 ANN AVENUE 448 ANN AVENUE BRICK NJ 08724 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$451.55	Priority amount \$451.55 Nonpriority amount \$0.00
2.5293. Priority creditor's name and mailing address PRESTON, TANISHA 1801 SPRUCE AVE 3 WEST PALM BEACH FL 33407 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$109.98	Priority amount \$109.98 Nonpriority amount \$0.00
2.5294. Priority creditor's name and mailing address PRICE, JESSAH 22215 GUIDOT TAYLOR MI 48180 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$112.11	Priority amount \$112.11 Nonpriority amount \$0.00

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2.5295. Priority creditor's name and mailing address PRICE, MERCEDES D 611 WEST BACON ST APT 1115B RICHMOND VA 23222 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$663.22	Priority amount \$663.22 Nonpriority amount \$0.00
2.5296. Priority creditor's name and mailing address PRICE, MIA D 3565 MYDERS 310 MEMPHIS TN 38111 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$140.02	Priority amount \$140.02 Nonpriority amount \$0.00
2.5297. Priority creditor's name and mailing address PRICE, VICTORIA 413 DUNBAR ST KINGSPORT TN 37660 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$29.18	Priority amount \$29.18 Nonpriority amount \$0.00

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2.5298. Priority creditor's name and mailing address PRIDE, SHAKIYA 11430 FARMVILLE RD FARMVILLE VA 23901 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$49.50	Priority amount \$49.50 Nonpriority amount \$0.00
2.5299. Priority creditor's name and mailing address PRIETO, MARIA D 13354 EMILY RD APT 111 DALLAS TX 75240 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$157.00	Priority amount \$157.00 Nonpriority amount \$0.00
2.5300. Priority creditor's name and mailing address PRISBY, ALAYNA 8185 HAWTHORNE DR. SAINT JOHN IN 46373 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$73.44	Priority amount \$73.44 Nonpriority amount \$0.00

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2.5301. Priority creditor's name and mailing address PRITTS, KAITLIN M 16624 LOARTOWN ROAD FROSTBURG MD 21532 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$123.64	Priority amount \$123.64 Nonpriority amount \$0.00
2.5302. Priority creditor's name and mailing address PROCTOR, BRITTANY J 2900 WINTERBERRY WAY HUNTSVILLE AL 35763 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$29.73	Priority amount \$29.73 Nonpriority amount \$0.00
2.5303. Priority creditor's name and mailing address PROVO, KATELYN R 2211 BRONCO LN BUFFALO MN 55313 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$786.50	Priority amount \$786.50 Nonpriority amount \$0.00

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2.5304. Priority creditor's name and mailing address PROVOST, ARIEL E 603 LANCASTER CT SALISBURY MD 21804 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$45.45	Priority amount \$45.45 Nonpriority amount \$0.00
2.5305. Priority creditor's name and mailing address PROVOST, DANIEL J 10800 WOODSIDE AVE SPC 131 SANTEE CA 92071-3188 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,048.20	Priority amount \$2,048.20 Nonpriority amount \$0.00
2.5306. Priority creditor's name and mailing address PRUDE, NEOSHA L 125 VERONA AVE. NETTLETON MS 38858 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$68.43	Priority amount \$68.43 Nonpriority amount \$0.00

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2.5307. Priority creditor's name and mailing address PRUITT, ERIN M 10224 PLUM CREEK LANE APT J CHARLOTTE NC 28210 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,068.36	Priority amount \$1,068.36 Nonpriority amount \$0.00
2.5308. Priority creditor's name and mailing address PRUITT, JAMIE A 1310 FRANK ST. KINGSPORT TN 37665 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,755.23	Priority amount \$1,755.23 Nonpriority amount \$0.00
2.5309. Priority creditor's name and mailing address PRYER, CASANDRA 5201 N 16TH ST PHILADELPHIA PA 19141 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$152.48	Priority amount \$152.48 Nonpriority amount \$0.00

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2.5310. Priority creditor's name and mailing address PTASCHEK, MEGAN 209 43RD AVE GREELEY CO 80634 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$80.37</td> </tr> </table>	Total claim	\$80.37	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$80.37</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$80.37	Nonpriority amount	\$0.00
Total claim									
\$80.37									
Priority amount									
\$80.37									
Nonpriority amount									
\$0.00									
2.5311. Priority creditor's name and mailing address PUGA, CHAVEZ CHRISTINE A 1260 STAGECOACH TRAIL LOOP CHULA VISTA CA 91915 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$192.84</td> </tr> </table>	Total claim	\$192.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$192.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$192.84	Nonpriority amount	\$0.00
Total claim									
\$192.84									
Priority amount									
\$192.84									
Nonpriority amount									
\$0.00									
2.5312. Priority creditor's name and mailing address PUGH, JETERRICA 5635 LUNKER LANE TALLAHASSEE FL 32303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$259.72</td> </tr> </table>	Total claim	\$259.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$259.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$259.72	Nonpriority amount	\$0.00
Total claim									
\$259.72									
Priority amount									
\$259.72									
Nonpriority amount									
\$0.00									

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2.5313. Priority creditor's name and mailing address PUGH, KARINA 13353 EMILY RD DALLAS TX 75240 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$69.96	Priority amount \$69.96 Nonpriority amount \$0.00
2.5314. Priority creditor's name and mailing address PUGH, OLIVIA S 6201 OLD SHELL RD APT. 222B MOBILE AL 36608 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$33.22	Priority amount \$33.22 Nonpriority amount \$0.00
2.5315. Priority creditor's name and mailing address PUGLIESE, DAPHNE 2822 MONTCLAIR DRIVE ELLICOTT CITY MD 21043 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$301.61	Priority amount \$301.61 Nonpriority amount \$0.00

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2.5316. Priority creditor's name and mailing address PULIAFICO, SUSAN 52 WEST ST WEST NYACK NY 10994 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$657.39	Priority amount \$657.39 Nonpriority amount \$0.00
2.5317. Priority creditor's name and mailing address PULIDO, ADRIANA 8901 GRANT ST APT 714 THORNTON CO 80229 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$73.26	Priority amount \$73.26 Nonpriority amount \$0.00
2.5318. Priority creditor's name and mailing address PULIDO, NICOLAS A 2284 POIPU WAY 2284 POIPU WAY SAN DIEGO CA 92154-1562 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$391.88	Priority amount \$391.88 Nonpriority amount \$0.00

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2.5319. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
PULLIAM, CORTENAY 642 AUTUMN FIELDS LANE RANTOUL IL 61866		\$79.75	\$79.75
			Nonpriority amount
			\$0.00
Date or dates debt was incurred	Basis for the claim:		
_____	WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset?		
	☐ No		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ Yes		

2.5320. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
PURIFOY, ALEXIS 6910 CONNECTICUT DRIVE APT 4 LOUISVILLE KY 40219		\$166.32	\$166.32
			Nonpriority amount
			\$0.00
Date or dates debt was incurred	Basis for the claim:		
_____	WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset?		
	☐ No		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ Yes		

2.5321. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
PURIFOYE, BRIYANNA 225 SPRINGHILL DR APT 306 ROSELLE IL 60172		\$195.48	\$195.48
			Nonpriority amount
			\$0.00
Date or dates debt was incurred	Basis for the claim:		
_____	WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset?		
	☐ No		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.5322. Priority creditor's name and mailing address**PURSCH, JESSICA P
1188 MICHAEL DRIVE
TRACY CA 95377**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$208.20

Priority amount

\$208.20

Nonpriority amount

\$0.00

2.5323. Priority creditor's name and mailing addressPURVIS, NAJE R
8388 S GUPTA DR
TUCSON AZ 85747**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$133.32

Priority amount

\$133.32

Nonpriority amount

\$0.00

2.5324. Priority creditor's name and mailing addressQUACKENBUSH, ANGELICA
120 BROOKS AVE
BAYVILLE NJ 08721**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$62.13

Priority amount

\$62.13

Nonpriority amount

\$0.00

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2.5325. Priority creditor's name and mailing address QUARANTELO, MARIAH 299 LACKAWANNA AVE BUFFALO NY 14212 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$52.39</td> </tr> </table>	Total claim	\$52.39	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$52.39</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$52.39	Nonpriority amount	\$0.00
Total claim									
\$52.39									
Priority amount									
\$52.39									
Nonpriority amount									
\$0.00									
2.5326. Priority creditor's name and mailing address QUARLES, IMANI B 3400 N KNOXVILLE AVE APT D1 PEORIA IL 61603 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$57.34</td> </tr> </table>	Total claim	\$57.34	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$57.34</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$57.34	Nonpriority amount	\$0.00
Total claim									
\$57.34									
Priority amount									
\$57.34									
Nonpriority amount									
\$0.00									
2.5327. Priority creditor's name and mailing address QUEEN, CHRISTIAN F 674 QUAIL DRIVE GLEN BURNIE MD 21061 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$127.86</td> </tr> </table>	Total claim	\$127.86	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$127.86</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$127.86	Nonpriority amount	\$0.00
Total claim									
\$127.86									
Priority amount									
\$127.86									
Nonpriority amount									
\$0.00									

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2.5328. Priority creditor's name and mailing address QUENTAL, AMANDA L 109 BAKER STREET MANASSAS PARK VA 20111 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$141.70	Priority amount \$141.70 Nonpriority amount \$0.00
2.5329. Priority creditor's name and mailing address QUEZADA, CRYSTAL 2746 STAR PEAK DR HOUSTON TX 77088 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$28.50	Priority amount \$28.50 Nonpriority amount \$0.00
2.5330. Priority creditor's name and mailing address QUEZADA, KARINA G 1263 DAVID AVE CONCORD CA 94518 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$240.12	Priority amount \$240.12 Nonpriority amount \$0.00

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2.5331. Priority creditor's name and mailing address QUI, GONZALEZ SHARON J 257 WILLOW ROAD APT H SAN YSID 257 SAN YSIDRO CA 92173 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$179.40	Priority amount \$179.40 Nonpriority amount \$0.00
2.5332. Priority creditor's name and mailing address QUICK, BEAR DARIEN P P.O. BOX 1055 ROSEBUD SD 57570 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$0.00	Priority amount \$0.00 Nonpriority amount \$0.00
2.5333. Priority creditor's name and mailing address QUICK, HALEY M 1110 PARKHILL DRIVE NORWALK IA 50211 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$764.18	Priority amount \$764.18 Nonpriority amount \$0.00

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2.5334. Priority creditor's name and mailing address QUIJANO, CHRYSTAL M 4416 LAUREL AVE PENNSAUKEN NJ 08109 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$41.86	Priority amount \$41.86 Nonpriority amount \$0.00
2.5335. Priority creditor's name and mailing address QUILES, MARILINDA 95 SPRUCE ST APT 2 PATERSON NJ 07501-1793 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,792.73	Priority amount \$1,792.73 Nonpriority amount \$0.00
2.5336. Priority creditor's name and mailing address QUILES, NICOLE 62 COMSTOCK AVENUE STATEN ISLAND NY 10314 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,426.61	Priority amount \$1,426.61 Nonpriority amount \$0.00

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2.5337. Priority creditor's name and mailing address QUINN, ERIN C 223 BLOUGH COURT FAIRLESS HILLS PA 19030 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$568.68	Priority amount \$568.68 Nonpriority amount \$0.00
2.5338. Priority creditor's name and mailing address QUINONES, JESSICA A PO BOX. 50922 TOA BAJA PR 00950 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$29.58	Priority amount \$29.58 Nonpriority amount \$0.00
2.5339. Priority creditor's name and mailing address QUINONES, LAUREN C 319 NORTHGATE CT. WESTERVILLE OH 43081 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$655.56	Priority amount \$655.56 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5340. Priority creditor's name and mailing address QUINONES, TONASIA 11 13TH STREET FLOOR #2 TROY NY 12180 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,405.14	Priority amount \$1,405.14 Nonpriority amount \$0.00
2.5341. Priority creditor's name and mailing address QUINSAAT-TOBOSA, DESTINY-JOYCE 1388 KAKAE PL WAILUKU HI 96793 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$165.94	Priority amount \$165.94 Nonpriority amount \$0.00
2.5342. Priority creditor's name and mailing address QUINTANA, JESENIA I 6625 S 140TH ST OMAHA NE 68137 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$45.27	Priority amount \$45.27 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5343. Priority creditor's name and mailing address QUINTANILLA, SAVANNAH 2222 DUDLEY STREET BURTON MI 48529 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$600.08	Priority amount \$600.08 Nonpriority amount \$0.00
2.5344. Priority creditor's name and mailing address QUINTANILLA, TATIANA G 11719 ALLIN ST 486 CULVER CITY CA 90230 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$342.77	Priority amount \$342.77 Nonpriority amount \$0.00
2.5345. Priority creditor's name and mailing address QUINTERO, GARCIA DANAY 1819 DEANNA DR APOPKA FL 32703 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$204.19	Priority amount \$204.19 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5346. Priority creditor's name and mailing address QUIROGA, CINDY E 3061 NW 184TH ST MIAMI FL 33056 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$143.40	Priority amount \$143.40 Nonpriority amount \$0.00
2.5347. Priority creditor's name and mailing address QUIROS, IMANI 81 SUGAR BERRY PL DALLAS GA 30157 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$98.63	Priority amount \$98.63 Nonpriority amount \$0.00
2.5348. Priority creditor's name and mailing address QUIROZ, MELODY 729 S. INGLEWOOD AVE INGLEWOOD CA 90301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$175.14	Priority amount \$175.14 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5349.	Priority creditor's name and mailing address QURESHI, ANUM 114 TRAILS CROSSING WHITESBORO NY 13492 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$162.17</td> </tr> </table>	Total claim	\$162.17	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$162.17</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$162.17	Nonpriority amount	\$0.00
Total claim										
\$162.17										
Priority amount										
\$162.17										
Nonpriority amount										
\$0.00										
2.5350.	Priority creditor's name and mailing address RAAHAUGE, CAREN A 4315 ROUTE 353 SALAMANCA NY 14779 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$128.57</td> </tr> </table>	Total claim	\$128.57	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$128.57</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$128.57	Nonpriority amount	\$0.00
Total claim										
\$128.57										
Priority amount										
\$128.57										
Nonpriority amount										
\$0.00										
2.5351.	Priority creditor's name and mailing address RABENA, JOHANNA M 9115 HIRASAKI AVE GILROY CA 95020-3264 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,522.87</td> </tr> </table>	Total claim	\$1,522.87	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,522.87</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,522.87	Nonpriority amount	\$0.00
Total claim										
\$1,522.87										
Priority amount										
\$1,522.87										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5352. Priority creditor's name and mailing address RABER, EMILY P 814 VINEYARD CIRLCE 814 SLIPPERY ROCK PA 16057 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$156.32	Priority amount \$156.32 Nonpriority amount \$0.00
2.5353. Priority creditor's name and mailing address RADECKER, JENNIFER N 4146 DAUPHINE ST SLIDELL LA 70458 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$90.26	Priority amount \$90.26 Nonpriority amount \$0.00
2.5354. Priority creditor's name and mailing address RADER, CHANTEL M 1318 19TH ST. VIENNA WV 26105 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,205.82	Priority amount \$3,205.82 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5355. Priority creditor's name and mailing address RADOMES, RAEANNA ISABELL 5795 W FLAMINGO RD APT 158 LAS VEGAS NV 89103 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$130.19</td> </tr> </table>	Total claim	\$130.19	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$130.19</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$130.19	Nonpriority amount	\$0.00
Total claim									
\$130.19									
Priority amount									
\$130.19									
Nonpriority amount									
\$0.00									
2.5356. Priority creditor's name and mailing address RAFAIL, GABRIELLE L 6630 W. HERBISON RD. DEWITT MI 48820 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$74.19</td> </tr> </table>	Total claim	\$74.19	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$74.19</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$74.19	Nonpriority amount	\$0.00
Total claim									
\$74.19									
Priority amount									
\$74.19									
Nonpriority amount									
\$0.00									
2.5357. Priority creditor's name and mailing address RAGHUBIR, SAMANTHA 89 11 116 STREET RICHMOND HILL NY 11418 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$109.50</td> </tr> </table>	Total claim	\$109.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$109.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$109.50	Nonpriority amount	\$0.00
Total claim									
\$109.50									
Priority amount									
\$109.50									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5358. Priority creditor's name and mailing address RAGSDALE, MONICA Y 1806 45TH STREET PENNSAUKEN NJ 08109 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$34.25	Priority amount \$34.25 Nonpriority amount \$0.00
2.5359. Priority creditor's name and mailing address RAIN, ASHLEY P 6710 36TH AVENUE EAST LOT 42 PALMETTO FL 34221 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$123.51	Priority amount \$123.51 Nonpriority amount \$0.00
2.5360. Priority creditor's name and mailing address RAINEY, KURISTIAN G 842 SPRINGDALE LN GASTONAI NC 28052 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$21.05	Priority amount \$21.05 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5361.	Priority creditor's name and mailing address RAINEY, NASAIYA 21A JORDAN GARDENS NIAGARA FALLS NY 14305 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$139.09</td> </tr> </table>	Total claim	\$139.09	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$139.09</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$139.09	Nonpriority amount	\$0.00
Total claim										
\$139.09										
Priority amount										
\$139.09										
Nonpriority amount										
\$0.00										
2.5362.	Priority creditor's name and mailing address RAINS, BRANDON W 185 EAST CAPE ROCK DRIVE CAPE GIRARDEAU MO 63701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$4,133.20</td> </tr> </table>	Total claim	\$4,133.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$4,133.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$4,133.20	Nonpriority amount	\$0.00
Total claim										
\$4,133.20										
Priority amount										
\$4,133.20										
Nonpriority amount										
\$0.00										
2.5363.	Priority creditor's name and mailing address RAIS, MAHASEN 216 MICHAELS COURT WOODBRIDGE NJ 07095 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$30.88</td> </tr> </table>	Total claim	\$30.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$30.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$30.88	Nonpriority amount	\$0.00
Total claim										
\$30.88										
Priority amount										
\$30.88										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5364. Priority creditor's name and mailing address RAKIBULLAH, SHAKIRA 3329 LOUIS PAUL WAY SAN JOSE CA 95148 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$258.90	Priority amount \$258.90 Nonpriority amount \$0.00
2.5365. Priority creditor's name and mailing address RAKOTZ, JORDYN L 121 GRACE COURT MANKATO MN 55434 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$34.31	Priority amount \$34.31 Nonpriority amount \$0.00
2.5366. Priority creditor's name and mailing address RAMBOSK, KAITLIN 926 RADCLIFF AVENUE LYNN HAVEN FL 32444 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$636.24	Priority amount \$636.24 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5367. Priority creditor's name and mailing address RAMIREZ, ALEXANDRA J 1716 HOWARD ST WACO TX 76711 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$95.26	Priority amount \$95.26 Nonpriority amount \$0.00
2.5368. Priority creditor's name and mailing address RAMIREZ, AMBERLY C 3244 FIRTH WAY SAN JOSE CA 95121-1519 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,363.09	Priority amount \$2,363.09 Nonpriority amount \$0.00
2.5369. Priority creditor's name and mailing address RAMIREZ, ANGELICA 19906 RED FEATHER RD APPLE VALLEY CA 92307 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$165.96	Priority amount \$165.96 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5370. Priority creditor's name and mailing address RAMIREZ, ANTONIO E 5722 E CALLE IGLESIA TEMPE AZ 85283 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$553.09	Priority amount \$553.09 Nonpriority amount \$0.00
2.5371. Priority creditor's name and mailing address RAMIREZ, ASHLEY K 1221 A ST NE A314 AUBURN WA 98002 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$128.76	Priority amount \$128.76 Nonpriority amount \$0.00
2.5372. Priority creditor's name and mailing address RAMIREZ, ASHLEY R 17356 CAVALCADE DR MORENO VALLEY CA 92555 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$5,397.73	Priority amount \$5,397.73 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.5373. Priority creditor's name and mailing address**RAMIREZ, CARMELINA
1144 HALLMARK AVE
LEHIGH ACRES FL 33974**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$3,292.98

Priority amount

\$3,292.98

Nonpriority amount

\$0.00

2.5374. Priority creditor's name and mailing addressRAMIREZ, DANIELA
302 23RD AVE WEST
BRADENTON FL 34205**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$234.60

Priority amount

\$234.60

Nonpriority amount

\$0.00

2.5375. Priority creditor's name and mailing addressRAMIREZ, DE LA CRUZ NANCY E
10800 CLAY RD #9105
HOUSTON TX 77041**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$603.52

Priority amount

\$603.52

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5376. Priority creditor's name and mailing address RAMIREZ, DESTINY 10525 DOLECETTO DR RANCHO CORDOVA CA 95670 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,659.28	Priority amount \$1,659.28 Nonpriority amount \$0.00
2.5377. Priority creditor's name and mailing address RAMIREZ, EILEEN G 33 SCOTLAND ROAD ELIZABETH NJ 07208 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$78.23	Priority amount \$78.23 Nonpriority amount \$0.00
2.5378. Priority creditor's name and mailing address RAMIREZ, ESMERALDA 33 TANFORAN SAN BRUNO CA 94066 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$15.96	Priority amount \$15.96 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5379. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
RAMIREZ, HERNANDEZ EMILY K 2586 63RD AVE OAKLAND CA 94605		\$728.65	\$728.65
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.5380. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
RAMIREZ, JOSEFINA 2514 CR 60 ROSHARON TX 77583		\$153.44	\$153.44
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.5381. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
RAMIREZ, KELLY 15965 78TH AVE TINLEY PARK IL 60477		\$185.37	\$185.37
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5382. Priority creditor's name and mailing address RAMIREZ, LIZBETH 153 S 4TH ST. RICHMOND CA 94804 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$71.76</td> </tr> </table>	Total claim	\$71.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$71.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$71.76	Nonpriority amount	\$0.00
Total claim									
\$71.76									
Priority amount									
\$71.76									
Nonpriority amount									
\$0.00									
2.5383. Priority creditor's name and mailing address RAMIREZ, MANUELITA 241 SHADY LANE VALLEJO CA 94591 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$108.84</td> </tr> </table>	Total claim	\$108.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$108.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$108.84	Nonpriority amount	\$0.00
Total claim									
\$108.84									
Priority amount									
\$108.84									
Nonpriority amount									
\$0.00									
2.5384. Priority creditor's name and mailing address RAMIREZ, MARIA 3209 JAMES DR DALLAS TX 75227 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$590.89</td> </tr> </table>	Total claim	\$590.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$590.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$590.89	Nonpriority amount	\$0.00
Total claim									
\$590.89									
Priority amount									
\$590.89									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5385. Priority creditor's name and mailing address RAMIREZ, MARIA H 723 N GRANT ST AMARILLO TX 79107-5361 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,529.18	Priority amount \$1,529.18 Nonpriority amount \$0.00
2.5386. Priority creditor's name and mailing address RAMIREZ, MONICA 911E LA PALMA DR APT D INGLEWOOD CA 90301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$937.37	Priority amount \$937.37 Nonpriority amount \$0.00
2.5387. Priority creditor's name and mailing address RAMIREZ, NALLELY 1401 SOUTH ST PASADENA TX 77503 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$103.03	Priority amount \$103.03 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5388. Priority creditor's name and mailing address RAMIREZ, NANCY V 8788 KLEIN ROAD STOCKTON CA 95206 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$593.60	Priority amount \$593.60 Nonpriority amount \$0.00
2.5389. Priority creditor's name and mailing address RAMIREZ, SAMARIA V 8400 WEEPING CHERRY LN EVERMAN TX 76140 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$178.14	Priority amount \$178.14 Nonpriority amount \$0.00
2.5390. Priority creditor's name and mailing address RAMIREZ, SANCHEZ ASHLEY A 128 HOBBS CIR SANTA PAULA CA 93060 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$669.24	Priority amount \$669.24 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5391. Priority creditor's name and mailing address RAMIREZ, SAVANA A 533 EASTON AVE SAN BRUNO CA 94066 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$760.79	Priority amount \$760.79 Nonpriority amount \$0.00
2.5392. Priority creditor's name and mailing address RAMIREZ, SIENNA-ROSE A 4115 BELLA SIERRA CT LAS CRUCES NM 88011 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$280.37	Priority amount \$280.37 Nonpriority amount \$0.00
2.5393. Priority creditor's name and mailing address RAMIREZ, STEPHANIE E 67 BISMARCK DRIVE STAFFORD VA 22554 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$100.25	Priority amount \$100.25 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5394. Priority creditor's name and mailing address RAMIREZ, VANESSA N 6500 NEWTON ST ARVADA CO 80003 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,268.80	Priority amount \$1,268.80 Nonpriority amount \$0.00
2.5395. Priority creditor's name and mailing address RAMIREZ, VELASCO DALLELY 1511 OAKCREST AVE NORMAN OK 73071 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$181.04	Priority amount \$181.04 Nonpriority amount \$0.00
2.5396. Priority creditor's name and mailing address RAMIREZ, YEZICA 4006 MIDLAND ST LOS ANGELES CA 90031 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$119.04	Priority amount \$119.04 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5397. Priority creditor's name and mailing address RAMIREZ-CONTRERAS, MARIA A 6451 OXFORD AVE APT A211 PHILADELPHIA PA 19111 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$503.64	Priority amount \$503.64 Nonpriority amount \$0.00
2.5398. Priority creditor's name and mailing address RAMIREZ-JOSE, LIZBETH 267 COWDEN ST 2 CENTRAL FALLS RI 02863 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$725.28	Priority amount \$725.28 Nonpriority amount \$0.00
2.5399. Priority creditor's name and mailing address RAMJIT, SHIVANI 354 BURGESS PLACE CLIFTON NJ 07050 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$73.28	Priority amount \$73.28 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5400.	Priority creditor's name and mailing address RAMKEESON, BRITNEY 2444 38TH STREET ASTORIA NY 11103 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$217.05</td> </tr> </table>	Total claim	\$217.05	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$217.05</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$217.05	Nonpriority amount	\$0.00
Total claim										
\$217.05										
Priority amount										
\$217.05										
Nonpriority amount										
\$0.00										
2.5401.	Priority creditor's name and mailing address RAMNATH, DARSHANIE 27718 ONEALS RD. SEAFORD DE 19973 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$497.38</td> </tr> </table>	Total claim	\$497.38	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$497.38</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$497.38	Nonpriority amount	\$0.00
Total claim										
\$497.38										
Priority amount										
\$497.38										
Nonpriority amount										
\$0.00										
2.5402.	Priority creditor's name and mailing address RAMON, ALISA 3898 E ESPLANADE AVE GILBERT AZ 85297 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$76.01</td> </tr> </table>	Total claim	\$76.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$76.01</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$76.01	Nonpriority amount	\$0.00
Total claim										
\$76.01										
Priority amount										
\$76.01										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5403. Priority creditor's name and mailing address RAMOS, AILEEN A 3076 REDWOOD AVE. LYNWOOD CA 90262 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$222.84	Priority amount \$222.84 Nonpriority amount \$0.00
2.5404. Priority creditor's name and mailing address RAMOS, ALICIA 6008 100TH LUBBOCK TX 79424 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$154.94	Priority amount \$154.94 Nonpriority amount \$0.00
2.5405. Priority creditor's name and mailing address RAMOS, ALONDRA V 830 PEACHTREE RD CHARLOTTE NC 28216 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$142.96	Priority amount \$142.96 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5406.	Priority creditor's name and mailing address RAMOS, ANGELES A 3318 OLD CHOCOLATE BAYOU RD TR PEARLAND TX 77584 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$254.00</td> </tr> </table>	Total claim	\$254.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$254.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$254.00	Nonpriority amount	\$0.00
Total claim										
\$254.00										
Priority amount										
\$254.00										
Nonpriority amount										
\$0.00										
2.5407.	Priority creditor's name and mailing address RAMOS, BRENDA M 1860 OAKMEAD DR 17 CONCORD CA 94520 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$175.08</td> </tr> </table>	Total claim	\$175.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$175.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$175.08	Nonpriority amount	\$0.00
Total claim										
\$175.08										
Priority amount										
\$175.08										
Nonpriority amount										
\$0.00										
2.5408.	Priority creditor's name and mailing address RAMOS, BRITTNEY L 4641 ANSON ST. NEW ORLEANS LA 70131 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,037.97</td> </tr> </table>	Total claim	\$3,037.97	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,037.97</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$3,037.97	Nonpriority amount	\$0.00
Total claim										
\$3,037.97										
Priority amount										
\$3,037.97										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5409.	Priority creditor's name and mailing address RAMOS, CHEYENNE 2798 OXFORD AVE GRAND JUNCTION CO 81503 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$104.12</td></tr></table>	Total claim	\$104.12	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$104.12</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$104.12	Nonpriority amount	\$0.00
Total claim										
\$104.12										
Priority amount										
\$104.12										
Nonpriority amount										
\$0.00										
2.5410.	Priority creditor's name and mailing address RAMOS, DE JESUS RAUL E CARR. 184 KM30.1 BO MALUA GUAY CAYEY PR 00736 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$170.81</td></tr></table>	Total claim	\$170.81	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$170.81</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$170.81	Nonpriority amount	\$0.00
Total claim										
\$170.81										
Priority amount										
\$170.81										
Nonpriority amount										
\$0.00										
2.5411.	Priority creditor's name and mailing address RAMOS, ELSA 2412 COWAN BLVD APT F FREDERICKSBURG VA 22401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$3,239.55</td></tr></table>	Total claim	\$3,239.55	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$3,239.55</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$3,239.55	Nonpriority amount	\$0.00
Total claim										
\$3,239.55										
Priority amount										
\$3,239.55										
Nonpriority amount										
\$0.00										

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2.5412. Priority creditor's name and mailing address RAMOS, JAZMIN 15042 DEVONSHIRE ST. MISSION HILLS CA 91345 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$341.36	Priority amount \$341.36 Nonpriority amount \$0.00
2.5413. Priority creditor's name and mailing address RAMOS, LEILY Y 921 WAVERLY PLACE BALDWIN NY 11510 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$432.96	Priority amount \$432.96 Nonpriority amount \$0.00
2.5414. Priority creditor's name and mailing address RAMOS, MARIAH L 2204 17TH ST WYANDOTTE MI 48192 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$528.48	Priority amount \$528.48 Nonpriority amount \$0.00

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2.5415. Priority creditor's name and mailing address RAMOS, MARISSA I 367 VECINO CT. SPRING VALLEY CA 91977 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$109.20	Priority amount \$109.20 Nonpriority amount \$0.00
2.5416. Priority creditor's name and mailing address RAMOS, ROSA I 1002 N MARIPOSA AVE 15 LOS ANGELES CA 90029 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$86.88	Priority amount \$86.88 Nonpriority amount \$0.00
2.5417. Priority creditor's name and mailing address RAMOS, YINAMAR HC 74 BOX 5196 NARANJITO PR 00719 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,077.57	Priority amount \$2,077.57 Nonpriority amount \$0.00

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2.5418. Priority creditor's name and mailing address RAND, KIMBERLY A 4404 ADOLPH AVE NORTH PORT FL 34288 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,645.13	Priority amount \$2,645.13 Nonpriority amount \$0.00
2.5419. Priority creditor's name and mailing address RANDEL, SAMANTHA 22525 QUIVIRA RD BUCYRUS KS 66013 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,329.21	Priority amount \$1,329.21 Nonpriority amount \$0.00
2.5420. Priority creditor's name and mailing address RANDLE, DEJEA J 119 GEORGE ST BREAUx BRIDGE LA 70517 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$67.40	Priority amount \$67.40 Nonpriority amount \$0.00

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2.5421. Priority creditor's name and mailing address RANDLEMAN, MORGAN P 104 KENDRICK FARM DRIVE MOUNT HOLLY NC 28642 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$264.25	Priority amount \$264.25 Nonpriority amount \$0.00
2.5422. Priority creditor's name and mailing address RANDOLPH, LA'SHUNTI L 4228 WEST MICHIGAN AVE KALAMAZOO MI 49008 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$37.93	Priority amount \$37.93 Nonpriority amount \$0.00
2.5423. Priority creditor's name and mailing address RANGEL, GINA E 467 E SCOTT AVENUE FRESNO CA 93710 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$566.08	Priority amount \$566.08 Nonpriority amount \$0.00

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2.5424. Priority creditor's name and mailing address RANGEL-JUAREZ, ELENA 6602 HONEY BEAR CT TAMPA FL 33625 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$470.01</td> </tr> </table>	Total claim	\$470.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$470.01</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$470.01	Nonpriority amount	\$0.00
Total claim									
\$470.01									
Priority amount									
\$470.01									
Nonpriority amount									
\$0.00									
2.5425. Priority creditor's name and mailing address RANKIN, ANDREA M 5440 WESTERN AVENUE OMAHA NE 68132 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$35.82</td> </tr> </table>	Total claim	\$35.82	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$35.82</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$35.82	Nonpriority amount	\$0.00
Total claim									
\$35.82									
Priority amount									
\$35.82									
Nonpriority amount									
\$0.00									
2.5426. Priority creditor's name and mailing address RANKIN, CLAIRE E 542 S. SPRING STREET APT. B CAPE GIRARDEAU MO 63703 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$39.99</td> </tr> </table>	Total claim	\$39.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$39.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$39.99	Nonpriority amount	\$0.00
Total claim									
\$39.99									
Priority amount									
\$39.99									
Nonpriority amount									
\$0.00									

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2.5427. Priority creditor's name and mailing address RANSOM, NIYAH 5900 GRANDEL BLVD LOUISVILLE KY 40258 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$94.46</td> </tr> </table>	Total claim	\$94.46	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$94.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$94.46	Nonpriority amount	\$0.00
Total claim									
\$94.46									
Priority amount									
\$94.46									
Nonpriority amount									
\$0.00									
2.5428. Priority creditor's name and mailing address RAPOFF, EVA 1536 BARCLAY PLACE NISKAYUNA NY 12309 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$577.17</td> </tr> </table>	Total claim	\$577.17	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$577.17</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$577.17	Nonpriority amount	\$0.00
Total claim									
\$577.17									
Priority amount									
\$577.17									
Nonpriority amount									
\$0.00									
2.5429. Priority creditor's name and mailing address RAPOSO, BRITNEY M 37 JOHNSON ST 1 FALL RIVER MA 02723 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$42.84</td> </tr> </table>	Total claim	\$42.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$42.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$42.84	Nonpriority amount	\$0.00
Total claim									
\$42.84									
Priority amount									
\$42.84									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5430. Priority creditor's name and mailing address RASHDI, BIBI KANWAL 1110 BALLPARK LANE APT 2005 LAWRENCEVILLE GA 30043 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$163.04	Priority amount \$163.04 Nonpriority amount \$0.00
2.5431. Priority creditor's name and mailing address RAYMOND, EMANI T 2273 FRIENDSHIP STREET PHILADELPHIA PA 19149 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$40.75	Priority amount \$40.75 Nonpriority amount \$0.00
2.5432. Priority creditor's name and mailing address RAYMOND, LYDIE 15 BAMFORD PLACE FLOOR #2 IRVINGTON NJ 07111 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$186.11	Priority amount \$186.11 Nonpriority amount \$0.00

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2.5433. Priority creditor's name and mailing address RAYOS, MONICA I 500 S CHURCH ST. AUGUSTA MI 49012 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$96.85</td> </tr> </table>	Total claim	\$96.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$96.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$96.85	Nonpriority amount	\$0.00
Total claim									
\$96.85									
Priority amount									
\$96.85									
Nonpriority amount									
\$0.00									
2.5434. Priority creditor's name and mailing address RAYSER, HAILEY C 3013 ESTEPA DRIVE UNIT F CAMERON PARK CA 95682 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$72.00</td> </tr> </table>	Total claim	\$72.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$72.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$72.00	Nonpriority amount	\$0.00
Total claim									
\$72.00									
Priority amount									
\$72.00									
Nonpriority amount									
\$0.00									
2.5435. Priority creditor's name and mailing address READIE, KIERA N 3 TERRY LANE CLARK NJ 07066 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$86.91</td> </tr> </table>	Total claim	\$86.91	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$86.91</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$86.91	Nonpriority amount	\$0.00
Total claim									
\$86.91									
Priority amount									
\$86.91									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5436. Priority creditor's name and mailing address READUS, LADYMON S 416 W OLD PLANK RD UNIT 105 COLUMBIA MO 65203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$135.02	Priority amount \$135.02 Nonpriority amount \$0.00
2.5437. Priority creditor's name and mailing address REAGAN, KELLY 1625 BLACKBERRY ROAD DEATSVILLE AL 36022 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,555.41	Priority amount \$3,555.41 Nonpriority amount \$0.00
2.5438. Priority creditor's name and mailing address REAGAN, MAKAYLA M 3225 S STONEGATE CR DRIVE 208 NEW BERLIN WI 53151 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$451.22	Priority amount \$451.22 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5439. Priority creditor's name and mailing address REAVES, SAMANTHA M 7327 NORTHBROOK COVE HORN LAKE MS 38637 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,915.40	Priority amount \$1,915.40 Nonpriority amount \$0.00
2.5440. Priority creditor's name and mailing address RECHEL, NASYA 9815 PARK SPRINGS CT CHARLOTTE NC 28210 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$103.27	Priority amount \$103.27 Nonpriority amount \$0.00
2.5441. Priority creditor's name and mailing address REDD, ANNIE 1104 OAKWOOD AVE TOLEDO OH 43607 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$148.68	Priority amount \$148.68 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5442. Priority creditor's name and mailing address REDDIC, ASHLEY 11108 MORGAN RIVER CT RANCHO CORDOVA CA 95670 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$166.32</td> </tr> </table>	Total claim	\$166.32	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$166.32</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$166.32	Nonpriority amount	\$0.00
Total claim									
\$166.32									
Priority amount									
\$166.32									
Nonpriority amount									
\$0.00									
2.5443. Priority creditor's name and mailing address REDDICE, RIGHCHE D 166 PALISADE AVENUE BRIDGEPORT CT 06610 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$91.41</td> </tr> </table>	Total claim	\$91.41	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$91.41</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$91.41	Nonpriority amount	\$0.00
Total claim									
\$91.41									
Priority amount									
\$91.41									
Nonpriority amount									
\$0.00									
2.5444. Priority creditor's name and mailing address REDDISH, DESTINY D 3905 KIAH DR WESELY CHAPEL FL 33543 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$227.58</td> </tr> </table>	Total claim	\$227.58	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$227.58</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$227.58	Nonpriority amount	\$0.00
Total claim									
\$227.58									
Priority amount									
\$227.58									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5445. Priority creditor's name and mailing address REDDY, NATASHA P 107 VIA DEL SOL VACAVILLE CA 95687 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$84.24</td> </tr> </table>	Total claim	\$84.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$84.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$84.24	Nonpriority amount	\$0.00
Total claim									
\$84.24									
Priority amount									
\$84.24									
Nonpriority amount									
\$0.00									
2.5446. Priority creditor's name and mailing address REDFERN, IMANI R 1600 CRAWFORD DR CHARLOTTE NC 28216 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$95.41</td> </tr> </table>	Total claim	\$95.41	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$95.41</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$95.41	Nonpriority amount	\$0.00
Total claim									
\$95.41									
Priority amount									
\$95.41									
Nonpriority amount									
\$0.00									
2.5447. Priority creditor's name and mailing address REDLIN, JACQUELINE E 1200 S KEVA AVE SIOUX FALLS SD 57106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$45.77</td> </tr> </table>	Total claim	\$45.77	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$45.77</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$45.77	Nonpriority amount	\$0.00
Total claim									
\$45.77									
Priority amount									
\$45.77									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5448. Priority creditor's name and mailing address REDMAN, SARAH M 3550 VILLA LN 124 NAPA CA 94558-6454 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,533.18	Priority amount \$2,533.18 Nonpriority amount \$0.00
2.5449. Priority creditor's name and mailing address REDMOND-MARTINEZ, ESPERANZA M 1332 HUDSON RD SAINT PAUL MN 55106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$345.94	Priority amount \$345.94 Nonpriority amount \$0.00
2.5450. Priority creditor's name and mailing address REED, BRITTANY A 2605 6TH ST NE BIRMINGHAM AL 35215 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,042.35	Priority amount \$1,042.35 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5451. Priority creditor's name and mailing address REED, DIERRA 193 EAST GRAND AVE. FOX LAKE IL 60020 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$112.41	Priority amount \$112.41 Nonpriority amount \$0.00
2.5452. Priority creditor's name and mailing address REED, JANICE L 8686COY AVE. APT.84 BATON ROUGE LA 70810 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$77.36	Priority amount \$77.36 Nonpriority amount \$0.00
2.5453. Priority creditor's name and mailing address REED, JESSIE C 117 KATHLEEN ST. TUPELO MS 38801 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$65.49	Priority amount \$65.49 Nonpriority amount \$0.00

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2.5454. Priority creditor's name and mailing address REED, KALLIE L 3508 LIBERTY STREET PARKERSBURG WV 26104 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$601.80</td> </tr> </table>	Total claim	\$601.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$601.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$601.80	Nonpriority amount	\$0.00
Total claim									
\$601.80									
Priority amount									
\$601.80									
Nonpriority amount									
\$0.00									
2.5455. Priority creditor's name and mailing address REED, KELSEY M 3397 ELWOOD AVE SW GRANDVILLE MI 49418-1805 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,474.02</td> </tr> </table>	Total claim	\$2,474.02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,474.02</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,474.02	Nonpriority amount	\$0.00
Total claim									
\$2,474.02									
Priority amount									
\$2,474.02									
Nonpriority amount									
\$0.00									
2.5456. Priority creditor's name and mailing address REED, NICOLE S 104 SW OXFORD PL LEE'S SUMMIT MO 64063 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$82.99</td> </tr> </table>	Total claim	\$82.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$82.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$82.99	Nonpriority amount	\$0.00
Total claim									
\$82.99									
Priority amount									
\$82.99									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5457. Priority creditor's name and mailing address REESE, KIMBRIA C 2064 GORDON VERNER CIRCLE STOCKTON CA 95206 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$112.44	Priority amount \$112.44 Nonpriority amount \$0.00
2.5458. Priority creditor's name and mailing address REESE, MORGAN L 526 MILDRED TRUMANN AR 72472 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$138.75	Priority amount \$138.75 Nonpriority amount \$0.00
2.5459. Priority creditor's name and mailing address REESE, SAMATHA L 68 WEST MORTON ST. SAINT PAUL MN 55107 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$26.88	Priority amount \$26.88 Nonpriority amount \$0.00

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2.5460. Priority creditor's name and mailing address REESE, SHARON B 2507 E MILL PLAIN BLVD #5 VANCOUVER WA 98661 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$37.20</td> </tr> </table>	Total claim	\$37.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$37.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$37.20	Nonpriority amount	\$0.00
Total claim									
\$37.20									
Priority amount									
\$37.20									
Nonpriority amount									
\$0.00									
2.5461. Priority creditor's name and mailing address REEVES, AMARA K 725 SHAWMUT AVENUE 703 BOSTON MA 02119 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$288.84</td> </tr> </table>	Total claim	\$288.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$288.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$288.84	Nonpriority amount	\$0.00
Total claim									
\$288.84									
Priority amount									
\$288.84									
Nonpriority amount									
\$0.00									
2.5462. Priority creditor's name and mailing address REEVES, ARIANA 1447 HAYNESCREST COURT GRAYSON GA 30017 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$955.20</td> </tr> </table>	Total claim	\$955.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$955.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$955.20	Nonpriority amount	\$0.00
Total claim									
\$955.20									
Priority amount									
\$955.20									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5463. Priority creditor's name and mailing address REEVES, CANDACE M 905 BERNADETTE DRIVE FOREST HILL MD 21050 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$184.63	Priority amount \$184.63 Nonpriority amount \$0.00
2.5464. Priority creditor's name and mailing address REEVES, LATESHA A 142 E. 34 ST SAN BERNARDINO CA 92404 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,187.97	Priority amount \$2,187.97 Nonpriority amount \$0.00
2.5465. Priority creditor's name and mailing address REFAI, ARSHIA I 6063C JOAQUIN MURIETA AVE NEWARK CA 94560 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$667.46	Priority amount \$667.46 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5466. Priority creditor's name and mailing address REGINA-TORRES, ILIANA P 17142 SILVER CREST DR. SAN DIEGO CA 92127 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$148.92</td> <td style="text-align: center;">\$148.92</td> </tr> </table>	Total claim	Priority amount	\$148.92	\$148.92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$148.92	\$148.92								
Nonpriority amount									
\$0.00									
2.5467. Priority creditor's name and mailing address REGIS, GUERECA MARIA B 4349 W KEIM DR APT #2 GLENDALE AZ 85301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$74.25</td> <td style="text-align: center;">\$74.25</td> </tr> </table>	Total claim	Priority amount	\$74.25	\$74.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$74.25	\$74.25								
Nonpriority amount									
\$0.00									
2.5468. Priority creditor's name and mailing address REGNET, RACHELLE K 27 16TH AVE NORTH TONAWANDA NY 14120 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$499.83</td> <td style="text-align: center;">\$499.83</td> </tr> </table>	Total claim	Priority amount	\$499.83	\$499.83	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$499.83	\$499.83								
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5469. Priority creditor's name and mailing address REHM, ALLYSON S 2806 EDWARDS ST GREENVILLE NC 27858-4005 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,213.80</td> </tr> </table>	Total claim	\$1,213.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,213.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,213.80	Nonpriority amount	\$0.00
Total claim									
\$1,213.80									
Priority amount									
\$1,213.80									
Nonpriority amount									
\$0.00									
2.5470. Priority creditor's name and mailing address REID, ALEXIS S 1455 SAINT GEORGE PLACE CONYERS GA 30012 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$170.00</td> </tr> </table>	Total claim	\$170.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$170.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$170.00	Nonpriority amount	\$0.00
Total claim									
\$170.00									
Priority amount									
\$170.00									
Nonpriority amount									
\$0.00									
2.5471. Priority creditor's name and mailing address REID, ALIZA 313 RAMSEUR ROAD MAIDEN NC 28650 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$585.59</td> </tr> </table>	Total claim	\$585.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$585.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$585.59	Nonpriority amount	\$0.00
Total claim									
\$585.59									
Priority amount									
\$585.59									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5472. Priority creditor's name and mailing address REID, ANARI 14700 SE PERTOVITSKY RD E-301 RENTON WA 98058 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$265.56	Priority amount \$265.56 Nonpriority amount \$0.00
2.5473. Priority creditor's name and mailing address REID, CORELYN J 4 JENNIFER WAY FAIRFIELD NJ 07004 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$141.16	Priority amount \$141.16 Nonpriority amount \$0.00
2.5474. Priority creditor's name and mailing address REID-DAWKINS, KIMBERLY 5219 CORTEZ DRIVE ORLANDO FL 32808 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,281.84	Priority amount \$3,281.84 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5475. Priority creditor's name and mailing address REIL, KAITLYN N 26 RABIDEAU DRIVE EASTHAMPTON MA 01027 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$48.60</td> </tr> </table>	Total claim	\$48.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$48.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$48.60	Nonpriority amount	\$0.00
Total claim									
\$48.60									
Priority amount									
\$48.60									
Nonpriority amount									
\$0.00									
2.5476. Priority creditor's name and mailing address REILLO, JANERY S DOS BOCAS COROZAL PR 00783 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$101.29</td> </tr> </table>	Total claim	\$101.29	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$101.29</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$101.29	Nonpriority amount	\$0.00
Total claim									
\$101.29									
Priority amount									
\$101.29									
Nonpriority amount									
\$0.00									
2.5477. Priority creditor's name and mailing address REILLY, HEATHER L 525 SCOTT BLVD AP 201 CASTLE ROCK CO 80104 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$79.37</td> </tr> </table>	Total claim	\$79.37	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$79.37</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$79.37	Nonpriority amount	\$0.00
Total claim									
\$79.37									
Priority amount									
\$79.37									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5478. Priority creditor's name and mailing address REINOEHL, KAILYNNE A 401 SOUTH BROAD STREET LITITZ PA 17543 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$126.80</td> <td style="text-align: center;">\$126.80</td> </tr> </table>	Total claim	Priority amount	\$126.80	\$126.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$126.80	\$126.80								
Nonpriority amount									
\$0.00									
2.5479. Priority creditor's name and mailing address REINSTATLER, GABRYEL 1663 RICHMOND DR LOUISVILLE KY 40205 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$56.88</td> <td style="text-align: center;">\$56.88</td> </tr> </table>	Total claim	Priority amount	\$56.88	\$56.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$56.88	\$56.88								
Nonpriority amount									
\$0.00									
2.5480. Priority creditor's name and mailing address RENA SCHERER TAX ASSESSOR 205 N BRIDGE ST SUITE 101 P.O. BOX 2569 VICTORIA TX 77902 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$4,044.27</td> <td style="text-align: center;">\$4,044.27</td> </tr> </table>	Total claim	Priority amount	\$4,044.27	\$4,044.27	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$4,044.27	\$4,044.27								
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5481. Priority creditor's name and mailing address RENDON, SYLVIA S 33174 FM 2893 LOS FRESNOS TX 78566 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$1,352.18</td> </tr> </table>	Total claim	\$1,352.18	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$1,352.18</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$1,352.18	Nonpriority amount	\$0.00
Total claim									
\$1,352.18									
Priority amount									
\$1,352.18									
Nonpriority amount									
\$0.00									
2.5482. Priority creditor's name and mailing address RENDON, YAJAIRA M 13317 SE MEADOWPARK DR HAPPY VALLEY OR 97086 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$151.68</td> </tr> </table>	Total claim	\$151.68	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$151.68</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$151.68	Nonpriority amount	\$0.00
Total claim									
\$151.68									
Priority amount									
\$151.68									
Nonpriority amount									
\$0.00									
2.5483. Priority creditor's name and mailing address RESENDIZ, MAGDALENA 745 E PECAN ST 143 HURST TX 76053 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$65.19</td> </tr> </table>	Total claim	\$65.19	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$65.19</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$65.19	Nonpriority amount	\$0.00
Total claim									
\$65.19									
Priority amount									
\$65.19									
Nonpriority amount									
\$0.00									

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2.5484. Priority creditor's name and mailing address RESTER, SABRINA A 101 FOREMAN ROAD APT A50 MOBILE AL 36608 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$14.70</td> </tr> </table>	Total claim	\$14.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$14.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$14.70	Nonpriority amount	\$0.00
Total claim									
\$14.70									
Priority amount									
\$14.70									
Nonpriority amount									
\$0.00									
2.5485. Priority creditor's name and mailing address REVELS, KERRI 84 WESTVIEW ST BLDG O APT 84 YPSILANTI MI 48197 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$767.64</td> </tr> </table>	Total claim	\$767.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$767.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$767.64	Nonpriority amount	\$0.00
Total claim									
\$767.64									
Priority amount									
\$767.64									
Nonpriority amount									
\$0.00									
2.5486. Priority creditor's name and mailing address REVELS, LAMONNA 6846 DICKS AVE PHILADELPHIA PA 19142 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,252.13</td> </tr> </table>	Total claim	\$1,252.13	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,252.13</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,252.13	Nonpriority amount	\$0.00
Total claim									
\$1,252.13									
Priority amount									
\$1,252.13									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5487. Priority creditor's name and mailing address REYES, ALEXA F 37 ROOSEVELT AVENUE EAST BRUNSWICK NJ 08816 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$420.67</td> </tr> </table>	Total claim	\$420.67	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$420.67</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$420.67	Nonpriority amount	\$0.00
Total claim									
\$420.67									
Priority amount									
\$420.67									
Nonpriority amount									
\$0.00									
2.5488. Priority creditor's name and mailing address REYES, ALEXANDRA 5025 NORTH 1ST AVENUE 1309 TUCSON AZ 85718 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$116.82</td> </tr> </table>	Total claim	\$116.82	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$116.82</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$116.82	Nonpriority amount	\$0.00
Total claim									
\$116.82									
Priority amount									
\$116.82									
Nonpriority amount									
\$0.00									
2.5489. Priority creditor's name and mailing address REYES, ALLISON 8414 BRIDGE CT INDIANAPOLIS IN 46231 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$567.60</td> </tr> </table>	Total claim	\$567.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$567.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$567.60	Nonpriority amount	\$0.00
Total claim									
\$567.60									
Priority amount									
\$567.60									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5490.	Priority creditor's name and mailing address REYES, ANDRADES NASHALIZ CALLE 523 Q E-2 COUNTRY CAROLINA PR 00982 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$147.50</td> </tr> </table>	Total claim	\$147.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$147.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$147.50	Nonpriority amount	\$0.00
Total claim										
\$147.50										
Priority amount										
\$147.50										
Nonpriority amount										
\$0.00										
2.5491.	Priority creditor's name and mailing address REYES, AURORA 706 KINGSHIGHWAY 2R BROOKLYN NY 11223 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$211.80</td> </tr> </table>	Total claim	\$211.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$211.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$211.80	Nonpriority amount	\$0.00
Total claim										
\$211.80										
Priority amount										
\$211.80										
Nonpriority amount										
\$0.00										
2.5492.	Priority creditor's name and mailing address REYES, BERENICE 2805 N 15TH ST ROGERS AR 72756 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$392.64</td> </tr> </table>	Total claim	\$392.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$392.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$392.64	Nonpriority amount	\$0.00
Total claim										
\$392.64										
Priority amount										
\$392.64										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5493. Priority creditor's name and mailing address REYES, CHRISTINA 2522 SWEET RAIN WAY CORONA CA 92881 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$453.84</td> </tr> </table>	Total claim	\$453.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$453.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$453.84	Nonpriority amount	\$0.00
Total claim									
\$453.84									
Priority amount									
\$453.84									
Nonpriority amount									
\$0.00									
2.5494. Priority creditor's name and mailing address REYES, CHRISTINE M 3116 SUMMER HOUSE DR VALRICO FL 33594 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$798.12</td> </tr> </table>	Total claim	\$798.12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$798.12</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$798.12	Nonpriority amount	\$0.00
Total claim									
\$798.12									
Priority amount									
\$798.12									
Nonpriority amount									
\$0.00									
2.5495. Priority creditor's name and mailing address REYES, EMMA D 1906 W 41 1/2 ST MISSION TX 78573-5001 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,801.87</td> </tr> </table>	Total claim	\$2,801.87	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,801.87</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,801.87	Nonpriority amount	\$0.00
Total claim									
\$2,801.87									
Priority amount									
\$2,801.87									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5496. Priority creditor's name and mailing address REYES, GARCIA INGRID N 267 53RD ST SAN DIEGO CA 92114 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$149.40</td> </tr> </table>	Total claim	\$149.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$149.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$149.40	Nonpriority amount	\$0.00
Total claim									
\$149.40									
Priority amount									
\$149.40									
Nonpriority amount									
\$0.00									
2.5497. Priority creditor's name and mailing address REYES, IRENE C 16751 SE 82ND DR APT1514 CLACKAMAS OR 97015 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$574.28</td> </tr> </table>	Total claim	\$574.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$574.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$574.28	Nonpriority amount	\$0.00
Total claim									
\$574.28									
Priority amount									
\$574.28									
Nonpriority amount									
\$0.00									
2.5498. Priority creditor's name and mailing address REYES, JAYLINE I 306 NORTH MAIN STREET RED LION PA 17356 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$34.08</td> </tr> </table>	Total claim	\$34.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$34.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$34.08	Nonpriority amount	\$0.00
Total claim									
\$34.08									
Priority amount									
\$34.08									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5499.	Priority creditor's name and mailing address REYES, JULIANNA F 20818 ENADIA WAY CANOGA PARK CA 91306 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$730.08</td> </tr> </table>	Total claim	\$730.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$730.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$730.08	Nonpriority amount	\$0.00
Total claim										
\$730.08										
Priority amount										
\$730.08										
Nonpriority amount										
\$0.00										
2.5500.	Priority creditor's name and mailing address REYES, KARLA C 7910 LA ROCHE LN HOUSTON TX 77036 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$69.44</td> </tr> </table>	Total claim	\$69.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$69.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$69.44	Nonpriority amount	\$0.00
Total claim										
\$69.44										
Priority amount										
\$69.44										
Nonpriority amount										
\$0.00										
2.5501.	Priority creditor's name and mailing address REYES, KATHERYN H 710 COLUMBIA AVE 2 NORTH BERGEN NJ 07047 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$48.06</td> </tr> </table>	Total claim	\$48.06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$48.06</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$48.06	Nonpriority amount	\$0.00
Total claim										
\$48.06										
Priority amount										
\$48.06										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5502.	Priority creditor's name and mailing address REYES, MARIA C 3610 BANBURY DR 12-I RIVERSIDE CA 92505 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$109.20</td> </tr> </table>	Total claim	\$109.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$109.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$109.20	Nonpriority amount	\$0.00
Total claim										
\$109.20										
Priority amount										
\$109.20										
Nonpriority amount										
\$0.00										
2.5503.	Priority creditor's name and mailing address REYES, MERYSSA 1378 CORTE LIRA SAN MARCOS CA 92069 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$231.00</td> </tr> </table>	Total claim	\$231.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$231.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$231.00	Nonpriority amount	\$0.00
Total claim										
\$231.00										
Priority amount										
\$231.00										
Nonpriority amount										
\$0.00										
2.5504.	Priority creditor's name and mailing address REYES, MONDRAGON KARLA S 456 CLEVELAND AVE PETALUMA CA 94952 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$772.55</td> </tr> </table>	Total claim	\$772.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$772.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$772.55	Nonpriority amount	\$0.00
Total claim										
\$772.55										
Priority amount										
\$772.55										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5505. Priority creditor's name and mailing address REYES, XIOMARA A 14224 W DESERT COVE RD SURPRISE AZ 85379-4338 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$156.29</td></tr></table>	Total claim	\$156.29	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$156.29</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$156.29	Nonpriority amount	\$0.00
Total claim									
\$156.29									
Priority amount									
\$156.29									
Nonpriority amount									
\$0.00									
2.5506. Priority creditor's name and mailing address REYES, YESENIA G 2055 ARNOLD WAY 101 ALPINE CA 91901 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$287.04</td></tr></table>	Total claim	\$287.04	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$287.04</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$287.04	Nonpriority amount	\$0.00
Total claim									
\$287.04									
Priority amount									
\$287.04									
Nonpriority amount									
\$0.00									
2.5507. Priority creditor's name and mailing address REYES-ADAMS, BOBBI C 6118 WALLOWING WAY COLORADO SPRINGS CO 80925 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$201.14</td></tr></table>	Total claim	\$201.14	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$201.14</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$201.14	Nonpriority amount	\$0.00
Total claim									
\$201.14									
Priority amount									
\$201.14									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5508.	Priority creditor's name and mailing address REYES-MARTINEZ, DEVANY P.O BOX 474 ERIE CO 80516 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$160.50</td> </tr> </table>	Total claim	\$160.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$160.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$160.50	Nonpriority amount	\$0.00
Total claim										
\$160.50										
Priority amount										
\$160.50										
Nonpriority amount										
\$0.00										
2.5509.	Priority creditor's name and mailing address REYNA, NIXIE A 24810 NORTH BASS BLVD HARLINGEN TX 78552 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$119.19</td> </tr> </table>	Total claim	\$119.19	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$119.19</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$119.19	Nonpriority amount	\$0.00
Total claim										
\$119.19										
Priority amount										
\$119.19										
Nonpriority amount										
\$0.00										
2.5510.	Priority creditor's name and mailing address REYNA, VIVIAN 6707 UTSA BOULEVARD APT. 4107 4107 SAN ANTONIO TX 78249 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$159.03</td> </tr> </table>	Total claim	\$159.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$159.03</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$159.03	Nonpriority amount	\$0.00
Total claim										
\$159.03										
Priority amount										
\$159.03										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5511. Priority creditor's name and mailing address REYNA-HERNANDEZ, ELIZABETH 125 S GROVE ST F6 YPSILANTI MI 48198 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$115.17</td> </tr> </table>	Total claim	\$115.17	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$115.17</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$115.17	Nonpriority amount	\$0.00
Total claim									
\$115.17									
Priority amount									
\$115.17									
Nonpriority amount									
\$0.00									
2.5512. Priority creditor's name and mailing address REYNOLDS, CHELSEA S 43C ALLEN DRIVE SARATOGA SPRINGS NY 12866 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$424.91</td> </tr> </table>	Total claim	\$424.91	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$424.91</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$424.91	Nonpriority amount	\$0.00
Total claim									
\$424.91									
Priority amount									
\$424.91									
Nonpriority amount									
\$0.00									
2.5513. Priority creditor's name and mailing address REYNOLDS, DANA A 65 MARGIN ST UNIT 1A WESTERLY RI 02891-7107 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$514.63</td> </tr> </table>	Total claim	\$514.63	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$514.63</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$514.63	Nonpriority amount	\$0.00
Total claim									
\$514.63									
Priority amount									
\$514.63									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5514. Priority creditor's name and mailing address REYNOLDS, STEPHANIE N 404 BREEZE WAY WINDER GA 30680 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$443.81	Priority amount \$443.81 Nonpriority amount \$0.00
2.5515. Priority creditor's name and mailing address RHEAMS, AVA 6935 REDSTART LN DALLAS TX 75214 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$245.80	Priority amount \$245.80 Nonpriority amount \$0.00
2.5516. Priority creditor's name and mailing address RHOADES, CASSIDY R 371 E CALDERWOOD RD TUCSON AZ 85704 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$124.85	Priority amount \$124.85 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5517. Priority creditor's name and mailing address RICALDAY, EMILY A 28316 S. KANSAS CITY RD LA FERIA TX 78559 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$724.13	Priority amount \$724.13 Nonpriority amount \$0.00
2.5518. Priority creditor's name and mailing address RICARD, GENESIS 4715 SHALIMAR DR. NEW ORLEANS LA 70126 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$39.27	Priority amount \$39.27 Nonpriority amount \$0.00
2.5519. Priority creditor's name and mailing address RICAURTE, VALERIE 76 NICOLE CT OLD BRIDGE NJ 08857-2675 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$319.37	Priority amount \$319.37 Nonpriority amount \$0.00

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2.5520. Priority creditor's name and mailing address RICE, MALIA C 4543 WEST SHENANDOAH CIRCLE FORT WAYNE IN 46835 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$123.63</td></tr></table>	Total claim	\$123.63	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$123.63</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$123.63	Nonpriority amount	\$0.00
Total claim									
\$123.63									
Priority amount									
\$123.63									
Nonpriority amount									
\$0.00									
2.5521. Priority creditor's name and mailing address RICE, MEAGAN E 106 EAST 11TH STREET ELMIRA HEIGHTS NY 14903 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$373.18</td></tr></table>	Total claim	\$373.18	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$373.18</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$373.18	Nonpriority amount	\$0.00
Total claim									
\$373.18									
Priority amount									
\$373.18									
Nonpriority amount									
\$0.00									
2.5522. Priority creditor's name and mailing address RICE, NITAYA 2366 CHESTNUT LOG DRIVE LITHIA SPRINGS GA 30122 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$75.04</td></tr></table>	Total claim	\$75.04	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$75.04</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$75.04	Nonpriority amount	\$0.00
Total claim									
\$75.04									
Priority amount									
\$75.04									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5523. Priority creditor's name and mailing address RICE, SHAWNKEYDRA P 912 LENOX AVE. WAUKEGAN IL 60085 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$395.76</td> </tr> </table>	Total claim	\$395.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$395.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$395.76	Nonpriority amount	\$0.00
Total claim									
\$395.76									
Priority amount									
\$395.76									
Nonpriority amount									
\$0.00									
2.5524. Priority creditor's name and mailing address RICH, CHAWNEE M 268 DOMINICAN AVENUE HENDERSON NV 89002 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$125.91</td> </tr> </table>	Total claim	\$125.91	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$125.91</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$125.91	Nonpriority amount	\$0.00
Total claim									
\$125.91									
Priority amount									
\$125.91									
Nonpriority amount									
\$0.00									
2.5525. Priority creditor's name and mailing address RICH, GABRIELLA 7400 POWERS AVE APT. 252 JACKSONVILLE FL 32217 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,242.33</td> </tr> </table>	Total claim	\$1,242.33	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,242.33</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,242.33	Nonpriority amount	\$0.00
Total claim									
\$1,242.33									
Priority amount									
\$1,242.33									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5526. Priority creditor's name and mailing address RICHARDS, ABBEY S 11514 HANBURY MANOR BLVD NOBLESVILLE IN 46060 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$90.27	Priority amount \$90.27 Nonpriority amount \$0.00
2.5527. Priority creditor's name and mailing address RICHARDS, JAN A 9005 S ROBERTS RD APT 3B HICKORY HILLS IL 60457-2093 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$7,291.23	Priority amount \$7,291.23 Nonpriority amount \$0.00
2.5528. Priority creditor's name and mailing address RICHARDS, KATHERINE S 19230 SYLVAN ST TARZANA CA 91335 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$944.69	Priority amount \$944.69 Nonpriority amount \$0.00

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2.5529. Priority creditor's name and mailing address RICHARDSON, ERIKA D 18 YORK DRIVE LITTLE ROCK AR 72209 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$324.90	Priority amount \$324.90 Nonpriority amount \$0.00
2.5530. Priority creditor's name and mailing address RICHARDSON, HOLLY M 5045 CRENSHAW RD. APT. 312 PASADENA TX 77505 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,679.60	Priority amount \$1,679.60 Nonpriority amount \$0.00
2.5531. Priority creditor's name and mailing address RICHARDSON, KEOSHA R 3 MALLARD PATH LIVERPOOL NY 13090 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$428.57	Priority amount \$428.57 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5532. Priority creditor's name and mailing address RICHARDSON, PATRICIA D 9123 E MISSISSIPPI AVE APT 10-10-102 DENVER CO 80247 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$372.89	Priority amount \$372.89 Nonpriority amount \$0.00
2.5533. Priority creditor's name and mailing address RICHARDSON, TYLER M 33 ELIZABETH STREET STATEN ISLAND NY 10310 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$103.79	Priority amount \$103.79 Nonpriority amount \$0.00
2.5534. Priority creditor's name and mailing address RICHESON, TELISA N 3052 FORREST HILL DR. COLUMBUS GA 31907 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$459.70	Priority amount \$459.70 Nonpriority amount \$0.00

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2.5535. Priority creditor's name and mailing address RICHERT, CAITLIN D 164 SW PEACOCK BLVD UNIT 104 PORT SAINT LUCIE FL 34986 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$539.94	Priority amount \$539.94 Nonpriority amount \$0.00
2.5536. Priority creditor's name and mailing address RICHMOND, CIARA J 571 HILLSWICK CIRCLE FOLSOM CA 95630 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$105.60	Priority amount \$105.60 Nonpriority amount \$0.00
2.5537. Priority creditor's name and mailing address RICHMOND, DANIELLE 11606 CHAMBERLAINE WAY 13 ADELANTO CA 92301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$36.24	Priority amount \$36.24 Nonpriority amount \$0.00

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2.5538. Priority creditor's name and mailing address RICHMOND, STACEY 3260 MARINE RD CUMMING GA 30041 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,916.78	Priority amount \$3,916.78 Nonpriority amount \$0.00
2.5539. Priority creditor's name and mailing address RICKARDS, BRITTANY N 7297 GUILFORD RD APT C UPPER DARBY PA 19082 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$267.19	Priority amount \$267.19 Nonpriority amount \$0.00
2.5540. Priority creditor's name and mailing address RICO, SAMANTHA R PO BOX 675 AVONDALE AZ 85323 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$576.93	Priority amount \$576.93 Nonpriority amount \$0.00

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2.5541. Priority creditor's name and mailing address RIDDER, VALERIE M 3000 SE SKYLARK DR TOPEKA KS 66605-2156 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$31.73	Priority amount \$31.73 Nonpriority amount \$0.00
2.5542. Priority creditor's name and mailing address RIDDLE, JANAE D 2309 SUMMIT TRAIL KEARNEY MO 64060 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$74.22	Priority amount \$74.22 Nonpriority amount \$0.00
2.5543. Priority creditor's name and mailing address RIDDLE, TOSHIA A 6625 FAIRFIELD AVE FORT WAYNE IN 46807 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$587.62	Priority amount \$587.62 Nonpriority amount \$0.00

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2.5544. Priority creditor's name and mailing address RIDGWAY, JD D 3408 CENTRAL AVENUE PARKERSBURG WV 26104 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$180.86	Priority amount \$180.86 Nonpriority amount \$0.00
2.5545. Priority creditor's name and mailing address RIELAND, CALSEY J 2202 RICE LAKE ROAD 303-B DULUTH MN 55811 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$160.48	Priority amount \$160.48 Nonpriority amount \$0.00
2.5546. Priority creditor's name and mailing address RIELLY, MACKENZIE E 27860 HWY 32 LEBANON MO 65536 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$129.00	Priority amount \$129.00 Nonpriority amount \$0.00

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2.5547. Priority creditor's name and mailing address RIENG, LILIAN 715 BEDLOW DRIVE STOCKTON CA 95210 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$181.44	Priority amount \$181.44 Nonpriority amount \$0.00
2.5548. Priority creditor's name and mailing address RIGGIO, REBECCA S 12 FEDERAL HILL ROAD OCEAN PINES MD 21811-9428 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,661.00	Priority amount \$3,661.00 Nonpriority amount \$0.00
2.5549. Priority creditor's name and mailing address RIHA, BRITTANY R 64A WEST RIVER STYX ROAD HOPATCONG NJ 07843 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$391.91	Priority amount \$391.91 Nonpriority amount \$0.00

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2.5550. Priority creditor's name and mailing address RILEY, ALEXIS 5110 OLIVIA RD VENICE FL 34293 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$68.02</td> </tr> </table>	Total claim	\$68.02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$68.02</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$68.02	Nonpriority amount	\$0.00
Total claim									
\$68.02									
Priority amount									
\$68.02									
Nonpriority amount									
\$0.00									
2.5551. Priority creditor's name and mailing address RILEY, ASHLEY N 8 TIMBERLINE COURT PUTNAM VALLEY NY 10579 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$176.16</td> </tr> </table>	Total claim	\$176.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$176.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$176.16	Nonpriority amount	\$0.00
Total claim									
\$176.16									
Priority amount									
\$176.16									
Nonpriority amount									
\$0.00									
2.5552. Priority creditor's name and mailing address RILEY, KOURTNEY M 1135 EAGLE LANE MANTECA CA 95337 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$399.36</td> </tr> </table>	Total claim	\$399.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$399.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$399.36	Nonpriority amount	\$0.00
Total claim									
\$399.36									
Priority amount									
\$399.36									
Nonpriority amount									
\$0.00									

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2.5553. Priority creditor's name and mailing address RILEY, LEAH M 600 2ND AVE ALTOONA PA 16602 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,128.69	Priority amount \$1,128.69 Nonpriority amount \$0.00
2.5554. Priority creditor's name and mailing address RILEY, TYRA R 270 FLEMING RD CINCINNATI OH 45215 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$218.02	Priority amount \$218.02 Nonpriority amount \$0.00
2.5555. Priority creditor's name and mailing address RINCON, KIMBERLY A 2665 SW ACCO ROAD PORT ST LUCIE FL 34953 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$496.32	Priority amount \$496.32 Nonpriority amount \$0.00

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2.5556. Priority creditor's name and mailing address RING, SIERRA A 809 TIMBERIDGE CT. RIVERDALE GA 30274 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$137.44	Priority amount \$137.44 Nonpriority amount \$0.00
2.5557. Priority creditor's name and mailing address RIOJAS, MERCEDES M 4600 OTTAWA STREET KANSAS CITY KS 66106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$58.14	Priority amount \$58.14 Nonpriority amount \$0.00
2.5558. Priority creditor's name and mailing address RIOS, ALICIA M 1026 DECLARATION DR COPPERAS COVE TX 76522 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$69.09	Priority amount \$69.09 Nonpriority amount \$0.00

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2.5559. Priority creditor's name and mailing address RIOS, CYNTHIA 11729 KEITH DR WHITTIER CA 90606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,723.16	Priority amount \$1,723.16 Nonpriority amount \$0.00
2.5560. Priority creditor's name and mailing address RIOS, JAZMIN A 9943 EAST ALABAMA CIR APT1414 APT1414 AURORA CO 80247 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$75.71	Priority amount \$75.71 Nonpriority amount \$0.00
2.5561. Priority creditor's name and mailing address RIOS, KARINA M 14220 SW 120TH CT MIAMI FL 33186 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,704.81	Priority amount \$2,704.81 Nonpriority amount \$0.00

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2.5562. Priority creditor's name and mailing address RIOS, KENIA 14140 BROADWAY EXTENSION APT 3 EDMOND OK 73013 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$105.93	Priority amount \$105.93 Nonpriority amount \$0.00
2.5563. Priority creditor's name and mailing address RIOS, SHAWNA J 19839 CLAYTON STREET UNIT 504 SOMERSET TX 78069 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$127.30	Priority amount \$127.30 Nonpriority amount \$0.00
2.5564. Priority creditor's name and mailing address RIOS, VANESSA 2925 BIDWELL COURT FAIRFIELD CA 94534 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$145.80	Priority amount \$145.80 Nonpriority amount \$0.00

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2.5565. Priority creditor's name and mailing address RIOS-MARTINEZ, VERONICA 440 N E ST. TULARE CA 93274 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$321.12	Priority amount \$321.12 Nonpriority amount \$0.00
2.5566. Priority creditor's name and mailing address RISACHER, DANIELLE T 3713 PRESCOTT DR HOWELL MI 48843-6981 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,000.96	Priority amount \$3,000.96 Nonpriority amount \$0.00
2.5567. Priority creditor's name and mailing address RISSANEN, RACHAEL L 2775 OLD IVY CT BUFORD GA 30519 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$145.16	Priority amount \$145.16 Nonpriority amount \$0.00

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2.5568. Priority creditor's name and mailing address RITCHEY, KELLY 615 INVERNESS CT SE SALEM OR 97306 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$396.62	Priority amount \$396.62 Nonpriority amount \$0.00
2.5569. Priority creditor's name and mailing address RITCHEY, MARIAH E 3311 DOVER COURT LAFAYETTE IN 47909 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,208.34	Priority amount \$1,208.34 Nonpriority amount \$0.00
2.5570. Priority creditor's name and mailing address RITZI, KEILANI A 4490 W. ELDORADO PKWY 2328 MCKINNEY TX 75070 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$148.40	Priority amount \$148.40 Nonpriority amount \$0.00

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2.5571. Priority creditor's name and mailing address RIVAS, ABIGAIL E 2541 FALLBROOK DRIVE HAMPSHIRE IL 60140 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$102.88</td> </tr> </table>	Total claim	\$102.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$102.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$102.88	Nonpriority amount	\$0.00
Total claim									
\$102.88									
Priority amount									
\$102.88									
Nonpriority amount									
\$0.00									
2.5572. Priority creditor's name and mailing address RIVAS, CARINA 3 OAK SHADE RD STERLING VA 20164 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$315.59</td> </tr> </table>	Total claim	\$315.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$315.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$315.59	Nonpriority amount	\$0.00
Total claim									
\$315.59									
Priority amount									
\$315.59									
Nonpriority amount									
\$0.00									
2.5573. Priority creditor's name and mailing address RIVAS, DIANA 2215 TALLOW COURT AUSTIN TX 78744 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$258.47</td> </tr> </table>	Total claim	\$258.47	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$258.47</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$258.47	Nonpriority amount	\$0.00
Total claim									
\$258.47									
Priority amount									
\$258.47									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5574. Priority creditor's name and mailing address RIVAS, GEORGINA I 414 SHERIDAN ST. MODESTO CT 95351 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$1,683.17</td> </tr> </table>	Total claim	\$1,683.17	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$1,683.17</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$1,683.17	Nonpriority amount	\$0.00
Total claim									
\$1,683.17									
Priority amount									
\$1,683.17									
Nonpriority amount									
\$0.00									
2.5575. Priority creditor's name and mailing address RIVAS, LAUREN 256 DAVIDSON ROAD SWANNANOA NC 28778 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$63.32</td> </tr> </table>	Total claim	\$63.32	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$63.32</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$63.32	Nonpriority amount	\$0.00
Total claim									
\$63.32									
Priority amount									
\$63.32									
Nonpriority amount									
\$0.00									
2.5576. Priority creditor's name and mailing address RIVAS, SAMANTHA L 279 WEST END AVENUE LONG BRANCH NJ 07740 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$127.35</td> </tr> </table>	Total claim	\$127.35	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$127.35</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$127.35	Nonpriority amount	\$0.00
Total claim									
\$127.35									
Priority amount									
\$127.35									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5577. Priority creditor's name and mailing address RIVAS, SILVIA 1782 MISSION BAY CIRCLE 101 VIERA FL 32955 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$452.24	Priority amount \$452.24 Nonpriority amount \$0.00
2.5578. Priority creditor's name and mailing address RIVAS, SOSA MIRIAM J J 1613 W COLLEGE BLVD JONESBORO AR 72401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$103.60	Priority amount \$103.60 Nonpriority amount \$0.00
2.5579. Priority creditor's name and mailing address RIVAS, STELLA C 6504 GEYSER AVE. RESEDA CA 91335 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$227.56	Priority amount \$227.56 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5580.	Priority creditor's name and mailing address RIVAS, VERENECE 43 DELBROOK WAY HAMPTON VA 23666 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$191.47</td> </tr> </table>	Total claim	\$191.47	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$191.47</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$191.47	Nonpriority amount	\$0.00
Total claim										
\$191.47										
Priority amount										
\$191.47										
Nonpriority amount										
\$0.00										
2.5581.	Priority creditor's name and mailing address RIVERA, ALANIS J 3024 SANTA LUCIA DR ORLANDO FL 32822 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$172.81</td> </tr> </table>	Total claim	\$172.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$172.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$172.81	Nonpriority amount	\$0.00
Total claim										
\$172.81										
Priority amount										
\$172.81										
Nonpriority amount										
\$0.00										
2.5582.	Priority creditor's name and mailing address RIVERA, ALICIA M 1788 GUN CLUB RD CHARLESTON SC 29414 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$611.52</td> </tr> </table>	Total claim	\$611.52	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$611.52</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$611.52	Nonpriority amount	\$0.00
Total claim										
\$611.52										
Priority amount										
\$611.52										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5583. Priority creditor's name and mailing address RIVERA, ALICIA M 1788 GUN CLUB RD CHARLESTON SC 29414 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$100.02</td> </tr> </table>	Total claim	\$100.02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$100.02</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$100.02	Nonpriority amount	\$0.00
Total claim									
\$100.02									
Priority amount									
\$100.02									
Nonpriority amount									
\$0.00									
2.5584. Priority creditor's name and mailing address RIVERA, ANGELICA G 2094 BUCKLEY LANE ROUND ROCK TX 78664 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$104.00</td> </tr> </table>	Total claim	\$104.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$104.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$104.00	Nonpriority amount	\$0.00
Total claim									
\$104.00									
Priority amount									
\$104.00									
Nonpriority amount									
\$0.00									
2.5585. Priority creditor's name and mailing address RIVERA, ARIANNA 8 BROOK LN HOPEWELL JUNCTION NY 12533-7304 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,236.26</td> </tr> </table>	Total claim	\$2,236.26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,236.26</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,236.26	Nonpriority amount	\$0.00
Total claim									
\$2,236.26									
Priority amount									
\$2,236.26									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5586. Priority creditor's name and mailing address RIVERA, BRITNEY R 200 PINEGROVE CT. JACKSONVILLE NC 28546 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$34.44</td> </tr> </table>	Total claim	\$34.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$34.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$34.44	Nonpriority amount	\$0.00
Total claim									
\$34.44									
Priority amount									
\$34.44									
Nonpriority amount									
\$0.00									
2.5587. Priority creditor's name and mailing address RIVERA, CAROLINA 10346 BROCKTON DR DALLAS TX 75217 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$292.72</td> </tr> </table>	Total claim	\$292.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$292.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$292.72	Nonpriority amount	\$0.00
Total claim									
\$292.72									
Priority amount									
\$292.72									
Nonpriority amount									
\$0.00									
2.5588. Priority creditor's name and mailing address RIVERA, CHICAS CATERIN 9830 ROSE MIST #B LN HOUSTON TX 77038 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$265.21</td> </tr> </table>	Total claim	\$265.21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$265.21</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$265.21	Nonpriority amount	\$0.00
Total claim									
\$265.21									
Priority amount									
\$265.21									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5589.	Priority creditor's name and mailing address RIVERA, CHRISTINA E 69 MANCHESTER AVENUE WATERBURY CT 06705 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$28.25</td> </tr> </table>	Total claim	\$28.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$28.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$28.25	Nonpriority amount	\$0.00
Total claim										
\$28.25										
Priority amount										
\$28.25										
Nonpriority amount										
\$0.00										
2.5590.	Priority creditor's name and mailing address RIVERA, CHRISTINE L 346 HANOVER ST #5 MERIDEN CT 06451 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,234.10</td> </tr> </table>	Total claim	\$1,234.10	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,234.10</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,234.10	Nonpriority amount	\$0.00
Total claim										
\$1,234.10										
Priority amount										
\$1,234.10										
Nonpriority amount										
\$0.00										
2.5591.	Priority creditor's name and mailing address RIVERA, DESTINY C 14000 EL EVADO RD. SPACE 49 VICTORVILLE CA 92392 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$182.28</td> </tr> </table>	Total claim	\$182.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$182.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$182.28	Nonpriority amount	\$0.00
Total claim										
\$182.28										
Priority amount										
\$182.28										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5592.	Priority creditor's name and mailing address RIVERA, EDITH 404 EVANS RIDGE TER NE APT D LEESBURG VA 20176-4484 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$335.16</td></tr></table>	Total claim	\$335.16	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$335.16</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$335.16	Nonpriority amount	\$0.00
Total claim										
\$335.16										
Priority amount										
\$335.16										
Nonpriority amount										
\$0.00										
2.5593.	Priority creditor's name and mailing address RIVERA, GIOVANNI 524 CASTLE CREEK RD APT 45 BINGHAMTON NY 13901-5142 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$442.78</td></tr></table>	Total claim	\$442.78	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$442.78</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$442.78	Nonpriority amount	\$0.00
Total claim										
\$442.78										
Priority amount										
\$442.78										
Nonpriority amount										
\$0.00										
2.5594.	Priority creditor's name and mailing address RIVERA, GRACE O 5274 CONRAD CT. GRANDVILLE MI 49418 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$616.88</td></tr></table>	Total claim	\$616.88	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$616.88</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$616.88	Nonpriority amount	\$0.00
Total claim										
\$616.88										
Priority amount										
\$616.88										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5595. Priority creditor's name and mailing address RIVERA, ILEANA 3719 WEST 42ND STREET CLEVELAND OH 44109 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$231.79</td></tr></table>	Total claim	\$231.79	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$231.79</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$231.79	Nonpriority amount	\$0.00
Total claim									
\$231.79									
Priority amount									
\$231.79									
Nonpriority amount									
\$0.00									
2.5596. Priority creditor's name and mailing address RIVERA, INES 1105 COND PARQUE SAN ANTON CAROLINA PR 00987 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$137.75</td></tr></table>	Total claim	\$137.75	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$137.75</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$137.75	Nonpriority amount	\$0.00
Total claim									
\$137.75									
Priority amount									
\$137.75									
Nonpriority amount									
\$0.00									
2.5597. Priority creditor's name and mailing address RIVERA, JAQUELINE P.O BOX 1137 VISTA CA 92085 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$945.12</td></tr></table>	Total claim	\$945.12	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$945.12</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$945.12	Nonpriority amount	\$0.00
Total claim									
\$945.12									
Priority amount									
\$945.12									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5598. Priority creditor's name and mailing address RIVERA, JENISHA 7011 TOLMIE CT NE LACEY WA 98516 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$670.16</td></tr></table>	Total claim	\$670.16	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$670.16</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$670.16	Nonpriority amount	\$0.00
Total claim									
\$670.16									
Priority amount									
\$670.16									
Nonpriority amount									
\$0.00									
2.5599. Priority creditor's name and mailing address RIVERA, KATHLEEN 100 DALE AVE MELBOURNE FL 32935 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$33.84</td></tr></table>	Total claim	\$33.84	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$33.84</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$33.84	Nonpriority amount	\$0.00
Total claim									
\$33.84									
Priority amount									
\$33.84									
Nonpriority amount									
\$0.00									
2.5600. Priority creditor's name and mailing address RIVERA, KEARA 1411 E 5TH ST 233 N FRANKLIN SIOUX FALLS SD 57103 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$64.34</td></tr></table>	Total claim	\$64.34	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$64.34</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$64.34	Nonpriority amount	\$0.00
Total claim									
\$64.34									
Priority amount									
\$64.34									
Nonpriority amount									
\$0.00									

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2.5601. Priority creditor's name and mailing address RIVERA, MATTHEW 307 WEST 143RD STREET APT 4B NEW YORK NY 10030 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$397.95</td> </tr> </table>	Total claim	\$397.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$397.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$397.95	Nonpriority amount	\$0.00
Total claim									
\$397.95									
Priority amount									
\$397.95									
Nonpriority amount									
\$0.00									
2.5602. Priority creditor's name and mailing address RIVERA, MICHELE 198 LONGWOOD DR MANALAPAN NJ 07726-3847 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,803.20</td> </tr> </table>	Total claim	\$1,803.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,803.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,803.20	Nonpriority amount	\$0.00
Total claim									
\$1,803.20									
Priority amount									
\$1,803.20									
Nonpriority amount									
\$0.00									
2.5603. Priority creditor's name and mailing address RIVERA, NISA A 135 NORTHERN AVE ALEXANDRIA BAY NY 13607 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$52.73</td> </tr> </table>	Total claim	\$52.73	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$52.73</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$52.73	Nonpriority amount	\$0.00
Total claim									
\$52.73									
Priority amount									
\$52.73									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5604.	Priority creditor's name and mailing address RIVERA, SOPHY 100 MORGAN ST 308A STAMFORD CT 06905 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$585.24</td></tr></table>	Total claim	\$585.24	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$585.24</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$585.24	Nonpriority amount	\$0.00
Total claim										
\$585.24										
Priority amount										
\$585.24										
Nonpriority amount										
\$0.00										
2.5605.	Priority creditor's name and mailing address RIVERA, VANESSA 8225 E SPEEDWAY BLVD 516 TUCSON AZ 85710 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$151.80</td></tr></table>	Total claim	\$151.80	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$151.80</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$151.80	Nonpriority amount	\$0.00
Total claim										
\$151.80										
Priority amount										
\$151.80										
Nonpriority amount										
\$0.00										
2.5606.	Priority creditor's name and mailing address RIVERA, YANZELMALEE 15 ELTING CIRCLE HOLYOKE MA 01040 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$1,078.88</td></tr></table>	Total claim	\$1,078.88	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$1,078.88</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,078.88	Nonpriority amount	\$0.00
Total claim										
\$1,078.88										
Priority amount										
\$1,078.88										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5607. Priority creditor's name and mailing address RIVERA, YARIE M 19 GREAT BROOK VALLEY AVE 2 WORCESTER MA 01605 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$236.58</td> </tr> </table>	Total claim	\$236.58	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$236.58</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$236.58	Nonpriority amount	\$0.00
Total claim									
\$236.58									
Priority amount									
\$236.58									
Nonpriority amount									
\$0.00									
2.5608. Priority creditor's name and mailing address RIVERA, YESENIA Y 375 S 9TH STREET SAN JOSE CA 95112 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$41.45</td> </tr> </table>	Total claim	\$41.45	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$41.45</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$41.45	Nonpriority amount	\$0.00
Total claim									
\$41.45									
Priority amount									
\$41.45									
Nonpriority amount									
\$0.00									
2.5609. Priority creditor's name and mailing address RIVERA-LLANES, JUDITH A 1748 SUNNY CREST LN BONITA CA 91902 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$237.24</td> </tr> </table>	Total claim	\$237.24	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$237.24</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$237.24	Nonpriority amount	\$0.00
Total claim									
\$237.24									
Priority amount									
\$237.24									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5610.	Priority creditor's name and mailing address RO, SYDNEY 94-508 KEALOHI WAY MILILANI HI 96789 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$93.35</td></tr></table>	Total claim	\$93.35	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$93.35</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$93.35	Nonpriority amount	\$0.00
Total claim										
\$93.35										
Priority amount										
\$93.35										
Nonpriority amount										
\$0.00										
2.5611.	Priority creditor's name and mailing address ROACH, ALEC L 6252 BUNCOMBE RD APARTMENT C SHREVEPORT LA 71129 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$246.35</td></tr></table>	Total claim	\$246.35	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$246.35</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$246.35	Nonpriority amount	\$0.00
Total claim										
\$246.35										
Priority amount										
\$246.35										
Nonpriority amount										
\$0.00										
2.5612.	Priority creditor's name and mailing address ROACH, PASION L 7504 PARKVIEW DR COLUMBIA SC 29223 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$157.22</td></tr></table>	Total claim	\$157.22	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$157.22</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$157.22	Nonpriority amount	\$0.00
Total claim										
\$157.22										
Priority amount										
\$157.22										
Nonpriority amount										
\$0.00										

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2.5613. Priority creditor's name and mailing address ROBERSON, KAITLYN N 9 ASTER DR SICKLERVILLE NJ 08081 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$33.90</td> </tr> </table>	Total claim	\$33.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$33.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$33.90	Nonpriority amount	\$0.00
Total claim									
\$33.90									
Priority amount									
\$33.90									
Nonpriority amount									
\$0.00									
2.5614. Priority creditor's name and mailing address ROBERTO, MELISSA A 2403 BELMONT LANE APT 374 NORTH LAUDERDALE FL 33068 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$171.68</td> </tr> </table>	Total claim	\$171.68	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$171.68</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$171.68	Nonpriority amount	\$0.00
Total claim									
\$171.68									
Priority amount									
\$171.68									
Nonpriority amount									
\$0.00									
2.5615. Priority creditor's name and mailing address ROBERTS, DAKOTA R 5667 TULIP TREE DR MEMPHIS TN 38115 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$74.75</td> </tr> </table>	Total claim	\$74.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$74.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$74.75	Nonpriority amount	\$0.00
Total claim									
\$74.75									
Priority amount									
\$74.75									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5616. Priority creditor's name and mailing address ROBERTS, DARSHIKA N 951 LEORA LN APT 5115 THE COLONY TX 75056 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$76.31</td> </tr> </table>	Total claim	\$76.31	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$76.31</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$76.31	Nonpriority amount	\$0.00
Total claim									
\$76.31									
Priority amount									
\$76.31									
Nonpriority amount									
\$0.00									
2.5617. Priority creditor's name and mailing address ROBERTS, TAMERA 150-29-113TH NEW YORK NY 11433 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$96.84</td> </tr> </table>	Total claim	\$96.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$96.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$96.84	Nonpriority amount	\$0.00
Total claim									
\$96.84									
Priority amount									
\$96.84									
Nonpriority amount									
\$0.00									
2.5618. Priority creditor's name and mailing address ROBERTSON, CAITIE 4208 WEST PITTSBURG STREET BROKEN ARROW OK 74012 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$567.96</td> </tr> </table>	Total claim	\$567.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$567.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$567.96	Nonpriority amount	\$0.00
Total claim									
\$567.96									
Priority amount									
\$567.96									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5619. Priority creditor's name and mailing address ROBERTSON, HALEIGH A 5600 NW 81ST TERRACE KANSAS CITY MO 64151 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$611.81</td> </tr> </table>	Total claim	\$611.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$611.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$611.81	Nonpriority amount	\$0.00
Total claim									
\$611.81									
Priority amount									
\$611.81									
Nonpriority amount									
\$0.00									
2.5620. Priority creditor's name and mailing address ROBERTSON, JOSHUA J 2057 W HEBRON PARKWAY 3326 CARROLTON TX 75010 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,258.14</td> </tr> </table>	Total claim	\$1,258.14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,258.14</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,258.14	Nonpriority amount	\$0.00
Total claim									
\$1,258.14									
Priority amount									
\$1,258.14									
Nonpriority amount									
\$0.00									
2.5621. Priority creditor's name and mailing address ROBERTSON, NATESHIA L 400 EAST NOCTURNE DRIVE J86 NASHVILLE TN 37207 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$182.33</td> </tr> </table>	Total claim	\$182.33	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$182.33</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$182.33	Nonpriority amount	\$0.00
Total claim									
\$182.33									
Priority amount									
\$182.33									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5622.	Priority creditor's name and mailing address ROBERTSON, PRIYA E GENERAL DELIVERY SAINT PAUL MN 55101 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$407.75</td> </tr> </table>	Total claim	\$407.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$407.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$407.75	Nonpriority amount	\$0.00
Total claim										
\$407.75										
Priority amount										
\$407.75										
Nonpriority amount										
\$0.00										
2.5623.	Priority creditor's name and mailing address ROBERTSON, STESHA G 9167 RAMBLEWOOD DRIVE 436 CORAL SPRINGS FL 33067 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$533.65</td> </tr> </table>	Total claim	\$533.65	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$533.65</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$533.65	Nonpriority amount	\$0.00
Total claim										
\$533.65										
Priority amount										
\$533.65										
Nonpriority amount										
\$0.00										
2.5624.	Priority creditor's name and mailing address ROBIN, ANDRINA 393 CARMEN RD APT 2 AMHERST NY 14226 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,240.83</td> </tr> </table>	Total claim	\$2,240.83	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,240.83</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,240.83	Nonpriority amount	\$0.00
Total claim										
\$2,240.83										
Priority amount										
\$2,240.83										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5625. Priority creditor's name and mailing address ROBINSON, AMBER 4259 LYND AVE ARCADIA CA 91006-5836 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,042.07</td> </tr> </table>	Total claim	\$1,042.07	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,042.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,042.07	Nonpriority amount	\$0.00
Total claim									
\$1,042.07									
Priority amount									
\$1,042.07									
Nonpriority amount									
\$0.00									
2.5626. Priority creditor's name and mailing address ROBINSON, ANGELA L 206 OAK MANOR CT. SUFFOLK VA 23434 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$455.25</td> </tr> </table>	Total claim	\$455.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$455.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$455.25	Nonpriority amount	\$0.00
Total claim									
\$455.25									
Priority amount									
\$455.25									
Nonpriority amount									
\$0.00									
2.5627. Priority creditor's name and mailing address ROBINSON, ANIYAH D 216 EAST HORNER STREET ATMORE AL 36502 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$212.41</td> </tr> </table>	Total claim	\$212.41	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$212.41</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$212.41	Nonpriority amount	\$0.00
Total claim									
\$212.41									
Priority amount									
\$212.41									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5628.	Priority creditor's name and mailing address ROBINSON, ASIA 123 THOMAS ST BLOOMFIELD NJ 07003 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$44.44</td> </tr> </table>	Total claim	\$44.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$44.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$44.44	Nonpriority amount	\$0.00
Total claim										
\$44.44										
Priority amount										
\$44.44										
Nonpriority amount										
\$0.00										
2.5629.	Priority creditor's name and mailing address ROBINSON, DALISA 5224 ST. ANTHONY AVE. APT. A NEW ORLEANS LA 70122 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$673.63</td> </tr> </table>	Total claim	\$673.63	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$673.63</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$673.63	Nonpriority amount	\$0.00
Total claim										
\$673.63										
Priority amount										
\$673.63										
Nonpriority amount										
\$0.00										
2.5630.	Priority creditor's name and mailing address ROBINSON, DANIEL L 4379 LEMON GRASS DR JOHNSTOWN CO 80534 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$27.75</td> </tr> </table>	Total claim	\$27.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$27.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$27.75	Nonpriority amount	\$0.00
Total claim										
\$27.75										
Priority amount										
\$27.75										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5631.	Priority creditor's name and mailing address ROBINSON, KYRA J 21 NOLL PL NEWARK NJ 07106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$212.67</td></tr></table>	Total claim	\$212.67	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$212.67</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$212.67	Nonpriority amount	\$0.00
Total claim										
\$212.67										
Priority amount										
\$212.67										
Nonpriority amount										
\$0.00										
2.5632.	Priority creditor's name and mailing address ROBINSON, MOORE DASHRUNIA S 56 ALBERT BUFFALO NY 14207 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$314.36</td></tr></table>	Total claim	\$314.36	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$314.36</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$314.36	Nonpriority amount	\$0.00
Total claim										
\$314.36										
Priority amount										
\$314.36										
Nonpriority amount										
\$0.00										
2.5633.	Priority creditor's name and mailing address ROBINSON, RENITA G 8418 LONE QUAIL DRIVE MISSOURI CITY TX 77489 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$1,441.21</td></tr></table>	Total claim	\$1,441.21	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$1,441.21</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,441.21	Nonpriority amount	\$0.00
Total claim										
\$1,441.21										
Priority amount										
\$1,441.21										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5634. Priority creditor's name and mailing address ROBINSON, SHAUNQUELLA A 6001 GLENMERE DRIVE COLUMBUS GA 31907 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$141.95</td> </tr> </table>	Total claim	\$141.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$141.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$141.95	Nonpriority amount	\$0.00
Total claim									
\$141.95									
Priority amount									
\$141.95									
Nonpriority amount									
\$0.00									
2.5635. Priority creditor's name and mailing address ROBINSON, SUMMER 405 BRIDGE LANE SMYRNA GA 30082 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$147.51</td> </tr> </table>	Total claim	\$147.51	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$147.51</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$147.51	Nonpriority amount	\$0.00
Total claim									
\$147.51									
Priority amount									
\$147.51									
Nonpriority amount									
\$0.00									
2.5636. Priority creditor's name and mailing address ROBINSON, TARIYAH C 1218 ROWLAND AVENUE CANTON OH 44705 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$31.04</td> </tr> </table>	Total claim	\$31.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$31.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$31.04	Nonpriority amount	\$0.00
Total claim									
\$31.04									
Priority amount									
\$31.04									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5637. Priority creditor's name and mailing address ROBINSON, TIARA E 3461 SW RONALD ST PORT ST LUCIE FL 34953 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$240.98	Priority amount \$240.98 Nonpriority amount \$0.00
2.5638. Priority creditor's name and mailing address ROBINSON, VICTORIA 110 RUSSELL RD 103 CAYCE SC 29033 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$141.86	Priority amount \$141.86 Nonpriority amount \$0.00
2.5639. Priority creditor's name and mailing address ROBLEDO, XENIA A 3409 S 61ST AVE CICERO IL 60804 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$84.48	Priority amount \$84.48 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5640. Priority creditor's name and mailing address ROBLES, BROOKE Y 351 RANCHERO WAY TRACY CA 95376 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$635.18	Priority amount \$635.18 Nonpriority amount \$0.00
2.5641. Priority creditor's name and mailing address ROBLES, CORALIZ RR03 BOX9925 TOA ALTA PR 00953 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$102.59	Priority amount \$102.59 Nonpriority amount \$0.00
2.5642. Priority creditor's name and mailing address ROBLES, EMELI M 323 N 7TH STREET SANTA PAULA CA 93060 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$302.76	Priority amount \$302.76 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5643.	Priority creditor's name and mailing address ROCHA, IDA BELLE E 581 MOCKING BIRD LANE OAKLEY CA 94561 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$203.40</td> </tr> </table>	Total claim	\$203.40	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$203.40</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$203.40	Nonpriority amount	\$0.00
Total claim										
\$203.40										
Priority amount										
\$203.40										
Nonpriority amount										
\$0.00										
2.5644.	Priority creditor's name and mailing address ROCHA, KAREN A 475 CHIP DR BETHEL HEIGHTS AR 72764 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$79.00</td> </tr> </table>	Total claim	\$79.00	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$79.00</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$79.00	Nonpriority amount	\$0.00
Total claim										
\$79.00										
Priority amount										
\$79.00										
Nonpriority amount										
\$0.00										
2.5645.	Priority creditor's name and mailing address ROCHELLE, BRIANNA J 617 PEBBLESTONE DR DURHAM NC 27703 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$95.92</td> </tr> </table>	Total claim	\$95.92	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$95.92</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$95.92	Nonpriority amount	\$0.00
Total claim										
\$95.92										
Priority amount										
\$95.92										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5646. Priority creditor's name and mailing address ROCHESTER, TILLMAN J 17107 TERRACE PARK DR HOUSTON TX 77095-1293 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$3,169.35</td> </tr> </table>	Total claim	\$3,169.35	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$3,169.35</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,169.35	Nonpriority amount	\$0.00
Total claim									
\$3,169.35									
Priority amount									
\$3,169.35									
Nonpriority amount									
\$0.00									
2.5647. Priority creditor's name and mailing address ROCK, CASSIDY D 94-1121 KA UKA BLVD APT A102 WAIPAHU HI 96797 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$453.24</td> </tr> </table>	Total claim	\$453.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$453.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$453.24	Nonpriority amount	\$0.00
Total claim									
\$453.24									
Priority amount									
\$453.24									
Nonpriority amount									
\$0.00									
2.5648. Priority creditor's name and mailing address RODAS-SANDOVAL, JAIENE 2338 29TH ST SW WYOMING MI 49519 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$43.20</td> </tr> </table>	Total claim	\$43.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$43.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$43.20	Nonpriority amount	\$0.00
Total claim									
\$43.20									
Priority amount									
\$43.20									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5649.	Priority creditor's name and mailing address RODELA, SHARLYN L 365 WREXHAM 101 MAUMEE OH 43537 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$68.23</td></tr></table>	Total claim	\$68.23	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$68.23</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$68.23	Nonpriority amount	\$0.00
Total claim										
\$68.23										
Priority amount										
\$68.23										
Nonpriority amount										
\$0.00										
2.5650.	Priority creditor's name and mailing address RODENKIRCH, SKYLAR O 41084 FAIRMONT AVE. PAIRIEVILLE LA 70769 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$419.84</td></tr></table>	Total claim	\$419.84	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$419.84</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$419.84	Nonpriority amount	\$0.00
Total claim										
\$419.84										
Priority amount										
\$419.84										
Nonpriority amount										
\$0.00										
2.5651.	Priority creditor's name and mailing address RODGERS, JARVIS T 2043 WESTERN PECAN NEW BRAUNFELS TX 78130-2762 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$545.48</td></tr></table>	Total claim	\$545.48	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$545.48</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$545.48	Nonpriority amount	\$0.00
Total claim										
\$545.48										
Priority amount										
\$545.48										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5652.	Priority creditor's name and mailing address RODRIGUES, MERSADYSE 92 ROGERS ST QUINCY MA 02169 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,046.90</td> </tr> </table>	Total claim	\$1,046.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,046.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,046.90	Nonpriority amount	\$0.00
Total claim										
\$1,046.90										
Priority amount										
\$1,046.90										
Nonpriority amount										
\$0.00										
2.5653.	Priority creditor's name and mailing address RODRIGUES, TAYLOR J 42 J DR 1E WESTPORT MA 02790-3900 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,485.59</td> </tr> </table>	Total claim	\$3,485.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,485.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$3,485.59	Nonpriority amount	\$0.00
Total claim										
\$3,485.59										
Priority amount										
\$3,485.59										
Nonpriority amount										
\$0.00										
2.5654.	Priority creditor's name and mailing address RODRIGUES, VANESSA 9111 BURNET AVENUE 34 NORTH HILLS CA 91343 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$115.67</td> </tr> </table>	Total claim	\$115.67	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$115.67</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$115.67	Nonpriority amount	\$0.00
Total claim										
\$115.67										
Priority amount										
\$115.67										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5655. Priority creditor's name and mailing address RODRIGUEZ, ALEJANDRA I 6119 BIRDWOOD RD HOUSTON TX 77074 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$35.02</td> </tr> </table>	Total claim	\$35.02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$35.02</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$35.02	Nonpriority amount	\$0.00
Total claim									
\$35.02									
Priority amount									
\$35.02									
Nonpriority amount									
\$0.00									
2.5656. Priority creditor's name and mailing address RODRIGUEZ, ALEXANDRA 1380 NORTH AVE 315 ELIZABETH NJ 07208-2627 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$149.14</td> </tr> </table>	Total claim	\$149.14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$149.14</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$149.14	Nonpriority amount	\$0.00
Total claim									
\$149.14									
Priority amount									
\$149.14									
Nonpriority amount									
\$0.00									
2.5657. Priority creditor's name and mailing address RODRIGUEZ, ALEXIS J 676 LAS LOMAS ST IMPERIAL CA 92251 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$133.56</td> </tr> </table>	Total claim	\$133.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$133.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$133.56	Nonpriority amount	\$0.00
Total claim									
\$133.56									
Priority amount									
\$133.56									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5658. Priority creditor's name and mailing address RODRIGUEZ, ALYSSA J 4107 HATHAWAY DR GRAND PRAIRIE TX 75052 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$573.62	Priority amount \$573.62 Nonpriority amount \$0.00
2.5659. Priority creditor's name and mailing address RODRIGUEZ, ANDRY J 925 N. NORTH CAROLINA AVE. C ATLANTIC CITY NJ 08401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$200.10	Priority amount \$200.10 Nonpriority amount \$0.00
2.5660. Priority creditor's name and mailing address RODRIGUEZ, ANGELENA I 156 CYPRESS ST. CHULA VISTA CA 91910 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$156.84	Priority amount \$156.84 Nonpriority amount \$0.00

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2.5661. Priority creditor's name and mailing address RODRIGUEZ, ANGELICA 155 LAS FLORES DR SPC 14 SAN MARCOS CA 92069 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$121.20	Priority amount \$121.20 Nonpriority amount \$0.00
2.5662. Priority creditor's name and mailing address RODRIGUEZ, ANNA 6153 PALMETTO ST 2 RIDGEWOOD NY 11385-3324 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$4,496.61	Priority amount \$4,496.61 Nonpriority amount \$0.00
2.5663. Priority creditor's name and mailing address RODRIGUEZ, ARELY M 1519 GONDOLA CT STOCKTON CA 95207 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$152.52	Priority amount \$152.52 Nonpriority amount \$0.00

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2.5664. Priority creditor's name and mailing address RODRIGUEZ, ARICELA M 328 CAROLINA FOREST BLVD 3B JACKSONVILLE NC 28546 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$36.75</td> </tr> </table>	Total claim	\$36.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$36.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$36.75	Nonpriority amount	\$0.00
Total claim									
\$36.75									
Priority amount									
\$36.75									
Nonpriority amount									
\$0.00									
2.5665. Priority creditor's name and mailing address RODRIGUEZ, ARYAM URB. ALTAGRACIA STREET H7 TOA BAJA PR 00949 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$57.54</td> </tr> </table>	Total claim	\$57.54	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$57.54</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$57.54	Nonpriority amount	\$0.00
Total claim									
\$57.54									
Priority amount									
\$57.54									
Nonpriority amount									
\$0.00									
2.5666. Priority creditor's name and mailing address RODRIGUEZ, ASTRID M 2252 S 26TH ST MILWAUKEE WI 53215-2515 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$442.80</td> </tr> </table>	Total claim	\$442.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$442.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$442.80	Nonpriority amount	\$0.00
Total claim									
\$442.80									
Priority amount									
\$442.80									
Nonpriority amount									
\$0.00									

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2.5667.	Priority creditor's name and mailing address RODRIGUEZ, AYLEN 5819 GUNDRY AVE. LONG BEACH CA 90805 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$207.24</td> </tr> </table>	Total claim	\$207.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$207.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$207.24	Nonpriority amount	\$0.00
Total claim										
\$207.24										
Priority amount										
\$207.24										
Nonpriority amount										
\$0.00										
2.5668.	Priority creditor's name and mailing address RODRIGUEZ, BELEN M 430 NW 32ND AVE MIAMI FL 33125 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$178.93</td> </tr> </table>	Total claim	\$178.93	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$178.93</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$178.93	Nonpriority amount	\$0.00
Total claim										
\$178.93										
Priority amount										
\$178.93										
Nonpriority amount										
\$0.00										
2.5669.	Priority creditor's name and mailing address RODRIGUEZ, BRANDON 443 BEACH 138 STREET ROCKAWAY PARK NY 11694 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$378.75</td> </tr> </table>	Total claim	\$378.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$378.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$378.75	Nonpriority amount	\$0.00
Total claim										
\$378.75										
Priority amount										
\$378.75										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5670. Priority creditor's name and mailing address RODRIGUEZ, BRIANNA A 1101 SOUTH DILWORTH ROAD HARLINGEN TX 78552 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$345.18	Priority amount \$345.18 Nonpriority amount \$0.00
2.5671. Priority creditor's name and mailing address RODRIGUEZ, BRIANNA M 2305 WESTHOLME BLVD A BAKERSFIELD CA 93309 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$97.08	Priority amount \$97.08 Nonpriority amount \$0.00
2.5672. Priority creditor's name and mailing address RODRIGUEZ, CELESTE 2208 MORNING MIST EL PASO TX 79938 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$162.91	Priority amount \$162.91 Nonpriority amount \$0.00

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2.5673. Priority creditor's name and mailing address RODRIGUEZ, CHERYL 6620 SILVERY AVE LAS VEGAS NV 89108 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,470.22	Priority amount \$3,470.22 Nonpriority amount \$0.00
2.5674. Priority creditor's name and mailing address RODRIGUEZ, CYNTHIA G 2255 W GILL PL DENVER CO 80223 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$136.20	Priority amount \$136.20 Nonpriority amount \$0.00
2.5675. Priority creditor's name and mailing address RODRIGUEZ, DAMARIS 1002 CROWN ST. MT. AIRY MD 21771 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$4,136.96	Priority amount \$4,136.96 Nonpriority amount \$0.00

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2.5676. Priority creditor's name and mailing address RODRIGUEZ, DESTINY 1954 WINSLOW COURT WOODBRIDGE VA 22191 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$240.10	Priority amount \$240.10 Nonpriority amount \$0.00
2.5677. Priority creditor's name and mailing address RODRIGUEZ, DESTINY M 1904 N MARRS AMARILLO TX 79107 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$39.77	Priority amount \$39.77 Nonpriority amount \$0.00
2.5678. Priority creditor's name and mailing address RODRIGUEZ, DOMINIQUE L 1402 LONGVIEW ST MESQUITE TX 75149 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$281.16	Priority amount \$281.16 Nonpriority amount \$0.00

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2.5679. Priority creditor's name and mailing address RODRIGUEZ, DONNA J 1535 PONDHAVEN DR HIGH POINT NC 27265 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$134.94	Priority amount \$134.94 Nonpriority amount \$0.00
2.5680. Priority creditor's name and mailing address RODRIGUEZ, ELIZABETH R 1725 HARVEY MITCHELL PARKWAY S APT. 5022 COLLEGE STATION TX 77840 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$31.20	Priority amount \$31.20 Nonpriority amount \$0.00
2.5681. Priority creditor's name and mailing address RODRIGUEZ, GABRIELLA 7439 MASON FALLS DRIVE WINSTON GA 30187 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,175.47	Priority amount \$1,175.47 Nonpriority amount \$0.00

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2.5682.	Priority creditor's name and mailing address RODRIGUEZ, HANNAH C 2909 N OLIVER APT. 5-531B WICHITA KS 67208 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$495.88</td> </tr> </table>	Total claim	\$495.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$495.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$495.88	Nonpriority amount	\$0.00
Total claim										
\$495.88										
Priority amount										
\$495.88										
Nonpriority amount										
\$0.00										
2.5683.	Priority creditor's name and mailing address RODRIGUEZ, IDTZEL B 314C WOODCREEK DR 212 BOLINGBROOK IL 60440 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$182.74</td> </tr> </table>	Total claim	\$182.74	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$182.74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$182.74	Nonpriority amount	\$0.00
Total claim										
\$182.74										
Priority amount										
\$182.74										
Nonpriority amount										
\$0.00										
2.5684.	Priority creditor's name and mailing address RODRIGUEZ, IVELISSE 87 WESLEY ST LAWRENCE MA 01841 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,371.65</td> </tr> </table>	Total claim	\$2,371.65	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,371.65</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,371.65	Nonpriority amount	\$0.00
Total claim										
\$2,371.65										
Priority amount										
\$2,371.65										
Nonpriority amount										
\$0.00										

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2.5685. Priority creditor's name and mailing address RODRIGUEZ, JACKLISSA 374 VAN HORNE STREET APT. #3 JERSEY CITY NJ 07304 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$72.84	Priority amount \$72.84 Nonpriority amount \$0.00
2.5686. Priority creditor's name and mailing address RODRIGUEZ, JACQUELINE M 558 WEST 2ND STREET SAN PEDRO CA 90731 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$639.14	Priority amount \$639.14 Nonpriority amount \$0.00
2.5687. Priority creditor's name and mailing address RODRIGUEZ, JERYLIN 3231 S RIDGEWAY CHICAGO IL 60623 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$873.86	Priority amount \$873.86 Nonpriority amount \$0.00

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2.5688. Priority creditor's name and mailing address RODRIGUEZ, JULIA 1332 SW 24TH ST OKLAHOMA CITY OK 73108 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$229.54</td> </tr> </table>	Total claim	\$229.54	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$229.54</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$229.54	Nonpriority amount	\$0.00
Total claim									
\$229.54									
Priority amount									
\$229.54									
Nonpriority amount									
\$0.00									
2.5689. Priority creditor's name and mailing address RODRIGUEZ, JULIANA 68 CALLE IGNACIO MORALES #68 NARANJITO PR 00719-3009 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$4,328.86</td> </tr> </table>	Total claim	\$4,328.86	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$4,328.86</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$4,328.86	Nonpriority amount	\$0.00
Total claim									
\$4,328.86									
Priority amount									
\$4,328.86									
Nonpriority amount									
\$0.00									
2.5690. Priority creditor's name and mailing address RODRIGUEZ, JULYSSA 44 UDALL DRIVE GREAT NECK NY 11020 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$921.62</td> </tr> </table>	Total claim	\$921.62	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$921.62</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$921.62	Nonpriority amount	\$0.00
Total claim									
\$921.62									
Priority amount									
\$921.62									
Nonpriority amount									
\$0.00									

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2.5691.	Priority creditor's name and mailing address RODRIGUEZ, KATIA S 2774 PAVERO WAY LAS VEGAS NV 89142 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$560.40</td> </tr> </table>	Total claim	\$560.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$560.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$560.40	Nonpriority amount	\$0.00
Total claim										
\$560.40										
Priority amount										
\$560.40										
Nonpriority amount										
\$0.00										
2.5692.	Priority creditor's name and mailing address RODRIGUEZ, KAYLA J 138 FOUNDRY ST HOUSE CENTRAL FALLS RI 02863 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$136.56</td> </tr> </table>	Total claim	\$136.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$136.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$136.56	Nonpriority amount	\$0.00
Total claim										
\$136.56										
Priority amount										
\$136.56										
Nonpriority amount										
\$0.00										
2.5693.	Priority creditor's name and mailing address RODRIGUEZ, KIMBERLY M 1230 N.LBJ DRIVE 528 SAN MARCOS TX 78666 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$40.56</td> </tr> </table>	Total claim	\$40.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$40.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$40.56	Nonpriority amount	\$0.00
Total claim										
\$40.56										
Priority amount										
\$40.56										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5694.	Priority creditor's name and mailing address RODRIGUEZ, KRISTEN 1109 DRAKE COVE LEANDER TX 78641	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$148.32	Priority amount \$148.32
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.5695.	Priority creditor's name and mailing address RODRIGUEZ, KRISTINE E 4580 70TH ST W APT116 BRADENTON FL 34210	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$226.26	Priority amount \$226.26
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

2.5696.	Priority creditor's name and mailing address RODRIGUEZ, LESLIT A 10815 CHIMNEY ROCK RD HOUSTON TX 77096	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$146.37	Priority amount \$146.37
				Nonpriority amount \$0.00
	Date or dates debt was incurred 	Basis for the claim: WAGES & PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☐ No ☐ Yes		

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2.5697. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
RODRIGUEZ, LILLY R 2331 NEPTUNE AVE SEAFORD NY 11783		\$47.64	\$47.64
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.5698. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
RODRIGUEZ, MARGARITA 3212 STEPPING STONE LN FORT WAYNE IN 46835		\$1,101.57	\$1,101.57
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.5699. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
RODRIGUEZ, MARIA P 3448 S CRENSHAW ST APT B 3448 B VISALIA CA 93277		\$653.74	\$653.74
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

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2.5700. Priority creditor's name and mailing address RODRIGUEZ, MARILY 801 NORMANDY DR BAKERSFIELD CA 93306 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$71.16	Priority amount \$71.16 Nonpriority amount \$0.00
2.5701. Priority creditor's name and mailing address RODRIGUEZ, MARISA 15231 MONTE STREET SYLMAR CA 91342 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$277.92	Priority amount \$277.92 Nonpriority amount \$0.00
2.5702. Priority creditor's name and mailing address RODRIGUEZ, MARTHA E 155 ROSWELL FARMS DR. ROSWELL GA 30075 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$181.26	Priority amount \$181.26 Nonpriority amount \$0.00

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2.5703. Priority creditor's name and mailing address RODRIGUEZ, MARTINEZ LAURA C 3718 JERMANTOWN RD FAIRFAX VA 22030 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$140.70	Priority amount \$140.70 Nonpriority amount \$0.00
2.5704. Priority creditor's name and mailing address RODRIGUEZ, MENDEZ STEPHANY 10667 TELFAIR AVE PACOIMA CA 91331 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$41.96	Priority amount \$41.96 Nonpriority amount \$0.00
2.5705. Priority creditor's name and mailing address RODRIGUEZ, NAARA 15523 MONTILLA LOOP TAMPA FL 33625-2471 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,052.04	Priority amount \$2,052.04 Nonpriority amount \$0.00

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2.5706. Priority creditor's name and mailing address RODRIGUEZ, NALEIZKA 1701 MABETTE ST BUILDING 14 AP KISSIMMEE FL 34741 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,497.28	Priority amount \$1,497.28 Nonpriority amount \$0.00
2.5707. Priority creditor's name and mailing address RODRIGUEZ, NATALIE M 10260 PLAINVIEW AVE. APT 26 TUJUNGA CA 91042 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$162.00	Priority amount \$162.00 Nonpriority amount \$0.00
2.5708. Priority creditor's name and mailing address RODRIGUEZ, ODALYS 840 EL CORTEZ WAY SPARKS NV 89434 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$8.91	Priority amount \$8.91 Nonpriority amount \$0.00

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2.5709. Priority creditor's name and mailing address RODRIGUEZ, ORTIZ ANGELIZ URB. LOS ANGELES CALLE ASTROS 84 CAROLINA PR 00979 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$28.89</td> </tr> </table>	Total claim	\$28.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$28.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$28.89	Nonpriority amount	\$0.00
Total claim									
\$28.89									
Priority amount									
\$28.89									
Nonpriority amount									
\$0.00									
2.5710. Priority creditor's name and mailing address RODRIGUEZ, PERLA E 417 RED ANT DR WESLACO TX 78596-4860 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,394.19</td> </tr> </table>	Total claim	\$1,394.19	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,394.19</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,394.19	Nonpriority amount	\$0.00
Total claim									
\$1,394.19									
Priority amount									
\$1,394.19									
Nonpriority amount									
\$0.00									
2.5711. Priority creditor's name and mailing address RODRIGUEZ, RAIJENE A 1155 WEST GROVE PARKWAY UNIT 1 190 TEMPE AZ 85283 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$101.42</td> </tr> </table>	Total claim	\$101.42	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$101.42</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$101.42	Nonpriority amount	\$0.00
Total claim									
\$101.42									
Priority amount									
\$101.42									
Nonpriority amount									
\$0.00									

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2.5712. Priority creditor's name and mailing address RODRIGUEZ, RENEE D 215 S. COMMERCIAL ST. EDCOUCH TX 78538 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$63.00</td> </tr> </table>	Total claim	\$63.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$63.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$63.00	Nonpriority amount	\$0.00
Total claim									
\$63.00									
Priority amount									
\$63.00									
Nonpriority amount									
\$0.00									
2.5713. Priority creditor's name and mailing address RODRIGUEZ, SANDRA 20962 REBECCA LN SAN BENITO TX 78586 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,296.48</td> </tr> </table>	Total claim	\$3,296.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,296.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$3,296.48	Nonpriority amount	\$0.00
Total claim									
\$3,296.48									
Priority amount									
\$3,296.48									
Nonpriority amount									
\$0.00									
2.5714. Priority creditor's name and mailing address RODRIGUEZ, STEPHANIE R 206 CEDAR ST STORM LAKE IA 50588 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$68.81</td> </tr> </table>	Total claim	\$68.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$68.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$68.81	Nonpriority amount	\$0.00
Total claim									
\$68.81									
Priority amount									
\$68.81									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5715. Priority creditor's name and mailing address RODRIGUEZ, VANESA 17 ASPEN LN CARPENTERSVILLE IL 60110 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$173.66	Priority amount \$173.66 Nonpriority amount \$0.00
2.5716. Priority creditor's name and mailing address RODRIGUEZ, VICKY M 2234 EUCLID AVE EAST PALO ALTO CA 94303-1705 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,528.56	Priority amount \$1,528.56 Nonpriority amount \$0.00
2.5717. Priority creditor's name and mailing address RODRIGUEZ, YANARIS 200 POND STREET BRIDGEPORT CT 06606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$658.07	Priority amount \$658.07 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5718. Priority creditor's name and mailing address RODRIGUEZ, YANET A 7415 SEQUOIA WAY EL PASO TX 79915 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$182.06	Priority amount \$182.06 Nonpriority amount \$0.00
2.5719. Priority creditor's name and mailing address RODRIGUEZ, YASMINE 29 HITCHCOCK LANE FARMINGDALE NY 11735 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$447.72	Priority amount \$447.72 Nonpriority amount \$0.00
2.5720. Priority creditor's name and mailing address RODRIGUEZ-LITTLE, DAYSI 9859 DALE AVE 16 SPRING VALLEY CA 91977 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$239.40	Priority amount \$239.40 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5721. Priority creditor's name and mailing address RODRIGUEZ-MAYA, GLORIA L 788 DANA DR GRAND RAPIDS MI 49548 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$131.72	Priority amount \$131.72 Nonpriority amount \$0.00
2.5722. Priority creditor's name and mailing address ROEEN, ELAHA S 217 W CENTRAL AVE TRACY CA 95376 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$337.56	Priority amount \$337.56 Nonpriority amount \$0.00
2.5723. Priority creditor's name and mailing address ROGERS, ALANA J 113 W STRATFORD AVE LANSLOWNE PA 19050 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$61.70	Priority amount \$61.70 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5724. Priority creditor's name and mailing address ROGERS, BARRON 12 HILL DRIVE JACKSON TN 38301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$82.17	Priority amount \$82.17 Nonpriority amount \$0.00
2.5725. Priority creditor's name and mailing address ROGERS, CHARVEY D 210 CROSSING LN APT I66 I66 DOTHAN AL 36303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$27.33	Priority amount \$27.33 Nonpriority amount \$0.00
2.5726. Priority creditor's name and mailing address ROGERS, INDIA L 5923 14TH ST ZEPHYRHILLS FL 33542-3637 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,280.81	Priority amount \$2,280.81 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5727. Priority creditor's name and mailing address ROGERS, KEONNA D 209 W CONGRESS GREENVILLE MI 48838 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$72.75</td> </tr> </table>	Total claim	\$72.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$72.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$72.75	Nonpriority amount	\$0.00
Total claim									
\$72.75									
Priority amount									
\$72.75									
Nonpriority amount									
\$0.00									
2.5728. Priority creditor's name and mailing address ROGERS, SERITA S 159 FAIRMONT AVE JACKSON TN 38301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$92.91</td> </tr> </table>	Total claim	\$92.91	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$92.91</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$92.91	Nonpriority amount	\$0.00
Total claim									
\$92.91									
Priority amount									
\$92.91									
Nonpriority amount									
\$0.00									
2.5729. Priority creditor's name and mailing address ROGERS-TYE, MARKIA Z 412 C BALSAM ST MYRTLE BEACH SC 29577 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$41.90</td> </tr> </table>	Total claim	\$41.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$41.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$41.90	Nonpriority amount	\$0.00
Total claim									
\$41.90									
Priority amount									
\$41.90									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5730. Priority creditor's name and mailing address ROHAN, AILEEN P 6925 W 109TH PLACE WORTH IL 60482 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$197.34	Priority amount \$197.34 Nonpriority amount \$0.00
2.5731. Priority creditor's name and mailing address ROHANI, MAHBOBEH R 1327 S KANSAS AVE APT 10 SPRINGFILED MO 65807 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$425.06	Priority amount \$425.06 Nonpriority amount \$0.00
2.5732. Priority creditor's name and mailing address ROHIM, NASRIN 3114 HAGA DRIVE SAN JOSE CA 95111 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$213.30	Priority amount \$213.30 Nonpriority amount \$0.00

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2.5733. Priority creditor's name and mailing address ROJAS, EVELYN M 3902 W. ROCHELLE AVE. MILWAUKEE WI 53209 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$86.58	Priority amount \$86.58 Nonpriority amount \$0.00
2.5734. Priority creditor's name and mailing address ROJAS, JACQUELYN 16607 HIBISCUS LN. FRIENDSWOOD TX 77546 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$749.46	Priority amount \$749.46 Nonpriority amount \$0.00
2.5735. Priority creditor's name and mailing address ROJAS, JADE R 7514 DERBY LANE SHAKOPEE MN 55379 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,363.21	Priority amount \$3,363.21 Nonpriority amount \$0.00

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2.5736. Priority creditor's name and mailing address ROJAS, LILIANA N 2359 DINGERUD DR FAIRFIELD CA 94533 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$146.76	Priority amount \$146.76 Nonpriority amount \$0.00
2.5737. Priority creditor's name and mailing address ROJAS, MARIA I 906 S. VICTORIA RD DONNA TX 78527 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,246.56	Priority amount \$1,246.56 Nonpriority amount \$0.00
2.5738. Priority creditor's name and mailing address ROJEK, MAKAYLA 15083 NIGHT HERON DR WINTER GARDEN FL 34787 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$168.56	Priority amount \$168.56 Nonpriority amount \$0.00

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2.5739. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
ROJO, EMILY G 1773 SWEETWATER RANCH SPRINGDALE AR 72764		\$185.46	\$185.46
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.5740. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
ROLLIN, CAMERON D 1949 E UNIVERSITY DR APT #2035A TEMPE AZ 85281		\$70.73	\$70.73
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.5741. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
ROLLINS, DIAMOND J 7614 BONDALE AVE APT 89 NORFOLK VA 23505		\$87.76	\$87.76
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

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2.5742.	Priority creditor's name and mailing address ROLLINS, JAILA A 5662 TROY VILLA BLVD HUBER HEIGHTS OH 45424 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$113.46</td> </tr> </table>	Total claim	\$113.46	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$113.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$113.46	Nonpriority amount	\$0.00
Total claim										
\$113.46										
Priority amount										
\$113.46										
Nonpriority amount										
\$0.00										
2.5743.	Priority creditor's name and mailing address ROLLINS, JSHONTELLE E 452 ALBERT ST ELMIRA NY 14904 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$479.52</td> </tr> </table>	Total claim	\$479.52	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$479.52</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$479.52	Nonpriority amount	\$0.00
Total claim										
\$479.52										
Priority amount										
\$479.52										
Nonpriority amount										
\$0.00										
2.5744.	Priority creditor's name and mailing address ROMAIN, BRAE G 27 CEDAR AVE ROCKVILLE CENTRE NY 11570 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$4,652.30</td> </tr> </table>	Total claim	\$4,652.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$4,652.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$4,652.30	Nonpriority amount	\$0.00
Total claim										
\$4,652.30										
Priority amount										
\$4,652.30										
Nonpriority amount										
\$0.00										

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2.5745. Priority creditor's name and mailing address ROMAN, DAISY 4306 RUBY ST SCHILLER PARK IL 60176 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$188.70	Priority amount \$188.70 Nonpriority amount \$0.00
2.5746. Priority creditor's name and mailing address ROMAN, GEORGE G RESIDENCIAL LUIS LLORENS TORRE EDIFICIO 117 A SAN JUAN PR 00913 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$36.25	Priority amount \$36.25 Nonpriority amount \$0.00
2.5747. Priority creditor's name and mailing address ROMAN, IRIS 435 #5 VILLA CAROL CAROLINA PR 00985 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$56.53	Priority amount \$56.53 Nonpriority amount \$0.00

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2.5748. Priority creditor's name and mailing address ROMAN. ELLEN 818 LUCIA AVE REDONDO BEACH CA 90277 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$84.96</td> </tr> </table>	Total claim	\$84.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$84.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$84.96	Nonpriority amount	\$0.00
Total claim									
\$84.96									
Priority amount									
\$84.96									
Nonpriority amount									
\$0.00									
2.5749. Priority creditor's name and mailing address ROMAN-MUNOZ, YESENIA 994 S PATTON CT DENVER CO 80219 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$196.25</td> </tr> </table>	Total claim	\$196.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$196.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$196.25	Nonpriority amount	\$0.00
Total claim									
\$196.25									
Priority amount									
\$196.25									
Nonpriority amount									
\$0.00									
2.5750. Priority creditor's name and mailing address ROMANO, LIZBETH 6614 LIMESTONE ST HOUSTON TX 77092 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$81.60</td> </tr> </table>	Total claim	\$81.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$81.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$81.60	Nonpriority amount	\$0.00
Total claim									
\$81.60									
Priority amount									
\$81.60									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5751. Priority creditor's name and mailing address ROMANSIK, KATIE L 7955 KINGSWOOD DRIVE #107 CITRUS HEIGHTS CA 95610 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,017.80	Priority amount \$2,017.80 Nonpriority amount \$0.00
2.5752. Priority creditor's name and mailing address ROMERO, ABIGAIL C P.O. BOX 28231 TEMPE AZ 85285 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$143.44	Priority amount \$143.44 Nonpriority amount \$0.00
2.5753. Priority creditor's name and mailing address ROMERO, ALAIN E 3146 BERNIS CT SPRING VALLEY CA 91977-2501 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$5,512.26	Priority amount \$5,512.26 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5754. Priority creditor's name and mailing address ROMERO, AMBER N 6943 S ARTESIAN AVE CHICAGO IL 60629 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$282.24	Priority amount \$282.24 Nonpriority amount \$0.00
2.5755. Priority creditor's name and mailing address ROMERO, ASHLEY 3175 W MEXICO AVE DENVER CO 80219 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$129.54	Priority amount \$129.54 Nonpriority amount \$0.00
2.5756. Priority creditor's name and mailing address ROMERO, ASHLEY M 864 CR 331 CLEVELAND TX 77327 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$176.77	Priority amount \$176.77 Nonpriority amount \$0.00

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2.5757. Priority creditor's name and mailing address ROMERO, BRIANA 1391 FORTNER DR. INDIANAPOLIS IN 46231 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$133.60	Priority amount \$133.60 Nonpriority amount \$0.00
2.5758. Priority creditor's name and mailing address ROMERO, BRIANNA 175 RAMONA CT YORKTOWN HGTS NY 10598 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$96.00	Priority amount \$96.00 Nonpriority amount \$0.00
2.5759. Priority creditor's name and mailing address ROMERO, FAITH 1917 CLEARBROOK DRIVE CHULA VISTA CA 91913 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$635.72	Priority amount \$635.72 Nonpriority amount \$0.00

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2.5760. Priority creditor's name and mailing address ROMERO, MADELEINE I 70-16 68TH PLACE GLENDALE NY 1ST GLENDALE NY 11385 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$320.25	Priority amount \$320.25 Nonpriority amount \$0.00
2.5761. Priority creditor's name and mailing address ROMERO, MARIA 18 AVENNIDA DESCANSO OCEANSIDE CA 92057 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$326.16	Priority amount \$326.16 Nonpriority amount \$0.00
2.5762. Priority creditor's name and mailing address ROMO, VALERIE M 7321 LAURA LN RESEDA CA 91335-2487 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$40.35	Priority amount \$40.35 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5763. Priority creditor's name and mailing address ROMOS-GONZALEZ, ZULEIKA 730 WEST UNION ST 4 ALLENTOWN PA 18101 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$42.96</td> </tr> </table>	Total claim	\$42.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$42.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$42.96	Nonpriority amount	\$0.00
Total claim									
\$42.96									
Priority amount									
\$42.96									
Nonpriority amount									
\$0.00									
2.5764. Priority creditor's name and mailing address RONDAEL, COLEEN 4 FIR DR DANBURY CT 06811 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$186.85</td> </tr> </table>	Total claim	\$186.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$186.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$186.85	Nonpriority amount	\$0.00
Total claim									
\$186.85									
Priority amount									
\$186.85									
Nonpriority amount									
\$0.00									
2.5765. Priority creditor's name and mailing address RONDON, BARRETO ANGELICA M CARR 1926 LOS ROMEROS SIERRA SAN JUAN PR 00926 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$65.90</td> </tr> </table>	Total claim	\$65.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$65.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$65.90	Nonpriority amount	\$0.00
Total claim									
\$65.90									
Priority amount									
\$65.90									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5766.	Priority creditor's name and mailing address RONQUILLO, MYA J 1039 ROEDEER DR. CLARKSVILLE TN 37042 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$620.69</td> </tr> </table>	Total claim	\$620.69	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$620.69</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$620.69	Nonpriority amount	\$0.00
Total claim										
\$620.69										
Priority amount										
\$620.69										
Nonpriority amount										
\$0.00										
2.5767.	Priority creditor's name and mailing address ROOKS, MACKENZIE L 208 S 250 E COLUMBUS IN 47201 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$60.96</td> </tr> </table>	Total claim	\$60.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$60.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$60.96	Nonpriority amount	\$0.00
Total claim										
\$60.96										
Priority amount										
\$60.96										
Nonpriority amount										
\$0.00										
2.5768.	Priority creditor's name and mailing address ROOS, ASHLEY N 105 B JAY MAX WAY GLASGOW KY 42141 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,893.34</td> </tr> </table>	Total claim	\$2,893.34	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,893.34</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,893.34	Nonpriority amount	\$0.00
Total claim										
\$2,893.34										
Priority amount										
\$2,893.34										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5769. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
ROQUE, KALIE 12618 ENSIGN AVE SAVAGE MN 55378		\$197.40	\$197.40
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.5770. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
ROSA, BARBARA 100 MITCHELL CT. ANGIER NC 27501		\$166.65	\$166.65
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.5771. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
ROSA, NAOMI L 196 STRAWBERRY HILL AVE WOODBIDGE NJ 07095		\$345.62	\$345.62
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

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2.5772. Priority creditor's name and mailing address ROSADO, ANDREA 993 OLD BRIDGE TPKE EAST BRUNSWICK NJ 08816 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$206.65	Priority amount \$206.65 Nonpriority amount \$0.00
2.5773. Priority creditor's name and mailing address ROSADO, CARYLIN M 2600 SW 10TH ST. 1202 Ocala FL 34471 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$290.32	Priority amount \$290.32 Nonpriority amount \$0.00
2.5774. Priority creditor's name and mailing address ROSADO, SHAIANN D 83 WINDHAM ST WILLIMANTIC CT 06226 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$569.20	Priority amount \$569.20 Nonpriority amount \$0.00

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2.5775. Priority creditor's name and mailing address ROSALES, JOSEPH R 2008 STEPPING STONE NEW BRAUNFELS TX 78130 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$412.83	Priority amount \$412.83 Nonpriority amount \$0.00
2.5776. Priority creditor's name and mailing address ROSALES, VALERIA 11 BAYBERRY LN LEVITTOWN NY 11756-4001 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$257.76	Priority amount \$257.76 Nonpriority amount \$0.00
2.5777. Priority creditor's name and mailing address ROSALES, VENTURA KARLA B 521 MOONLIGHT DR GARLAND TX 75040 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$124.66	Priority amount \$124.66 Nonpriority amount \$0.00

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2.5778. Priority creditor's name and mailing address ROSALEZ, NOELIA 5507 CLEARWATER DRIVE OKC OK 73179 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$128.41	Priority amount \$128.41 Nonpriority amount \$0.00
2.5779. Priority creditor's name and mailing address ROSARIO, DARISBETH CALLE 1 RIO LAJAS PARC DORADO PR 00646 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$37.26	Priority amount \$37.26 Nonpriority amount \$0.00
2.5780. Priority creditor's name and mailing address ROSAS, ALEJANDRA 5623 W MYRTLE AVE APT 7 GLENDALE AZ 85301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$508.21	Priority amount \$508.21 Nonpriority amount \$0.00

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2.5781.	Priority creditor's name and mailing address ROSAS, CLAUDETT 10074 MEADOWS CT FELLSMERE FL 32948 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$379.44</td> </tr> </table>	Total claim	\$379.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$379.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$379.44	Nonpriority amount	\$0.00
Total claim										
\$379.44										
Priority amount										
\$379.44										
Nonpriority amount										
\$0.00										
2.5782.	Priority creditor's name and mailing address ROSAS, HEIDI 139 S AVE 52 2 LOS ANGELES CA 90042 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$235.08</td> </tr> </table>	Total claim	\$235.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$235.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$235.08	Nonpriority amount	\$0.00
Total claim										
\$235.08										
Priority amount										
\$235.08										
Nonpriority amount										
\$0.00										
2.5783.	Priority creditor's name and mailing address ROSAS, MARIA L 2650 N ORACLE RD APT 1017 TUCSON AZ 85705-4392 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,835.55</td> </tr> </table>	Total claim	\$2,835.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,835.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,835.55	Nonpriority amount	\$0.00
Total claim										
\$2,835.55										
Priority amount										
\$2,835.55										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5784. Priority creditor's name and mailing address ROSAS, REAL CRYSTAL 1130 BUSH AVE. SAINT PAUL MN 55106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$225.00	Priority amount \$225.00 Nonpriority amount \$0.00
2.5785. Priority creditor's name and mailing address ROSBACK, ALYSIA I 161 E FROG ACRES SHELTON WA 98584 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$123.72	Priority amount \$123.72 Nonpriority amount \$0.00
2.5786. Priority creditor's name and mailing address ROSCOE, COURTNEY 648 CHERRY ST DAYTONA BEACH FL 32114 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$192.47	Priority amount \$192.47 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5787. Priority creditor's name and mailing address ROSE, KIMBERLY 1442 ELIZABETH BLVD PITTSBURGH PA 15221 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,291.97	Priority amount \$3,291.97 Nonpriority amount \$0.00
2.5788. Priority creditor's name and mailing address ROSE, LAUREN A 700 LOWER STATE RD 11-C04 NORTH WALES PA 19454 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$400.56	Priority amount \$400.56 Nonpriority amount \$0.00
2.5789. Priority creditor's name and mailing address ROSENBAUM, KALEY R 108 GRAY ROAD BRISTOL TN 37620 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$256.15	Priority amount \$256.15 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5790. Priority creditor's name and mailing address ROSENTHAL, ASHLEY J 3026 GARLAND STREET ERIE PA 16506 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$32.99	Priority amount \$32.99 Nonpriority amount \$0.00
2.5791. Priority creditor's name and mailing address ROSS, ALEXYS 76 SOUTH WATER ST EAST WINDSOR CT 06088 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$133.22	Priority amount \$133.22 Nonpriority amount \$0.00
2.5792. Priority creditor's name and mailing address ROSS, AMY L 3196 BRACKENWOOD PLACE EL DORADO HILLS CA 96762 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$252.29	Priority amount \$252.29 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5793. Priority creditor's name and mailing address ROSS, ANNAIS 615 STONEWHEEL CT E MILLERSVILLE MD 21108 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$211.60</td> </tr> </table>	Total claim	\$211.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$211.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$211.60	Nonpriority amount	\$0.00
Total claim									
\$211.60									
Priority amount									
\$211.60									
Nonpriority amount									
\$0.00									
2.5794. Priority creditor's name and mailing address ROSS, CHELSEY N 11001 OLD ST AUGUSTINE RD 1101 JACKSONVILLE FL 32257 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$123.69</td> </tr> </table>	Total claim	\$123.69	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$123.69</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$123.69	Nonpriority amount	\$0.00
Total claim									
\$123.69									
Priority amount									
\$123.69									
Nonpriority amount									
\$0.00									
2.5795. Priority creditor's name and mailing address ROSS, CHRISTAL 1014 KAISER WAY FORT MILL SC 29715 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$72.03</td> </tr> </table>	Total claim	\$72.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$72.03</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$72.03	Nonpriority amount	\$0.00
Total claim									
\$72.03									
Priority amount									
\$72.03									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5796.	Priority creditor's name and mailing address ROSS, HENNESSEY N 3370 SAINT ROSE PARKWAY APT 2435 HENDERSON NV 89052 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$27.80</td> </tr> </table>	Total claim	\$27.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$27.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$27.80	Nonpriority amount	\$0.00
Total claim										
\$27.80										
Priority amount										
\$27.80										
Nonpriority amount										
\$0.00										
2.5797.	Priority creditor's name and mailing address ROSS, KATELYN S 1001 GRAY FOX COURT HOWELL MI 48843 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$452.41</td> </tr> </table>	Total claim	\$452.41	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$452.41</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$452.41	Nonpriority amount	\$0.00
Total claim										
\$452.41										
Priority amount										
\$452.41										
Nonpriority amount										
\$0.00										
2.5798.	Priority creditor's name and mailing address ROSS, MARY C 619 MARY JO DRIVE JESSUP PA 18434 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$485.97</td> </tr> </table>	Total claim	\$485.97	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$485.97</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$485.97	Nonpriority amount	\$0.00
Total claim										
\$485.97										
Priority amount										
\$485.97										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5799.	Priority creditor's name and mailing address ROSS, SAVANNAH R 1621 BUTLER RD BEAVERDAM VA 23015 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$75.57</td> </tr> </table>	Total claim	\$75.57	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$75.57</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$75.57	Nonpriority amount	\$0.00
Total claim										
\$75.57										
Priority amount										
\$75.57										
Nonpriority amount										
\$0.00										
2.5800.	Priority creditor's name and mailing address ROSS, WAKEENA 152 MEADE AVE PASSAIC NJ 07055 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$580.56</td> </tr> </table>	Total claim	\$580.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$580.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$580.56	Nonpriority amount	\$0.00
Total claim										
\$580.56										
Priority amount										
\$580.56										
Nonpriority amount										
\$0.00										
2.5801.	Priority creditor's name and mailing address ROSSER, BRIANNA M 1091 FABRY RD SE SALEM OR 97306 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$161.47</td> </tr> </table>	Total claim	\$161.47	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$161.47</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$161.47	Nonpriority amount	\$0.00
Total claim										
\$161.47										
Priority amount										
\$161.47										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5802. Priority creditor's name and mailing address ROSS-LOPES, COTASHA D 65 PRINCE STREET BROCKTON MA 02302 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$383.10	Priority amount \$383.10 Nonpriority amount \$0.00
2.5803. Priority creditor's name and mailing address ROSS-MCCOY, DESTINEE M 29653 SHACKETT AVENUE MADISON HEIGHTS MI 48071 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$47.64	Priority amount \$47.64 Nonpriority amount \$0.00
2.5804. Priority creditor's name and mailing address ROSZAK, JADE A 112 LINDEN ST. DAWSON MN 56232 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$631.76	Priority amount \$631.76 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5805.	Priority creditor's name and mailing address ROTHERMEL, CHANDLER M 161 EAST ARMUCHEE RD LAFAYETTE GA 30728 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,505.44</td> </tr> </table>	Total claim	\$2,505.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,505.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,505.44	Nonpriority amount	\$0.00
Total claim										
\$2,505.44										
Priority amount										
\$2,505.44										
Nonpriority amount										
\$0.00										
2.5806.	Priority creditor's name and mailing address ROTZINGER, AMANDA 10189 BARREL RIDGE STREET LAS VEGAS NV 89183 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$49.67</td> </tr> </table>	Total claim	\$49.67	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$49.67</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$49.67	Nonpriority amount	\$0.00
Total claim										
\$49.67										
Priority amount										
\$49.67										
Nonpriority amount										
\$0.00										
2.5807.	Priority creditor's name and mailing address ROUNDTREE, KILEY C 1849 S. POWER. RD. #1297 MESA AZ 85206 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$132.00</td> </tr> </table>	Total claim	\$132.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$132.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$132.00	Nonpriority amount	\$0.00
Total claim										
\$132.00										
Priority amount										
\$132.00										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5808. Priority creditor's name and mailing address ROUSE, CITRENBAUM AMANDA J 755 DARIEN WAY SAN FRANCISCO CA 94127 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$439.41	Priority amount \$439.41 Nonpriority amount \$0.00
2.5809. Priority creditor's name and mailing address ROUZER, CATHERINE 808 WALNUT STREET FRANKLIN IN 46131 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$158.28	Priority amount \$158.28 Nonpriority amount \$0.00
2.5810. Priority creditor's name and mailing address ROWE, CHANTE S 1760 WINDWARD OAKS COURT KISSIMMEE FL 34746 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$30.96	Priority amount \$30.96 Nonpriority amount \$0.00

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2.5811.	Priority creditor's name and mailing address ROWELL, TIARA 2306 123RD PL E PARRISH FL 34219 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$30.46</td> </tr> </table>	Total claim	\$30.46	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$30.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$30.46	Nonpriority amount	\$0.00
Total claim										
\$30.46										
Priority amount										
\$30.46										
Nonpriority amount										
\$0.00										
2.5812.	Priority creditor's name and mailing address ROWLEY, BRECKYN 1801 SW WASHBURN AVE 118-B TOPEKA KS 66621 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$184.34</td> </tr> </table>	Total claim	\$184.34	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$184.34</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$184.34	Nonpriority amount	\$0.00
Total claim										
\$184.34										
Priority amount										
\$184.34										
Nonpriority amount										
\$0.00										
2.5813.	Priority creditor's name and mailing address ROXAS, JULIA M 1122 N. DUBUQUE ST. 8 IOWA CITY IA 52245 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$257.46</td> </tr> </table>	Total claim	\$257.46	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$257.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$257.46	Nonpriority amount	\$0.00
Total claim										
\$257.46										
Priority amount										
\$257.46										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5814. Priority creditor's name and mailing address ROY, TAYLOR J 23 BLOOMFIELD ST SEEKONK MA 02771 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$186.60	Priority amount \$186.60 Nonpriority amount \$0.00
2.5815. Priority creditor's name and mailing address ROYAL, SHAWNA L 153 BAY STATE RD WORCESTER MA 01606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$632.67	Priority amount \$632.67 Nonpriority amount \$0.00
2.5816. Priority creditor's name and mailing address RUANE, REBECCA 12328 MEDFORD RD PHILADELPHIA PA 19154 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$15.58	Priority amount \$15.58 Nonpriority amount \$0.00

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2.5817. Priority creditor's name and mailing address RUBALCABA, ALYSA A 8131 NORTH PARK DRIVE RIVERSIDE CA 92508 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$74.88	Priority amount \$74.88 Nonpriority amount \$0.00
2.5818. Priority creditor's name and mailing address RUBALCABA, EVELYN 277 BLOOMINGTON AVE 124 RIALTO CA 92376 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$226.44	Priority amount \$226.44 Nonpriority amount \$0.00
2.5819. Priority creditor's name and mailing address RUBIO, ALMA I 1416 LA LILA AVE ARVIN CA 93203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$118.56	Priority amount \$118.56 Nonpriority amount \$0.00

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2.5820.	Priority creditor's name and mailing address RUBIO, ESMERALDA 1311 CENTER ST. RACINE WI 53403 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,443.89</td> </tr> </table>	Total claim	\$1,443.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,443.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,443.89	Nonpriority amount	\$0.00
Total claim										
\$1,443.89										
Priority amount										
\$1,443.89										
Nonpriority amount										
\$0.00										
2.5821.	Priority creditor's name and mailing address RUCKER, DAVID A 5852 PRESCOTT CT CHARLOTTE NC 28269 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$63.43</td> </tr> </table>	Total claim	\$63.43	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$63.43</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$63.43	Nonpriority amount	\$0.00
Total claim										
\$63.43										
Priority amount										
\$63.43										
Nonpriority amount										
\$0.00										
2.5822.	Priority creditor's name and mailing address RUCKER, MYELLE A 4612 NOLAND BLVD WILLIAMSBURG VA 23188 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$98.00</td> </tr> </table>	Total claim	\$98.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$98.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$98.00	Nonpriority amount	\$0.00
Total claim										
\$98.00										
Priority amount										
\$98.00										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5823. Priority creditor's name and mailing address RUDD, BRIANNA 2615 JEFFERSON DR GREENVILLE NC 27858 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$137.61	Priority amount \$137.61 Nonpriority amount \$0.00
2.5824. Priority creditor's name and mailing address RUDY, LEAH A 5 LIAM LANE CARLISLE PA 17015 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$119.99	Priority amount \$119.99 Nonpriority amount \$0.00
2.5825. Priority creditor's name and mailing address RUEDA, ISABEL 1611 RUNNING CREEK DR NORTH LAS VEGAS NV 89031 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$25.41	Priority amount \$25.41 Nonpriority amount \$0.00

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2.5826. Priority creditor's name and mailing address RUFFIN, KENEISHA M 4104 CLIO STREET NEWORLEANS LA 70125 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$298.90	Priority amount \$298.90 Nonpriority amount \$0.00
2.5827. Priority creditor's name and mailing address RUFFIN, TONJANIQUE D 583 DELMAR ST TERRYTOWN LA 70056 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$35.38	Priority amount \$35.38 Nonpriority amount \$0.00
2.5828. Priority creditor's name and mailing address RUFFINI, CHELSEA C 212 FERNLEDGE DRIVE NEW KENSINGTON PA 15068 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$341.89	Priority amount \$341.89 Nonpriority amount \$0.00

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2.5829. Priority creditor's name and mailing address RUGE, ANDREA C 42 WHARTON AVE MINE HILL NJ 07803 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$7,248.92</td> </tr> </table>	Total claim	\$7,248.92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$7,248.92</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$7,248.92	Nonpriority amount	\$0.00
Total claim									
\$7,248.92									
Priority amount									
\$7,248.92									
Nonpriority amount									
\$0.00									
2.5830. Priority creditor's name and mailing address RUGGIERE, AARON T 3335 E. SIMPSON AVE FRESNO CA 93703 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,544.83</td> </tr> </table>	Total claim	\$1,544.83	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,544.83</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,544.83	Nonpriority amount	\$0.00
Total claim									
\$1,544.83									
Priority amount									
\$1,544.83									
Nonpriority amount									
\$0.00									
2.5831. Priority creditor's name and mailing address RUIZ, ALEJANDRA 882 N. DRIFTWOOD AVE RIALTO CA 92676 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,906.68</td> </tr> </table>	Total claim	\$1,906.68	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,906.68</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,906.68	Nonpriority amount	\$0.00
Total claim									
\$1,906.68									
Priority amount									
\$1,906.68									
Nonpriority amount									
\$0.00									

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2.5832. Priority creditor's name and mailing address RUIZ, ANABEL M 410 SPRING ST AURORA IL 60505 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$65.59</td> </tr> </table>	Total claim	\$65.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$65.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$65.59	Nonpriority amount	\$0.00
Total claim									
\$65.59									
Priority amount									
\$65.59									
Nonpriority amount									
\$0.00									
2.5833. Priority creditor's name and mailing address RUIZ, BANESEA C 2718 ANDREA LN DALLAS TX 75228 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$287.57</td> </tr> </table>	Total claim	\$287.57	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$287.57</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$287.57	Nonpriority amount	\$0.00
Total claim									
\$287.57									
Priority amount									
\$287.57									
Nonpriority amount									
\$0.00									
2.5834. Priority creditor's name and mailing address RUIZ, BRIANNA M 43 FENNEC CT TINTON FALLS NJ 07753 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$74.61</td> </tr> </table>	Total claim	\$74.61	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$74.61</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$74.61	Nonpriority amount	\$0.00
Total claim									
\$74.61									
Priority amount									
\$74.61									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5835.	Priority creditor's name and mailing address RUIZ, CLARISSA 1200 SAN PABLO ST NE 1016 ALBUQUERQUE NM 87110 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$188.76</td></tr></table>	Total claim	\$188.76	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$188.76</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$188.76	Nonpriority amount	\$0.00
Total claim										
\$188.76										
Priority amount										
\$188.76										
Nonpriority amount										
\$0.00										
2.5836.	Priority creditor's name and mailing address RUIZ, CRISTINA 8326 E PORTOBELLO AVE MESA AZ 85212 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$390.48</td></tr></table>	Total claim	\$390.48	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$390.48</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$390.48	Nonpriority amount	\$0.00
Total claim										
\$390.48										
Priority amount										
\$390.48										
Nonpriority amount										
\$0.00										
2.5837.	Priority creditor's name and mailing address RUIZ, DESTINEE J 2012 N 40TH A ST WACO TX 76707 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$471.24</td></tr></table>	Total claim	\$471.24	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$471.24</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$471.24	Nonpriority amount	\$0.00
Total claim										
\$471.24										
Priority amount										
\$471.24										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5838.	Priority creditor's name and mailing address RUIZ, ESMERALDA 525 ELLIOTT ST SE GRAND RAPIDS MI 49507 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$29.27</td> </tr> </table>	Total claim	\$29.27	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$29.27</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$29.27	Nonpriority amount	\$0.00
Total claim										
\$29.27										
Priority amount										
\$29.27										
Nonpriority amount										
\$0.00										
2.5839.	Priority creditor's name and mailing address RUIZ, ESTRADA ARLENE K21 ASTROMELIA TOA ALTA PR 00953 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$61.69</td> </tr> </table>	Total claim	\$61.69	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$61.69</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$61.69	Nonpriority amount	\$0.00
Total claim										
\$61.69										
Priority amount										
\$61.69										
Nonpriority amount										
\$0.00										
2.5840.	Priority creditor's name and mailing address RUIZ, MARI C 1374 SW ADCOCK AVE PORT ST LUCIE FL 34953 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$239.84</td> </tr> </table>	Total claim	\$239.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$239.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$239.84	Nonpriority amount	\$0.00
Total claim										
\$239.84										
Priority amount										
\$239.84										
Nonpriority amount										
\$0.00										

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2.5841. Priority creditor's name and mailing address RUIZ, MIGUEL A 1008 SUNSET STREET CALEXICO CA 92231 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$172.44	Priority amount \$172.44 Nonpriority amount \$0.00
2.5842. Priority creditor's name and mailing address RUIZ-SANCHEZ, JOANNA B 13693 S. MARKS CARUTHERS CA 93609 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$36.96	Priority amount \$36.96 Nonpriority amount \$0.00
2.5843. Priority creditor's name and mailing address RUMICK, JESSICA A 1740 OSPREY LN LUTZ FL 33549-4117 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,471.34	Priority amount \$1,471.34 Nonpriority amount \$0.00

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2.5844. Priority creditor's name and mailing address RUMPH, PATIENCE 5 DUNHAVEN PLACE APT. 2A NOTTINGHAM MD 21236 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$237.86</td></tr></table>	Total claim	\$237.86	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$237.86</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$237.86	Nonpriority amount	\$0.00
Total claim									
\$237.86									
Priority amount									
\$237.86									
Nonpriority amount									
\$0.00									
2.5845. Priority creditor's name and mailing address RUNNER, STEPHANIE N 1300 VIRGINIA STREET 205 MCKEESPORT PA 15135 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$79.32</td></tr></table>	Total claim	\$79.32	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$79.32</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$79.32	Nonpriority amount	\$0.00
Total claim									
\$79.32									
Priority amount									
\$79.32									
Nonpriority amount									
\$0.00									
2.5846. Priority creditor's name and mailing address RUSHING, AUTUMN 332 CALHOUN BARN RD CALHOUN LA 71225 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$87.51</td></tr></table>	Total claim	\$87.51	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$87.51</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$87.51	Nonpriority amount	\$0.00
Total claim									
\$87.51									
Priority amount									
\$87.51									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5847. Priority creditor's name and mailing address RUSSELL, AYOMI 540 NW 4TH AVE APT. 3004 FORT LAUDERDALE FL 33311 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$68.91	Priority amount \$68.91 Nonpriority amount \$0.00
2.5848. Priority creditor's name and mailing address RUSSELL, CAYLA J 8502 CONSTITUTION DRIVE CINCINNATI OH 45215 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,304.58	Priority amount \$1,304.58 Nonpriority amount \$0.00
2.5849. Priority creditor's name and mailing address RUSSELL, JAUANA 1345 WENLON DR 3213 APT A MUFREESBORO TN 37130 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$132.52	Priority amount \$132.52 Nonpriority amount \$0.00

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2.5850.	Priority creditor's name and mailing address RUSSELL, SAMANTHA J 810 JONATHON LANE MUSKEGON MI 49442 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,261.81</td> </tr> </table>	Total claim	\$3,261.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,261.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$3,261.81	Nonpriority amount	\$0.00
Total claim										
\$3,261.81										
Priority amount										
\$3,261.81										
Nonpriority amount										
\$0.00										
2.5851.	Priority creditor's name and mailing address RUSSELL, SHARI A 56 BROOKSIDE AVE BRIDGEPORT CT 06606-1501 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,349.63</td> </tr> </table>	Total claim	\$2,349.63	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,349.63</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,349.63	Nonpriority amount	\$0.00
Total claim										
\$2,349.63										
Priority amount										
\$2,349.63										
Nonpriority amount										
\$0.00										
2.5852.	Priority creditor's name and mailing address RUSSELL, COTRINA 4211 YANCEYVILLE RD J BROWNS SUMMIT NC 27214 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$512.11</td> </tr> </table>	Total claim	\$512.11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$512.11</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$512.11	Nonpriority amount	\$0.00
Total claim										
\$512.11										
Priority amount										
\$512.11										
Nonpriority amount										
\$0.00										

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2.5853. Priority creditor's name and mailing address RUTH, TAMEKIA 1025 PROGRESS RD BATON ROUGE LA 70807 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$963.58</td> </tr> </table>	Total claim	\$963.58	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$963.58</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$963.58	Nonpriority amount	\$0.00
Total claim									
\$963.58									
Priority amount									
\$963.58									
Nonpriority amount									
\$0.00									
2.5854. Priority creditor's name and mailing address RUTLEDGE, CHRISTINE M 421 BUFORD RD NORTH CHESTERFIELD VA 23235 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,809.09</td> </tr> </table>	Total claim	\$2,809.09	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,809.09</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,809.09	Nonpriority amount	\$0.00
Total claim									
\$2,809.09									
Priority amount									
\$2,809.09									
Nonpriority amount									
\$0.00									
2.5855. Priority creditor's name and mailing address RUTLEDGE, MORGAN 8916 WILLOW SPRINGS DRIVE LOUISVILLE KY 40242 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$88.20</td> </tr> </table>	Total claim	\$88.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$88.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$88.20	Nonpriority amount	\$0.00
Total claim									
\$88.20									
Priority amount									
\$88.20									
Nonpriority amount									
\$0.00									

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2.5856. Priority creditor's name and mailing address RYAN, ERIN I 1602 HUGHES DR CEDAR PARK TX 78613 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$33.59</td> </tr> </table>	Total claim	\$33.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$33.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$33.59	Nonpriority amount	\$0.00
Total claim									
\$33.59									
Priority amount									
\$33.59									
Nonpriority amount									
\$0.00									
2.5857. Priority creditor's name and mailing address RYAN, KESS 337 N PARK LANE SEYMOUR WI 54165 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$254.62</td> </tr> </table>	Total claim	\$254.62	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$254.62</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$254.62	Nonpriority amount	\$0.00
Total claim									
\$254.62									
Priority amount									
\$254.62									
Nonpriority amount									
\$0.00									
2.5858. Priority creditor's name and mailing address RYCZEK, DENVER R 2185 PANDORA DR STERLING HEIGHTS MI 48310 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$67.53</td> </tr> </table>	Total claim	\$67.53	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$67.53</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$67.53	Nonpriority amount	\$0.00
Total claim									
\$67.53									
Priority amount									
\$67.53									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5859. Priority creditor's name and mailing address RYKHUS, CAMIELLE G 1335 POHL ROAD APT 8 MANKATO MN 56001 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$103.83</td> </tr> </table>	Total claim	\$103.83	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$103.83</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$103.83	Nonpriority amount	\$0.00
Total claim									
\$103.83									
Priority amount									
\$103.83									
Nonpriority amount									
\$0.00									
2.5860. Priority creditor's name and mailing address SAAB, MADELYN J 30 PARK LANE HOOKSETT NH 03106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$98.48</td> </tr> </table>	Total claim	\$98.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$98.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$98.48	Nonpriority amount	\$0.00
Total claim									
\$98.48									
Priority amount									
\$98.48									
Nonpriority amount									
\$0.00									
2.5861. Priority creditor's name and mailing address SAARI, SARAH M 533 W CENTRAL AVE DAVIDSONVILLE MD 21035-1942 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,410.13</td> </tr> </table>	Total claim	\$2,410.13	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,410.13</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,410.13	Nonpriority amount	\$0.00
Total claim									
\$2,410.13									
Priority amount									
\$2,410.13									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5862.	Priority creditor's name and mailing address SAAVEDRA, ADRIANA M 118 BRIGHT ST APT 1 JERSEY CITY NJ 07302-4209 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$2,887.88</td></tr></table>	Total claim	\$2,887.88	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$2,887.88</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$2,887.88	Nonpriority amount	\$0.00
Total claim										
\$2,887.88										
Priority amount										
\$2,887.88										
Nonpriority amount										
\$0.00										
2.5863.	Priority creditor's name and mailing address SABALA, JUSTEEN 1144 TRENTON PLACE MANTECA CA 95336 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$169.44</td></tr></table>	Total claim	\$169.44	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$169.44</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$169.44	Nonpriority amount	\$0.00
Total claim										
\$169.44										
Priority amount										
\$169.44										
Nonpriority amount										
\$0.00										
2.5864.	Priority creditor's name and mailing address SABALL, BREAUNNA L 45 FREDONIAN ST SHIRLEY MA 01464 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$87.57</td></tr></table>	Total claim	\$87.57	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$87.57</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$87.57	Nonpriority amount	\$0.00
Total claim										
\$87.57										
Priority amount										
\$87.57										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5865.	Priority creditor's name and mailing address SADDLER, ASIA 118 COLLEGE DR 9128 HATTIESBURG MS 39406 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$255.21</td> </tr> </table>	Total claim	\$255.21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$255.21</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$255.21	Nonpriority amount	\$0.00
Total claim										
\$255.21										
Priority amount										
\$255.21										
Nonpriority amount										
\$0.00										
2.5866.	Priority creditor's name and mailing address SADIKOT, SANA 30 THOMAS ROAD EAST BRUNSWICK NJ 08816 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$69.92</td> </tr> </table>	Total claim	\$69.92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$69.92</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$69.92	Nonpriority amount	\$0.00
Total claim										
\$69.92										
Priority amount										
\$69.92										
Nonpriority amount										
\$0.00										
2.5867.	Priority creditor's name and mailing address SAECHAO, MELANIE K 1128 S 299TH PL FEDERAL WAY WA 98003 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,066.80</td> </tr> </table>	Total claim	\$1,066.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,066.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,066.80	Nonpriority amount	\$0.00
Total claim										
\$1,066.80										
Priority amount										
\$1,066.80										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5868.	Priority creditor's name and mailing address SAENZ, GENESIS STR 155 PERCHAS MOROVIS PR 00687 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$175.01</td> </tr> </table>	Total claim	\$175.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$175.01</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$175.01	Nonpriority amount	\$0.00
Total claim										
\$175.01										
Priority amount										
\$175.01										
Nonpriority amount										
\$0.00										
2.5869.	Priority creditor's name and mailing address SAEZ, MILDRED A 45 UNIVERSITY DR LONG BRANCH NJ 07740 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$756.95</td> </tr> </table>	Total claim	\$756.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$756.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$756.95	Nonpriority amount	\$0.00
Total claim										
\$756.95										
Priority amount										
\$756.95										
Nonpriority amount										
\$0.00										
2.5870.	Priority creditor's name and mailing address SAFOSCHNIK, ANTONIA 86 REDWOOD LANE MASSAPEQUA PARK NY 11762 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$781.70</td> </tr> </table>	Total claim	\$781.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$781.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$781.70	Nonpriority amount	\$0.00
Total claim										
\$781.70										
Priority amount										
\$781.70										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5871. Priority creditor's name and mailing address SAGINAW CHARTER TOWNSHIP P.O. BOX 6400 SAGINAW MI 48608 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$893.98	Priority amount \$893.98 Nonpriority amount \$0.00
2.5872. Priority creditor's name and mailing address SAID, CHRISTINA 24 HARRISON AVENUE EAST BRUNSWICK NJ 08816 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$303.02	Priority amount \$303.02 Nonpriority amount \$0.00
2.5873. Priority creditor's name and mailing address SAINT, JULIS NALTA 4473 17TH PLACE SW NAPLES FL 34116 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$340.10	Priority amount \$340.10 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5874. Priority creditor's name and mailing address SAINTVIL, KAHINA 142 NW 106 AVE PLANTATION FL 33324 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$219.53	Priority amount \$219.53 Nonpriority amount \$0.00
2.5875. Priority creditor's name and mailing address SAINVAL, SOCAENA 3200 N ALAFAYA TRAIL APT 1120-C ORLANDO FL 32826 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$192.53	Priority amount \$192.53 Nonpriority amount \$0.00
2.5876. Priority creditor's name and mailing address SAJDAK, ELIZABETH K 701 MERRYTURN RD MADISON WI 53714 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,139.08	Priority amount \$2,139.08 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5877. Priority creditor's name and mailing address SAKO, NADIAN 12219 MAJESTIC MAPLE DR CLARKSBURG MD 20871 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$329.89	Priority amount \$329.89 Nonpriority amount \$0.00
2.5878. Priority creditor's name and mailing address SALADO-RUBIO, ESENDY 8209 GEORGIA CT N BROOKLYN PARK MN 55445 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$801.23	Priority amount \$801.23 Nonpriority amount \$0.00
2.5879. Priority creditor's name and mailing address SALAH, YASMIEN 6628 WEST LLYOD DR WORTH IL 60482 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,970.16	Priority amount \$2,970.16 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5880.	Priority creditor's name and mailing address SALAHSHOUR, JASMIN P 24319 BURBANK BLVD. WOODLAND HILLS CA 91367 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$264.34</td> </tr> </table>	Total claim	\$264.34	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$264.34</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$264.34	Nonpriority amount	\$0.00
Total claim										
\$264.34										
Priority amount										
\$264.34										
Nonpriority amount										
\$0.00										
2.5881.	Priority creditor's name and mailing address SALAMA, DANA 8154 FOREST PARK DR N APT 12 CORDOVA TN 38018 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$293.63</td> </tr> </table>	Total claim	\$293.63	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$293.63</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$293.63	Nonpriority amount	\$0.00
Total claim										
\$293.63										
Priority amount										
\$293.63										
Nonpriority amount										
\$0.00										
2.5882.	Priority creditor's name and mailing address SALAMEH, SIMON M 3507 PECAN PLACE FAIRFAX VA 22033 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,693.02</td> </tr> </table>	Total claim	\$2,693.02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,693.02</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,693.02	Nonpriority amount	\$0.00
Total claim										
\$2,693.02										
Priority amount										
\$2,693.02										
Nonpriority amount										
\$0.00										

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2.5883. Priority creditor's name and mailing address SALAN, ALEXANDRA M 757 CARDINAL ST BEAUMONT CA 92223 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$146.40	Priority amount \$146.40 Nonpriority amount \$0.00
2.5884. Priority creditor's name and mailing address SALAS, BRISSA E 22427 HIGHFIELD RIDGE LN SPRING TX 77373 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$501.93	Priority amount \$501.93 Nonpriority amount \$0.00
2.5885. Priority creditor's name and mailing address SALAS, CYNTHIA 2960 HANNA AVE FORT WORTH TX 76106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$160.08	Priority amount \$160.08 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5886. Priority creditor's name and mailing address SALAS, ELIZABETH 5309 E ESCONDIDO CIR MESA AZ 85206 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$586.73</td> </tr> </table>	Total claim	\$586.73	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$586.73</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$586.73	Nonpriority amount	\$0.00
Total claim									
\$586.73									
Priority amount									
\$586.73									
Nonpriority amount									
\$0.00									
2.5887. Priority creditor's name and mailing address SALAS, KATARI M 43C VIEJAS GRADE ROAD ALPINE CA 91903 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$741.64</td> </tr> </table>	Total claim	\$741.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$741.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$741.64	Nonpriority amount	\$0.00
Total claim									
\$741.64									
Priority amount									
\$741.64									
Nonpriority amount									
\$0.00									
2.5888. Priority creditor's name and mailing address SALAS, KATRINA A 204 CATALINA AVE PACIFICA CA 94044 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$113.74</td> </tr> </table>	Total claim	\$113.74	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$113.74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$113.74	Nonpriority amount	\$0.00
Total claim									
\$113.74									
Priority amount									
\$113.74									
Nonpriority amount									
\$0.00									

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2.5889.	Priority creditor's name and mailing address SALAS, KIMBERLY 110533 FIELDSTONE CIR F33 CHASKA MN 55318 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$482.59</td> </tr> </table>	Total claim	\$482.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$482.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$482.59	Nonpriority amount	\$0.00
Total claim										
\$482.59										
Priority amount										
\$482.59										
Nonpriority amount										
\$0.00										
2.5890.	Priority creditor's name and mailing address SALAS, MAHALYN T 286 TALUS ST. CHULA VISTA CA 91911 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$239.40</td> </tr> </table>	Total claim	\$239.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$239.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$239.40	Nonpriority amount	\$0.00
Total claim										
\$239.40										
Priority amount										
\$239.40										
Nonpriority amount										
\$0.00										
2.5891.	Priority creditor's name and mailing address SALAZAR, JESSICA 325 WEST MAPLE AVE BOUND BROOK NJ 08805 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,300.78</td> </tr> </table>	Total claim	\$1,300.78	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,300.78</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,300.78	Nonpriority amount	\$0.00
Total claim										
\$1,300.78										
Priority amount										
\$1,300.78										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5892. Priority creditor's name and mailing address SALAZAR, MARLENE K 2466 KEVIN CT ALPINE CA 91901 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,593.08	Priority amount \$3,593.08 Nonpriority amount \$0.00
2.5893. Priority creditor's name and mailing address SALAZAR, ROSARIO 5510 W 35TH ST. CICERO IL 60804 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$246.40	Priority amount \$246.40 Nonpriority amount \$0.00
2.5894. Priority creditor's name and mailing address SALAZAR, VERONICA 425 N.W. 95TH OKLAHOMA CITY OK 73114 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$176.18	Priority amount \$176.18 Nonpriority amount \$0.00

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2.5895. Priority creditor's name and mailing address SALAZAR, VICTOR A 10636 10TH AVE HESPERIA CA 92345 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$36.24	Priority amount \$36.24 Nonpriority amount \$0.00
2.5896. Priority creditor's name and mailing address SALAZAR, XIOMARA 11723 BROAK OAK CT ORLANDO FL 32837 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,190.83	Priority amount \$1,190.83 Nonpriority amount \$0.00
2.5897. Priority creditor's name and mailing address SALCEDO, EVELYN 2309 SW CHOCTAW ST BENTONVILLE AR 72712-7049 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$31.91	Priority amount \$31.91 Nonpriority amount \$0.00

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2.5898. Priority creditor's name and mailing address SALDANA, ALEJANDRA 5301 E. MCKINNEY ST TRLR 443 DENTON TX 76208 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$159.64	Priority amount \$159.64 Nonpriority amount \$0.00
2.5899. Priority creditor's name and mailing address SALDANA, LYDIA E 5260 SW 111TH AVE MIAMI FL 33165 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$305.73	Priority amount \$305.73 Nonpriority amount \$0.00
2.5900. Priority creditor's name and mailing address SALDANA, PRISCILLA L 370 CASA NORTE DR. 1025 NORTH LAS VEGAS NV 89031 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$475.15	Priority amount \$475.15 Nonpriority amount \$0.00

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2.5901.	Priority creditor's name and mailing address SALDANA, REYNA A 16977 CHOLLA AVE HESPERIA CA 92345 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$103.80</td> </tr> </table>	Total claim	\$103.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$103.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$103.80	Nonpriority amount	\$0.00
Total claim										
\$103.80										
Priority amount										
\$103.80										
Nonpriority amount										
\$0.00										
2.5902.	Priority creditor's name and mailing address SALDANA, RIKKI M 1971 GLARNER ST HOLLISTER CA 95023 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$94.20</td> </tr> </table>	Total claim	\$94.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$94.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$94.20	Nonpriority amount	\$0.00
Total claim										
\$94.20										
Priority amount										
\$94.20										
Nonpriority amount										
\$0.00										
2.5903.	Priority creditor's name and mailing address SALDANA, STEPHANIE 9308 W. MILKWEED LOOP RD PHOENIX AZ 85037 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$110.66</td> </tr> </table>	Total claim	\$110.66	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$110.66</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$110.66	Nonpriority amount	\$0.00
Total claim										
\$110.66										
Priority amount										
\$110.66										
Nonpriority amount										
\$0.00										

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2.5904. Priority creditor's name and mailing address SALDIVAR, EVELYN 653 OLD NICHOLS RD RONKONKOMA NY 11779 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,294.52	Priority amount \$1,294.52 Nonpriority amount \$0.00
2.5905. Priority creditor's name and mailing address SALDIVAR, MICHELLE 1717 SUNSET AVE 8 WAUKEGAN IL 60087 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$172.51	Priority amount \$172.51 Nonpriority amount \$0.00
2.5906. Priority creditor's name and mailing address SALGADO, BRENDA 1524 SEVEN PINES ROAD SPRINGFIELD IL 62704 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$127.71	Priority amount \$127.71 Nonpriority amount \$0.00

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2.5907. Priority creditor's name and mailing address SALGADO, DAPHNE N 515 W HARVARD ST 21 GLENDALE CA 91204 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$168.84	Priority amount \$168.84 Nonpriority amount \$0.00
2.5908. Priority creditor's name and mailing address SALGADO, ISABEL A 3016 VALWOOD PKWY FARMERS BRANCH TX 75234-3604 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,326.79	Priority amount \$1,326.79 Nonpriority amount \$0.00
2.5909. Priority creditor's name and mailing address SALINAS, KRISTIE Y 6320 NANCY ELLEN ST AMARILLO TX 79119-6650 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,781.26	Priority amount \$2,781.26 Nonpriority amount \$0.00

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2.5910.	Priority creditor's name and mailing address SALINAS, LYSETT G 709 RUTH COURT APT B NAVASOTA TX 77868 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$684.42</td> </tr> </table>	Total claim	\$684.42	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$684.42</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$684.42	Nonpriority amount	\$0.00
Total claim										
\$684.42										
Priority amount										
\$684.42										
Nonpriority amount										
\$0.00										
2.5911.	Priority creditor's name and mailing address SALINAS, TAINA S 107 E. SPRINGFIELD 2713 N. MENARD CHAMPAIGN IL 61820 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$42.08</td> </tr> </table>	Total claim	\$42.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$42.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$42.08	Nonpriority amount	\$0.00
Total claim										
\$42.08										
Priority amount										
\$42.08										
Nonpriority amount										
\$0.00										
2.5912.	Priority creditor's name and mailing address SALINAS, TORRES YARITZA 413 OJAI ROAD SANTA PAULA CA 93060 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$649.97</td> </tr> </table>	Total claim	\$649.97	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$649.97</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$649.97	Nonpriority amount	\$0.00
Total claim										
\$649.97										
Priority amount										
\$649.97										
Nonpriority amount										
\$0.00										

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2.5913. Priority creditor's name and mailing address SALLIOTTE, SABRINA L 512 SUNNYGLADE CLIFTON CO 81520 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$132.65	Priority amount \$132.65 Nonpriority amount \$0.00
2.5914. Priority creditor's name and mailing address SALMO, MONICA C 7396 WOODBAIR LANE WEST BLOOMF WEST BLOOMFLIED MI 48322 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$192.33	Priority amount \$192.33 Nonpriority amount \$0.00
2.5915. Priority creditor's name and mailing address SALSEDO, ERIKA A 331 W VINE ST STOCKTON CA 95203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$146.64	Priority amount \$146.64 Nonpriority amount \$0.00

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2.5916. Priority creditor's name and mailing address SALTERS, MIRANDA D 4013 LIFESTYLE ROAD FAYETTEVILLE NC 28312 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$482.47</td> </tr> </table>	Total claim	\$482.47	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$482.47</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$482.47	Nonpriority amount	\$0.00
Total claim									
\$482.47									
Priority amount									
\$482.47									
Nonpriority amount									
\$0.00									
2.5917. Priority creditor's name and mailing address SALVADOR, ALIA E 1688 HUME DR SANGER CA 93657 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$71.40</td> </tr> </table>	Total claim	\$71.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$71.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$71.40	Nonpriority amount	\$0.00
Total claim									
\$71.40									
Priority amount									
\$71.40									
Nonpriority amount									
\$0.00									
2.5918. Priority creditor's name and mailing address SALVATO, BELLA I 1866 JACKSONVILLE RD BAGDAD KY 40003 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$222.53</td> </tr> </table>	Total claim	\$222.53	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$222.53</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$222.53	Nonpriority amount	\$0.00
Total claim									
\$222.53									
Priority amount									
\$222.53									
Nonpriority amount									
\$0.00									

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2.5919. Priority creditor's name and mailing address SAMANIEGO, JESSICA 8550 BOYSON ST DOWNEY CA 90242-3638 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$303.60	Priority amount \$303.60 Nonpriority amount \$0.00
2.5920. Priority creditor's name and mailing address SAMAYOA, GLENDY J 5411 W 24TH PLACE CICERO IL 60804 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,438.20	Priority amount \$1,438.20 Nonpriority amount \$0.00
2.5921. Priority creditor's name and mailing address SAMEK, BRITTANY A 458 CONGRESS STREET NORTH VERSAILLES PA 15137 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,988.22	Priority amount \$1,988.22 Nonpriority amount \$0.00

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2.5922.	Priority creditor's name and mailing address SAMES, ADRIENNE J 13508 HOLLOW COVE TAMPA FL 33613 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$298.95</td> </tr> </table>	Total claim	\$298.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$298.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$298.95	Nonpriority amount	\$0.00
Total claim										
\$298.95										
Priority amount										
\$298.95										
Nonpriority amount										
\$0.00										
2.5923.	Priority creditor's name and mailing address SAMHAN, ZEINA 9208 S 53RD CT OAK LAWN IL 60453 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$198.00</td> </tr> </table>	Total claim	\$198.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$198.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$198.00	Nonpriority amount	\$0.00
Total claim										
\$198.00										
Priority amount										
\$198.00										
Nonpriority amount										
\$0.00										
2.5924.	Priority creditor's name and mailing address SAMMAN, SAMANTHA E 1488 CASEY LANE PORT ORANGE FL 32129 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$445.85</td> </tr> </table>	Total claim	\$445.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$445.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$445.85	Nonpriority amount	\$0.00
Total claim										
\$445.85										
Priority amount										
\$445.85										
Nonpriority amount										
\$0.00										

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2.5925. Priority creditor's name and mailing address SAMMY, GILLIAN V 3209 DUNDEE ST EL PASO TX 79925 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$111.44	Priority amount \$111.44 Nonpriority amount \$0.00
2.5926. Priority creditor's name and mailing address SAMPUOR, RONZA 556 BRIGHTON AVE. 6 MODESTO CA 95355 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$668.20	Priority amount \$668.20 Nonpriority amount \$0.00
2.5927. Priority creditor's name and mailing address SAMS, ASHLEIGH L 5465 N. SCARSDALE CIRCLE RENO NV 89502 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$109.31	Priority amount \$109.31 Nonpriority amount \$0.00

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2.5928. Priority creditor's name and mailing address SAMUELS, LOGAN T 7518 JAMESON RD PARMA OH 44129 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$200.93</td> </tr> </table>	Total claim	\$200.93	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$200.93</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$200.93	Nonpriority amount	\$0.00
Total claim									
\$200.93									
Priority amount									
\$200.93									
Nonpriority amount									
\$0.00									
2.5929. Priority creditor's name and mailing address SAN DIEGO COUNTY RECORDER 1600 PACIFIC HIGHWAY ROOM 162 SAN DIEGO CA 92101 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$12.00</td> </tr> </table>	Total claim	\$12.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$12.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$12.00	Nonpriority amount	\$0.00
Total claim									
\$12.00									
Priority amount									
\$12.00									
Nonpriority amount									
\$0.00									
2.5930. Priority creditor's name and mailing address SAN, GABRIEL CHRISTINE 237 CALDWELL LOOP JACKSONVILLE NC 28546 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$292.80</td> </tr> </table>	Total claim	\$292.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$292.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$292.80	Nonpriority amount	\$0.00
Total claim									
\$292.80									
Priority amount									
\$292.80									
Nonpriority amount									
\$0.00									

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2.5931. Priority creditor's name and mailing address SAN, JULE MACKENZI M 3434 CASTLEROCK LN GARLAND TX 75044 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$131.42</td> </tr> </table>	Total claim	\$131.42	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$131.42</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$131.42	Nonpriority amount	\$0.00
Total claim									
\$131.42									
Priority amount									
\$131.42									
Nonpriority amount									
\$0.00									
2.5932. Priority creditor's name and mailing address SANBORN, AMBER 1549 TEXAS AVE GRAND JUNCTION CO 81501 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$141.86</td> </tr> </table>	Total claim	\$141.86	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$141.86</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$141.86	Nonpriority amount	\$0.00
Total claim									
\$141.86									
Priority amount									
\$141.86									
Nonpriority amount									
\$0.00									
2.5933. Priority creditor's name and mailing address SANCHEZ, ALIDA L 5074 JONES AVE RIVERSIDE CA 92505 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$181.20</td> </tr> </table>	Total claim	\$181.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$181.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$181.20	Nonpriority amount	\$0.00
Total claim									
\$181.20									
Priority amount									
\$181.20									
Nonpriority amount									
\$0.00									

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2.5934. Priority creditor's name and mailing address SANCHEZ, ALONDRA 11219 EVESBOROUGH DR HOUSTON TX 77099 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$553.41	Priority amount \$553.41 Nonpriority amount \$0.00
2.5935. Priority creditor's name and mailing address SANCHEZ, AMEYALI 918 DESOTO STREET 2 SAINT PAUL MN 55130 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,274.57	Priority amount \$2,274.57 Nonpriority amount \$0.00
2.5936. Priority creditor's name and mailing address SANCHEZ, ANDREINA 1002 EL CENTRO AVE APT 1 EL CENTRO CA 92243-2051 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$240.48	Priority amount \$240.48 Nonpriority amount \$0.00

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2.5937. Priority creditor's name and mailing address SANCHEZ, ANGELA M 5720 DAVIS RD WALKERTOWN NC 27051 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$215.69	Priority amount \$215.69 Nonpriority amount \$0.00
2.5938. Priority creditor's name and mailing address SANCHEZ, ARLENY Y 7379 STERLING SPRINGS WAY BURLINGTON KY 41005 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$95.77	Priority amount \$95.77 Nonpriority amount \$0.00
2.5939. Priority creditor's name and mailing address SANCHEZ, BELLA 288 RICHNECK ROAD NEWPORT NEWS VA 23608 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$474.21	Priority amount \$474.21 Nonpriority amount \$0.00

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2.5940. Priority creditor's name and mailing address SANCHEZ, BRITTANY A 4527 SHADBERRY DR TAMPA FL 33624 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$576.22	Priority amount \$576.22 Nonpriority amount \$0.00
2.5941. Priority creditor's name and mailing address SANCHEZ, BRITTNY 7808 BAYSHORE CT. FT WORTH TX 76179 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,381.44	Priority amount \$1,381.44 Nonpriority amount \$0.00
2.5942. Priority creditor's name and mailing address SANCHEZ, CECILIA D 2567 FOLSOM 2 SAN FRANCISCO CA 94110 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,121.03	Priority amount \$1,121.03 Nonpriority amount \$0.00

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2.5943. Priority creditor's name and mailing address SANCHEZ, CHRYSTIN 4223 N 83RD DR PHOENIX AZ 85037 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$33.88	Priority amount \$33.88 Nonpriority amount \$0.00
2.5944. Priority creditor's name and mailing address SANCHEZ, GISELLE 4100 ULINE AVE ALEXANDRIA VA 22304 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$183.01	Priority amount \$183.01 Nonpriority amount \$0.00
2.5945. Priority creditor's name and mailing address SANCHEZ, GUERRERO REBECCA 485 N CITRUS AVE 5 ESCONDIDO CA 92027 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$90.24	Priority amount \$90.24 Nonpriority amount \$0.00

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2.5946. Priority creditor's name and mailing address SANCHEZ, JACQUALYN A 206 PUEBLO ROAD CORONA CA 92882 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$352.80</td> </tr> </table>	Total claim	\$352.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$352.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$352.80	Nonpriority amount	\$0.00
Total claim									
\$352.80									
Priority amount									
\$352.80									
Nonpriority amount									
\$0.00									
2.5947. Priority creditor's name and mailing address SANCHEZ, JIMENEZ STEPHANEE 509 N BERENDO ST 109 LOS ANGELES CA 90004 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$104.64</td> </tr> </table>	Total claim	\$104.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$104.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$104.64	Nonpriority amount	\$0.00
Total claim									
\$104.64									
Priority amount									
\$104.64									
Nonpriority amount									
\$0.00									
2.5948. Priority creditor's name and mailing address SANCHEZ, KELSEY E 62 CABOT STREET #6 BEVERLY MA 01915 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$723.42</td> </tr> </table>	Total claim	\$723.42	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$723.42</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$723.42	Nonpriority amount	\$0.00
Total claim									
\$723.42									
Priority amount									
\$723.42									
Nonpriority amount									
\$0.00									

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2.5949. Priority creditor's name and mailing address SANCHEZ, MARCELLA M 22459 WEST LOWER BUCKEYE BUCKEYE AZ 85336 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$44.33</td> </tr> </table>	Total claim	\$44.33	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$44.33</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$44.33	Nonpriority amount	\$0.00
Total claim									
\$44.33									
Priority amount									
\$44.33									
Nonpriority amount									
\$0.00									
2.5950. Priority creditor's name and mailing address SANCHEZ, MARGARITA 3924 LOGAN AVENUE SAN DIEGO CA 92113 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$37.82</td> </tr> </table>	Total claim	\$37.82	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$37.82</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$37.82	Nonpriority amount	\$0.00
Total claim									
\$37.82									
Priority amount									
\$37.82									
Nonpriority amount									
\$0.00									
2.5951. Priority creditor's name and mailing address SANCHEZ, MARICELA 3610 HIGH MESA DR. DALLAS TX 75234 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$77.14</td> </tr> </table>	Total claim	\$77.14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$77.14</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$77.14	Nonpriority amount	\$0.00
Total claim									
\$77.14									
Priority amount									
\$77.14									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5952. Priority creditor's name and mailing address SANCHEZ, MARITZA J 485 ESTES ST GURNEE IL 60031-2884 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$71.23	Priority amount \$71.23 Nonpriority amount \$0.00
2.5953. Priority creditor's name and mailing address SANCHEZ, NEREIDA 573 W SAN YSIDRO BLVD #114 APT 12 SAN YSIDRO CA 92173 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$642.57	Priority amount \$642.57 Nonpriority amount \$0.00
2.5954. Priority creditor's name and mailing address SANCHEZ, OLIVIA A 230 MANSFIELD RD HOLLISTER CA 95023 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$132.00	Priority amount \$132.00 Nonpriority amount \$0.00

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2.5955. Priority creditor's name and mailing address SANCHEZ, PATRICIA 5508 DESERT WILLOW LN KNIGHTDALE NC 27545 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$73.44	Priority amount \$73.44 Nonpriority amount \$0.00
2.5956. Priority creditor's name and mailing address SANCHEZ, SAMANTHA A 4727 HOLLYBROOK LN. HOUSTON TX 77039 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$58.40	Priority amount \$58.40 Nonpriority amount \$0.00
2.5957. Priority creditor's name and mailing address SANCHEZ, SANDRA J 1204 10TH ST. PLANO TX 75074 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$253.28	Priority amount \$253.28 Nonpriority amount \$0.00

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2.5958. Priority creditor's name and mailing address SANCHEZ, SANDY J 14236 ROSCOE BLVD APT 1 PANORAMA CITY CA 91402 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$531.18	Priority amount \$531.18 Nonpriority amount \$0.00
2.5959. Priority creditor's name and mailing address SANCHEZ, SELENA M 1317 EAST POLK HARLINGEN TX 78550 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$545.10	Priority amount \$545.10 Nonpriority amount \$0.00
2.5960. Priority creditor's name and mailing address SANCHEZ, SHAWNKIRA 7530 ORCHARD ST APT 40 RIVERSIDE CA 92504 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,842.97	Priority amount \$1,842.97 Nonpriority amount \$0.00

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2.5961.	Priority creditor's name and mailing address SANCHEZ, SIERRA 2717 JEFFERSON ST ALBUQUERQUE NM 87110 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$184.46	Priority amount \$184.46 Nonpriority amount \$0.00
2.5962.	Priority creditor's name and mailing address SANCHEZ, VANESSA M 22491 DE BERRY APT N173 GRAND TERRACE CA 92313 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,931.17	Priority amount \$1,931.17 Nonpriority amount \$0.00
2.5963.	Priority creditor's name and mailing address SANCHEZ, VANESSA S 4267 KLEIN MEADOWS NEW BRAUNFELS TX 78130 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$393.17	Priority amount \$393.17 Nonpriority amount \$0.00

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2.5964. Priority creditor's name and mailing address SANCHEZ, VICTORIA 2170 RAIN DROP CIR PITTSBURG CA 94565 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$245.16	Priority amount \$245.16 Nonpriority amount \$0.00
2.5965. Priority creditor's name and mailing address SANCHEZ, VIVIAN 3516 W 65TH PL CHICAGO IL 60629 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$336.12	Priority amount \$336.12 Nonpriority amount \$0.00
2.5966. Priority creditor's name and mailing address SANCHEZ, YADIRA R 3902 LANCOME ST LAS VEGAS NV 89115 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$95.29	Priority amount \$95.29 Nonpriority amount \$0.00

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2.5967. Priority creditor's name and mailing address SANCHEZ, YESSANIA 3676 DEL SOL BLVD B SAN DIEGO CA 92154 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$586.48	Priority amount \$586.48 Nonpriority amount \$0.00
2.5968. Priority creditor's name and mailing address SANCHEZ, YOLANDA L 5076 SAVANNAH RIVER WAY 107 ORLANDO FL 32839 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,345.14	Priority amount \$1,345.14 Nonpriority amount \$0.00
2.5969. Priority creditor's name and mailing address SANCHEZ-PREIADO, DAYSY 14230 MILITARY RD S TUKWILA WA 98168 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,568.16	Priority amount \$1,568.16 Nonpriority amount \$0.00

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2.5970. Priority creditor's name and mailing address SANDELL, KAYLA M 3814 YORKLAND DR NW APT. 1 COMSTOCK PARK MI 49321 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,437.81	Priority amount \$1,437.81 Nonpriority amount \$0.00
2.5971. Priority creditor's name and mailing address SANDER, JACI L 705 HEAVENS DR. APT. 3 MANDEVILLE LA 70471 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$66.70	Priority amount \$66.70 Nonpriority amount \$0.00
2.5972. Priority creditor's name and mailing address SANDERS, COURTNEY L 4649 TEMESCAL CANYON RD APT 102 CORONA CA 92883 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$189.24	Priority amount \$189.24 Nonpriority amount \$0.00

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2.5973. Priority creditor's name and mailing address SANDERS, CULLEN A 397 N RANGE RD COCOA FL 32926 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$114.81	Priority amount \$114.81 Nonpriority amount \$0.00
2.5974. Priority creditor's name and mailing address SANDERS, DANYELLE S 2301 KENSINGTON PLACE APT H ASHEVILLE NC 28803 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$73.13	Priority amount \$73.13 Nonpriority amount \$0.00
2.5975. Priority creditor's name and mailing address SANDERS, HALEY D 4616 CAROL LANE SHINGLE SPRINGS CA 95682 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$125.76	Priority amount \$125.76 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5976. Priority creditor's name and mailing address SANDERS, IJANAE 301 PARKWEST U5 LANSING MI 48917 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$69.57	Priority amount \$69.57 Nonpriority amount \$0.00
2.5977. Priority creditor's name and mailing address SANDERS, KAYLA R 3820 PENDIENTE CT N208 SAN DIEGO CA 92124 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$36.00	Priority amount \$36.00 Nonpriority amount \$0.00
2.5978. Priority creditor's name and mailing address SANDERS, TASHA N 1915 ROOF STREET COLUMBIA SC 29223 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$248.75	Priority amount \$248.75 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5979. Priority creditor's name and mailing address SANDERS, WHITNEY N 3229 CLEARVIEW DR. SW MARIETTA GA 30060 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$22.64</td> </tr> </table>	Total claim	\$22.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$22.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$22.64	Nonpriority amount	\$0.00
Total claim									
\$22.64									
Priority amount									
\$22.64									
Nonpriority amount									
\$0.00									
2.5980. Priority creditor's name and mailing address SANDERSON, ERYKA 35 W GREENWICH ST BETHLEHEM PA 18018 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$244.40</td> </tr> </table>	Total claim	\$244.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$244.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$244.40	Nonpriority amount	\$0.00
Total claim									
\$244.40									
Priority amount									
\$244.40									
Nonpriority amount									
\$0.00									
2.5981. Priority creditor's name and mailing address SANDOVAL, ALMA D 23347 AVE 11 MADERA CA 93637 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$122.76</td> </tr> </table>	Total claim	\$122.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$122.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$122.76	Nonpriority amount	\$0.00
Total claim									
\$122.76									
Priority amount									
\$122.76									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5982. Priority creditor's name and mailing address SANDOVAL, ALMA R 844 GOLF COURSE RD ANTHONY NM 88021 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$265.86	Priority amount \$265.86 Nonpriority amount \$0.00
2.5983. Priority creditor's name and mailing address SANDOVAL, LAURA 407 W BUCKTHORN ST INGLEWOOD CA 90301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,369.29	Priority amount \$2,369.29 Nonpriority amount \$0.00
2.5984. Priority creditor's name and mailing address SANDOVAL, MARTHA I 8944 LANDER ST. WESTMINSTER CO 80031 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$176.71	Priority amount \$176.71 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5985. Priority creditor's name and mailing address SANDOVAL, NANCY C 18725 RUNNYMEDE STREET RESEDA CA 91335 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$229.32	Priority amount \$229.32 Nonpriority amount \$0.00
2.5986. Priority creditor's name and mailing address SANDOVAL, RAVEN D 3669 PIN OAK AVE NEW ORLEANS LA 70131 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$29.36	Priority amount \$29.36 Nonpriority amount \$0.00
2.5987. Priority creditor's name and mailing address SANDOVAL, YOSLIN 9281 BAYBERRY AVE MANASSAS VA 20110 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$98.53	Priority amount \$98.53 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5988. Priority creditor's name and mailing address SANGARE, RACKY 205 SW 75TH ST GAINESVILLE FL 32607 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$72.08</td> </tr> </table>	Total claim	\$72.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$72.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$72.08	Nonpriority amount	\$0.00
Total claim									
\$72.08									
Priority amount									
\$72.08									
Nonpriority amount									
\$0.00									
2.5989. Priority creditor's name and mailing address SANGHAVI, JASH 12781 SW 45TH DR MIRAMAR FL 33027 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$133.50</td> </tr> </table>	Total claim	\$133.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$133.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$133.50	Nonpriority amount	\$0.00
Total claim									
\$133.50									
Priority amount									
\$133.50									
Nonpriority amount									
\$0.00									
2.5990. Priority creditor's name and mailing address SANKS, ALLAZIA M 922 HOLDERNESS LANE CINCINNATI OH 45240 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$147.49</td> </tr> </table>	Total claim	\$147.49	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$147.49</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$147.49	Nonpriority amount	\$0.00
Total claim									
\$147.49									
Priority amount									
\$147.49									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5991.	Priority creditor's name and mailing address SANTAELLA, BRIANNA 133 4TH PLACE MCFARLAND CA 93250 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$75.84</td> </tr> </table>	Total claim	\$75.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$75.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$75.84	Nonpriority amount	\$0.00
Total claim										
\$75.84										
Priority amount										
\$75.84										
Nonpriority amount										
\$0.00										
2.5992.	Priority creditor's name and mailing address SANTANA, ALEXANDRA CALLE TOPACIO D-8 URB. COUNT CANOVANAS PR 00729 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,167.02</td> </tr> </table>	Total claim	\$1,167.02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,167.02</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,167.02	Nonpriority amount	\$0.00
Total claim										
\$1,167.02										
Priority amount										
\$1,167.02										
Nonpriority amount										
\$0.00										
2.5993.	Priority creditor's name and mailing address SANTANA, ALONDRA 13 PLEASANT CIRCLE METHUEN MA 01844 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$556.34</td> </tr> </table>	Total claim	\$556.34	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$556.34</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$556.34	Nonpriority amount	\$0.00
Total claim										
\$556.34										
Priority amount										
\$556.34										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5994.	Priority creditor's name and mailing address SANTANA, ALYSSA M 5706 W GEORGE 2 CHICAGO IL 60634 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$122.10</td> </tr> </table>	Total claim	\$122.10	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$122.10</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$122.10	Nonpriority amount	\$0.00
Total claim										
\$122.10										
Priority amount										
\$122.10										
Nonpriority amount										
\$0.00										
2.5995.	Priority creditor's name and mailing address SANTANA, LLEREMI 14101 SW 272ND ST HOMESTEAD FL 33032 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$247.37</td> </tr> </table>	Total claim	\$247.37	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$247.37</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$247.37	Nonpriority amount	\$0.00
Total claim										
\$247.37										
Priority amount										
\$247.37										
Nonpriority amount										
\$0.00										
2.5996.	Priority creditor's name and mailing address SANTANA, LUCERO J 914 S CHESTNUT MCKINNEY TX 75069 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$27.84</td> </tr> </table>	Total claim	\$27.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$27.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$27.84	Nonpriority amount	\$0.00
Total claim										
\$27.84										
Priority amount										
\$27.84										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.5997. Priority creditor's name and mailing address SANTANA, TANYA M 85 ARCH ST 202 NEW BRITAIN CT 06052 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$234.33	Priority amount \$234.33 Nonpriority amount \$0.00
2.5998. Priority creditor's name and mailing address SANTIAGO, ALEXEA L 1821 WISDOM DRIVE AMARILLO TX 79106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$39.35	Priority amount \$39.35 Nonpriority amount \$0.00
2.5999. Priority creditor's name and mailing address SANTIAGO, ASHLEY M 2809 LYNDSCAPE ST ORLANDO FL 32833 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$149.31	Priority amount \$149.31 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6000.	Priority creditor's name and mailing address SANTIAGO, GABRIELA EL FARO #10 VEGA BAJA PR 00693 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$116.32</td> </tr> </table>	Total claim	\$116.32	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$116.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$116.32	Nonpriority amount	\$0.00
Total claim										
\$116.32										
Priority amount										
\$116.32										
Nonpriority amount										
\$0.00										
2.6001.	Priority creditor's name and mailing address SANTIAGO, IVELISSE 129 LOCUST STREET 3W WATERBURY CT 06704 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$12.98</td> </tr> </table>	Total claim	\$12.98	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$12.98</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$12.98	Nonpriority amount	\$0.00
Total claim										
\$12.98										
Priority amount										
\$12.98										
Nonpriority amount										
\$0.00										
2.6002.	Priority creditor's name and mailing address SANTIAGO, JAHZLYN M 22 BROOKS STREET CRANSTON RI 02920 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$106.89</td> </tr> </table>	Total claim	\$106.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$106.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$106.89	Nonpriority amount	\$0.00
Total claim										
\$106.89										
Priority amount										
\$106.89										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6003.	Priority creditor's name and mailing address SANTIAGO, JONATHAN AVE FRAGOSO CAROLINA PR 00985 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$62.21</td> </tr> </table>	Total claim	\$62.21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$62.21</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$62.21	Nonpriority amount	\$0.00
Total claim										
\$62.21										
Priority amount										
\$62.21										
Nonpriority amount										
\$0.00										
2.6004.	Priority creditor's name and mailing address SANTIAGO, KATIRIA 60 HOWARD AVE LANCASTER PA 17602 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$176.72</td> </tr> </table>	Total claim	\$176.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$176.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$176.72	Nonpriority amount	\$0.00
Total claim										
\$176.72										
Priority amount										
\$176.72										
Nonpriority amount										
\$0.00										
2.6005.	Priority creditor's name and mailing address SANTIAGO, KELSIE 852 HOWARD AVE 2 BRIDGEPORT CT 06605 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$40.20</td> </tr> </table>	Total claim	\$40.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$40.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$40.20	Nonpriority amount	\$0.00
Total claim										
\$40.20										
Priority amount										
\$40.20										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6006.	Priority creditor's name and mailing address SANTIAGO, RACHEL 731 STONE RD ROCHESTER NY 14616-4428 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,690.49</td> </tr> </table>	Total claim	\$1,690.49	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,690.49</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,690.49	Nonpriority amount	\$0.00
Total claim										
\$1,690.49										
Priority amount										
\$1,690.49										
Nonpriority amount										
\$0.00										
2.6007.	Priority creditor's name and mailing address SANTIBANEZ, EMILY N 13102 S WAYSIDE DR HOUSTON TX 77048 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$170.01</td> </tr> </table>	Total claim	\$170.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$170.01</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$170.01	Nonpriority amount	\$0.00
Total claim										
\$170.01										
Priority amount										
\$170.01										
Nonpriority amount										
\$0.00										
2.6008.	Priority creditor's name and mailing address SANTOS, ANDREA E 7783 GLADE CT. MANASSAS VA 20112 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$62.40</td> </tr> </table>	Total claim	\$62.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$62.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$62.40	Nonpriority amount	\$0.00
Total claim										
\$62.40										
Priority amount										
\$62.40										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6009.	Priority creditor's name and mailing address SANTOS, HAYDEE L CALLE 1D COND JARDINES SAN JUAN PR 00918 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$342.78</td> </tr> </table>	Total claim	\$342.78	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$342.78</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$342.78	Nonpriority amount	\$0.00
Total claim										
\$342.78										
Priority amount										
\$342.78										
Nonpriority amount										
\$0.00										
2.6010.	Priority creditor's name and mailing address SANTOS, KAYLA S 816 CELESTINE CIR VACAVILLE CA 95687 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$177.84</td> </tr> </table>	Total claim	\$177.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$177.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$177.84	Nonpriority amount	\$0.00
Total claim										
\$177.84										
Priority amount										
\$177.84										
Nonpriority amount										
\$0.00										
2.6011.	Priority creditor's name and mailing address SANTOS, MARIA DE LOS A CALLE 16 BUZON 624 PARC. 201 LA CENTRAL PR 00729 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,453.89</td> </tr> </table>	Total claim	\$2,453.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,453.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,453.89	Nonpriority amount	\$0.00
Total claim										
\$2,453.89										
Priority amount										
\$2,453.89										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6012.	Priority creditor's name and mailing address SANTOS, SULEIMY R 401 TERA VISTA PARKWAY 928 ROUND ROCK TX 78665 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$180.46</td> </tr> </table>	Total claim	\$180.46	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$180.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$180.46	Nonpriority amount	\$0.00
Total claim										
\$180.46										
Priority amount										
\$180.46										
Nonpriority amount										
\$0.00										
2.6013.	Priority creditor's name and mailing address SANTOS, TAYLOR L 341 CANTERBURY CIRCLE NW FORT WALTON BEACH FL 32548 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$99.07</td> </tr> </table>	Total claim	\$99.07	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$99.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$99.07	Nonpriority amount	\$0.00
Total claim										
\$99.07										
Priority amount										
\$99.07										
Nonpriority amount										
\$0.00										
2.6014.	Priority creditor's name and mailing address SANTOS-BERMEDES, PALOMA 94-1081 NALII ST WAIPAHU HI 96797 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$93.02</td> </tr> </table>	Total claim	\$93.02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$93.02</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$93.02	Nonpriority amount	\$0.00
Total claim										
\$93.02										
Priority amount										
\$93.02										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6015. Priority creditor's name and mailing address SAPUTO, MELISSA K 813 NORTHAMPTON DRIVE CRYSTAL LAKE IL 60014 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$588.31	Priority amount \$588.31 Nonpriority amount \$0.00
2.6016. Priority creditor's name and mailing address SARACENO, JACQUELINE 5304 GROSSETO WAY MYRTLE BEACH SC 29579 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$130.68	Priority amount \$130.68 Nonpriority amount \$0.00
2.6017. Priority creditor's name and mailing address SARAGENA, MARVI GAIL M 91-069 FORT WEAVER ROAD 1 EWA BEACH HI 96706 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$127.06	Priority amount \$127.06 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.6018. Priority creditor's name and mailing address**SARGENT, JAYDEN A
5713 N. TERRACE CT. 3
PEORIA HEIGHTS IL 61616**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$449.90

Priority amount

\$449.90

Nonpriority amount

\$0.00

2.6019. Priority creditor's name and mailing addressSARMIENTO, CATHERINE A
246 SUYDAM ST.
1L
BROOKLYN NY 11237**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$621.30

Priority amount

\$621.30

Nonpriority amount

\$0.00

2.6020. Priority creditor's name and mailing addressSARMIENTO, JASMINE M
3439 MARION STREET
DENVER CO 80205**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$1,526.77

Priority amount

\$1,526.77

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6021. Priority creditor's name and mailing address SACHELL, ASHLEY 623 CHATHAM RD FAIRLESS HILLS PA 19030 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$127.76	Priority amount \$127.76 Nonpriority amount \$0.00
2.6022. Priority creditor's name and mailing address SAUCEDO, BRIANA I 6022 CAPROCK CT. APT. 1301 EL PASO TX 79912 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,563.87	Priority amount \$2,563.87 Nonpriority amount \$0.00
2.6023. Priority creditor's name and mailing address SAUCEDO, JANNELLE 1277 MIRAMAR WALK OXNARD CA 93035 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$360.24	Priority amount \$360.24 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6024. Priority creditor's name and mailing address SAUCEDO, ROSEMARY N 1715 TARGET AVENUE TULARE CA 93274 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$200.76</td> </tr> </table>	Total claim	\$200.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$200.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$200.76	Nonpriority amount	\$0.00
Total claim									
\$200.76									
Priority amount									
\$200.76									
Nonpriority amount									
\$0.00									
2.6025. Priority creditor's name and mailing address SAUER, ALEXIS N 1831 CLEARWOOD RD BALTIMORE MD 21234 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$149.43</td> </tr> </table>	Total claim	\$149.43	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$149.43</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$149.43	Nonpriority amount	\$0.00
Total claim									
\$149.43									
Priority amount									
\$149.43									
Nonpriority amount									
\$0.00									
2.6026. Priority creditor's name and mailing address SAUNDERS, CALEY 745 TRACY LN UNIT 146 CLARKSVILLE TN 37040 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$96.94</td> </tr> </table>	Total claim	\$96.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$96.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$96.94	Nonpriority amount	\$0.00
Total claim									
\$96.94									
Priority amount									
\$96.94									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6027.	Priority creditor's name and mailing address SAVAGE, KAITLYN M 99 MAGNOLIA DRIVE GOFFSTOWN NH 03045 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$110.00</td></tr></table>	Total claim	\$110.00	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$110.00</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$110.00	Nonpriority amount	\$0.00
Total claim										
\$110.00										
Priority amount										
\$110.00										
Nonpriority amount										
\$0.00										
2.6028.	Priority creditor's name and mailing address SAVAGE, WHITNEY R 27447 ELSWORTH ST FARMINGTON HILLS MI 48336 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$129.97</td></tr></table>	Total claim	\$129.97	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$129.97</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$129.97	Nonpriority amount	\$0.00
Total claim										
\$129.97										
Priority amount										
\$129.97										
Nonpriority amount										
\$0.00										
2.6029.	Priority creditor's name and mailing address SAVINDA, JOANNE M 321 POE DR PENN HILLS PA 15235-4647 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$59.77</td></tr></table>	Total claim	\$59.77	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$59.77</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$59.77	Nonpriority amount	\$0.00
Total claim										
\$59.77										
Priority amount										
\$59.77										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6030.	Priority creditor's name and mailing address SAVOT, DEJA A 310 CAROLINE DR A12 LAPLATA MD 20646 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$250.78</td></tr></table>	Total claim	\$250.78	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$250.78</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$250.78	Nonpriority amount	\$0.00
Total claim										
\$250.78										
Priority amount										
\$250.78										
Nonpriority amount										
\$0.00										
2.6031.	Priority creditor's name and mailing address SAWAKED, LANA 7211 OTIS COURT ARVADA CO 80003 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$65.00</td></tr></table>	Total claim	\$65.00	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$65.00</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$65.00	Nonpriority amount	\$0.00
Total claim										
\$65.00										
Priority amount										
\$65.00										
Nonpriority amount										
\$0.00										
2.6032.	Priority creditor's name and mailing address SAYAVONG, BOUALAY L 2016 NORTH 34TH FORT SMITH AR 72904 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$131.54</td></tr></table>	Total claim	\$131.54	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$131.54</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$131.54	Nonpriority amount	\$0.00
Total claim										
\$131.54										
Priority amount										
\$131.54										
Nonpriority amount										
\$0.00										

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2.6033. Priority creditor's name and mailing address SAYLES, HANNAH J 7452 ERIE AVE SW NAVARRE OH 44662 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$140.05</td> </tr> </table>	Total claim	\$140.05	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$140.05</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$140.05	Nonpriority amount	\$0.00
Total claim									
\$140.05									
Priority amount									
\$140.05									
Nonpriority amount									
\$0.00									
2.6034. Priority creditor's name and mailing address SBARRA, DOMINIQUE J 225 S LIBERTY ST HAMMONTON NJ 08037 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$118.15</td> </tr> </table>	Total claim	\$118.15	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$118.15</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$118.15	Nonpriority amount	\$0.00
Total claim									
\$118.15									
Priority amount									
\$118.15									
Nonpriority amount									
\$0.00									
2.6035. Priority creditor's name and mailing address SCACCIA, JOSLYNN 130 BUSH ST BUFFALO NY 14207 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$52.50</td> </tr> </table>	Total claim	\$52.50	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$52.50</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$52.50	Nonpriority amount	\$0.00
Total claim									
\$52.50									
Priority amount									
\$52.50									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6036. Priority creditor's name and mailing address SCAGLIONE, ALLYAH N 387 TOMS RIVER ROAD JACKSON NJ 08527 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$279.13	Priority amount \$279.13 Nonpriority amount \$0.00
2.6037. Priority creditor's name and mailing address SCALES, REBA 3306 TRAVIS AVE MIDLAND TX 79703-7128 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,076.46	Priority amount \$2,076.46 Nonpriority amount \$0.00
2.6038. Priority creditor's name and mailing address SCALLION, KIRA M 2541 CHAUCER COURT EUGENE OR 97405 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$162.65	Priority amount \$162.65 Nonpriority amount \$0.00

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2.6039.	Priority creditor's name and mailing address SCARABINO, MERISSA A 7 PORLAMAR CT TOMS RIVER NJ 08757 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$248.64</td> </tr> </table>	Total claim	\$248.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$248.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$248.64	Nonpriority amount	\$0.00
Total claim										
\$248.64										
Priority amount										
\$248.64										
Nonpriority amount										
\$0.00										
2.6040.	Priority creditor's name and mailing address SCARBOROUGH, SARAH F 2931 BIRCHCREEK DR. WESLEY CHAPEL FL 33544 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$235.78</td> </tr> </table>	Total claim	\$235.78	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$235.78</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$235.78	Nonpriority amount	\$0.00
Total claim										
\$235.78										
Priority amount										
\$235.78										
Nonpriority amount										
\$0.00										
2.6041.	Priority creditor's name and mailing address SCARBROUGH, ASHLEY N 209 NORTH CONGRESS ST MENDENHALL MS 39114 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$35.53</td> </tr> </table>	Total claim	\$35.53	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$35.53</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$35.53	Nonpriority amount	\$0.00
Total claim										
\$35.53										
Priority amount										
\$35.53										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6042. Priority creditor's name and mailing address SCHAAR, LAUREN 953 DEERFIELD ST ONTARIO CA 91761 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,845.80</td> <td style="text-align: center;">\$1,845.80</td> </tr> </table>	Total claim	Priority amount	\$1,845.80	\$1,845.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$1,845.80	\$1,845.80								
Nonpriority amount									
\$0.00									
2.6043. Priority creditor's name and mailing address SCHACK, WHITNEY N 379 WEST MEYERS AVE HAZEL PARK MI 48030 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$76.59</td> <td style="text-align: center;">\$76.59</td> </tr> </table>	Total claim	Priority amount	\$76.59	\$76.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$76.59	\$76.59								
Nonpriority amount									
\$0.00									
2.6044. Priority creditor's name and mailing address SCHAEFFER, TARA 4 THAYER POND DRIVE UNIT 24 NORTH OXFORD MA 01537 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$184.20</td> <td style="text-align: center;">\$184.20</td> </tr> </table>	Total claim	Priority amount	\$184.20	\$184.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$184.20	\$184.20								
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6045. Priority creditor's name and mailing address SCHEERSCHMIDT, LEXI R 2200 WILLOW OAK CIR. 212 VA BEACH VA 23451 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$779.90	Priority amount \$779.90 Nonpriority amount \$0.00
2.6046. Priority creditor's name and mailing address SCHENK, SARAH N 1325 ANITA STREET PUEBLO CO 81001 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$222.56	Priority amount \$222.56 Nonpriority amount \$0.00
2.6047. Priority creditor's name and mailing address SCHERBERGER, MEGAN L 5925 W MARY JANE LANE GLENDALE AZ 85306 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$97.90	Priority amount \$97.90 Nonpriority amount \$0.00

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2.6048.	Priority creditor's name and mailing address SCHETROMA, REGINA 1480 N BAILEY RD DOWNINGTOWN PA 19335 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$106.80</td></tr></table>	Total claim	\$106.80	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$106.80</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$106.80	Nonpriority amount	\$0.00
Total claim										
\$106.80										
Priority amount										
\$106.80										
Nonpriority amount										
\$0.00										
2.6049.	Priority creditor's name and mailing address SCHICK, CARRIE L 725 ST.CLAIR AVE ERIE PA 16505-3230 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$3,648.61</td></tr></table>	Total claim	\$3,648.61	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$3,648.61</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$3,648.61	Nonpriority amount	\$0.00
Total claim										
\$3,648.61										
Priority amount										
\$3,648.61										
Nonpriority amount										
\$0.00										
2.6050.	Priority creditor's name and mailing address SCHITA, TIFFANY A 2627 NW 33RD ST APT 2212 OAKLAND PARK FL 33309 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$102.96</td></tr></table>	Total claim	\$102.96	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$102.96</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$102.96	Nonpriority amount	\$0.00
Total claim										
\$102.96										
Priority amount										
\$102.96										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6051. Priority creditor's name and mailing address SCHLEGEL, ANNE M 302 JACQUELINE LANE JACKSON MO 63755 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$531.85	Priority amount \$531.85 Nonpriority amount \$0.00
2.6052. Priority creditor's name and mailing address SCHLEGEL, AUBREANNA 221 N VINE ST. WICHITA KS 67203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$4,195.28	Priority amount \$4,195.28 Nonpriority amount \$0.00
2.6053. Priority creditor's name and mailing address SCHLUMP, CORY D 317 GROVELAND AVE APT 109 MINNEAPOLIS MN 55403 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$10,751.09	Priority amount \$10,751.09 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6054. Priority creditor's name and mailing address SCHLURENSAUER, TIFFANY K 15 COTTAGE STREET SALT POINT NY 12578 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,062.31</td> </tr> </table>	Total claim	\$3,062.31	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,062.31</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,062.31	Nonpriority amount	\$0.00
Total claim									
\$3,062.31									
Priority amount									
\$3,062.31									
Nonpriority amount									
\$0.00									
2.6055. Priority creditor's name and mailing address SCHMIDT, EMILY A 3819 EAST AVE. #36 LIVERMORE CA 94550 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$396.41</td> </tr> </table>	Total claim	\$396.41	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$396.41</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$396.41	Nonpriority amount	\$0.00
Total claim									
\$396.41									
Priority amount									
\$396.41									
Nonpriority amount									
\$0.00									
2.6056. Priority creditor's name and mailing address SCHMIDT, SYDNEY 14632 WHISPERING BREEZE DR. FISHERS IN 46037 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$126.52</td> </tr> </table>	Total claim	\$126.52	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$126.52</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$126.52	Nonpriority amount	\$0.00
Total claim									
\$126.52									
Priority amount									
\$126.52									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6057. Priority creditor's name and mailing address SCHMOLDT, SAMANTHA 943 HOLLYBROOK DR INEZ TX 77968 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$131.20</td> </tr> </table>	Total claim	\$131.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$131.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$131.20	Nonpriority amount	\$0.00
Total claim									
\$131.20									
Priority amount									
\$131.20									
Nonpriority amount									
\$0.00									
2.6058. Priority creditor's name and mailing address SCHNEBERGER, ALYSIA M 7800 WOODMAN AVE APT 123 PANORAMA CITY CA 91402 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$348.89</td> </tr> </table>	Total claim	\$348.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$348.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$348.89	Nonpriority amount	\$0.00
Total claim									
\$348.89									
Priority amount									
\$348.89									
Nonpriority amount									
\$0.00									
2.6059. Priority creditor's name and mailing address SCHOENEMAN, STEPHANIE R 1806 NE 41ST CIRCLE VANCOUVER WA 98663 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$571.73</td> </tr> </table>	Total claim	\$571.73	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$571.73</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$571.73	Nonpriority amount	\$0.00
Total claim									
\$571.73									
Priority amount									
\$571.73									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6060.	Priority creditor's name and mailing address SCHOONMAKER, THERESIA A 12 BEL AIR FARM RD MILLBROOK NY 12545 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$158.51</td> </tr> </table>	Total claim	\$158.51	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$158.51</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$158.51	Nonpriority amount	\$0.00
Total claim										
\$158.51										
Priority amount										
\$158.51										
Nonpriority amount										
\$0.00										
2.6061.	Priority creditor's name and mailing address SCHREINER, NICOLE M 323 WELLINGTON CT JACKSON NJ 08527 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$159.74</td> </tr> </table>	Total claim	\$159.74	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$159.74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$159.74	Nonpriority amount	\$0.00
Total claim										
\$159.74										
Priority amount										
\$159.74										
Nonpriority amount										
\$0.00										
2.6062.	Priority creditor's name and mailing address SCHROEDER, SAMANTHA 2096 WINDBROOK DR SE PALM BAY FL 32909 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$410.87</td> </tr> </table>	Total claim	\$410.87	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$410.87</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$410.87	Nonpriority amount	\$0.00
Total claim										
\$410.87										
Priority amount										
\$410.87										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6063. Priority creditor's name and mailing address SCHROTH, JAMIE L 222 CEDAR GROVE ROAD TOMS RIVER NJ 08753 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$169.48	Priority amount \$169.48 Nonpriority amount \$0.00
2.6064. Priority creditor's name and mailing address SCHULD, MIA R 26159 HAWTHORNE COURT OLMSTED FALLS OH 44138 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,028.78	Priority amount \$1,028.78 Nonpriority amount \$0.00
2.6065. Priority creditor's name and mailing address SCHULTZ, SAMANTHA A 1524 ROYAL GATE DR NEW BRAUNFELS TX 78132-2423 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,891.00	Priority amount \$1,891.00 Nonpriority amount \$0.00

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2.6066.	Priority creditor's name and mailing address SCHUSTER, JULIE L 308 SAN GABRIEL STREET WINTER SPRINGS FL 32708 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$321.06</td> </tr> </table>	Total claim	\$321.06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$321.06</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$321.06	Nonpriority amount	\$0.00
Total claim										
\$321.06										
Priority amount										
\$321.06										
Nonpriority amount										
\$0.00										
2.6067.	Priority creditor's name and mailing address SCHWENDEMAN, AMY K 1046 BAYRIDGE DRIVE LEWIS CENTER OH 43035 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$5,037.65</td> </tr> </table>	Total claim	\$5,037.65	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$5,037.65</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$5,037.65	Nonpriority amount	\$0.00
Total claim										
\$5,037.65										
Priority amount										
\$5,037.65										
Nonpriority amount										
\$0.00										
2.6068.	Priority creditor's name and mailing address SCIANNA, NATALIE E 2113 SOUTH SORRENTO HILLS ROAD SAINT AUGUSTINE FL 32092 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$209.81</td> </tr> </table>	Total claim	\$209.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$209.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$209.81	Nonpriority amount	\$0.00
Total claim										
\$209.81										
Priority amount										
\$209.81										
Nonpriority amount										
\$0.00										

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2.6069.	Priority creditor's name and mailing address SCIMECA, ROSETTA M 125 S ZURICH AVE EGG HARBOR CITY NJ 08215 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$616.67</td> </tr> </table>	Total claim	\$616.67	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$616.67</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$616.67	Nonpriority amount	\$0.00
Total claim										
\$616.67										
Priority amount										
\$616.67										
Nonpriority amount										
\$0.00										
2.6070.	Priority creditor's name and mailing address SCIOLO, ANTHONY J 611 ELM STREET BIRSDBORO PA 19508 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$36.16</td> </tr> </table>	Total claim	\$36.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$36.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$36.16	Nonpriority amount	\$0.00
Total claim										
\$36.16										
Priority amount										
\$36.16										
Nonpriority amount										
\$0.00										
2.6071.	Priority creditor's name and mailing address SCOTT, ARENITA 2420 LYNCREST DR COLORADO SPRINGS CO 80918 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$89.91</td> </tr> </table>	Total claim	\$89.91	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$89.91</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$89.91	Nonpriority amount	\$0.00
Total claim										
\$89.91										
Priority amount										
\$89.91										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6072. Priority creditor's name and mailing address SCOTT, ASHLYN B 3033 PORTULACA DRIVE ROUND ROCK TX 78681 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$66.74</td> </tr> </table>	Total claim	\$66.74	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$66.74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$66.74	Nonpriority amount	\$0.00
Total claim									
\$66.74									
Priority amount									
\$66.74									
Nonpriority amount									
\$0.00									
2.6073. Priority creditor's name and mailing address SCOTT, BREONA M 72 FOXWELL BEND RD GLEN BURNIE MD 21061 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$224.63</td> </tr> </table>	Total claim	\$224.63	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$224.63</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$224.63	Nonpriority amount	\$0.00
Total claim									
\$224.63									
Priority amount									
\$224.63									
Nonpriority amount									
\$0.00									
2.6074. Priority creditor's name and mailing address SCOTT, BRITTNEY 31623 WALLER TOMBALL ROAD WALLER TX 77484 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Total claim	\$0.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$0.00	Nonpriority amount	\$0.00
Total claim									
\$0.00									
Priority amount									
\$0.00									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6075. Priority creditor's name and mailing address SCOTT, CORINNE 10 NORLAND COURT SARATOGA SPRINGS NY 12866 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$403.71	Priority amount \$403.71 Nonpriority amount \$0.00
2.6076. Priority creditor's name and mailing address SCOTT, DARONDA A 273 PULLMAN AVE ROCHESTER NY 14626 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$338.00	Priority amount \$338.00 Nonpriority amount \$0.00
2.6077. Priority creditor's name and mailing address SCOTT, HAILEY C 700 BEVERLY HILLS RD APT #836 836 HATTIESBURG MS 39401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$116.36	Priority amount \$116.36 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6078.	Priority creditor's name and mailing address SCOTT, HALEY A 1869 WATSON AVE APT. 2 BRONX NY 10472 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$201.26</td></tr></table>	Total claim	\$201.26	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$201.26</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$201.26	Nonpriority amount	\$0.00
Total claim										
\$201.26										
Priority amount										
\$201.26										
Nonpriority amount										
\$0.00										
2.6079.	Priority creditor's name and mailing address SCOTT, KRISTIONA K 3753 FAIRWAY DRIVE APT 22B LA MESA CA 91941 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$62.16</td></tr></table>	Total claim	\$62.16	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$62.16</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$62.16	Nonpriority amount	\$0.00
Total claim										
\$62.16										
Priority amount										
\$62.16										
Nonpriority amount										
\$0.00										
2.6080.	Priority creditor's name and mailing address SCOTT, TAEJAH N 288 WHEELER AVE BRIDGEPORT CT 06606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$82.82</td></tr></table>	Total claim	\$82.82	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$82.82</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$82.82	Nonpriority amount	\$0.00
Total claim										
\$82.82										
Priority amount										
\$82.82										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6081.	Priority creditor's name and mailing address SCRUGGS, ANA J 32571 ROTHENBERG DR TEMECULA CA 92592 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$336.72</td> </tr> </table>	Total claim	\$336.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$336.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$336.72	Nonpriority amount	\$0.00
Total claim										
\$336.72										
Priority amount										
\$336.72										
Nonpriority amount										
\$0.00										
2.6082.	Priority creditor's name and mailing address SCUDERI, JESSICA 525 NW PINESAP PL JENSEN BEACH FL 34957 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$606.92</td> </tr> </table>	Total claim	\$606.92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$606.92</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$606.92	Nonpriority amount	\$0.00
Total claim										
\$606.92										
Priority amount										
\$606.92										
Nonpriority amount										
\$0.00										
2.6083.	Priority creditor's name and mailing address SCURRY, SAMANTHA 191 CARLTON DR EAST SHIRLEY NY 11967 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,995.97</td> </tr> </table>	Total claim	\$1,995.97	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,995.97</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,995.97	Nonpriority amount	\$0.00
Total claim										
\$1,995.97										
Priority amount										
\$1,995.97										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6084.	Priority creditor's name and mailing address SCUTT, HALEIGH 21581 WEST 215TH ST SPRING HILL KS 66083 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$117.45</td></tr></table>	Total claim	\$117.45	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$117.45</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$117.45	Nonpriority amount	\$0.00
Total claim										
\$117.45										
Priority amount										
\$117.45										
Nonpriority amount										
\$0.00										
2.6085.	Priority creditor's name and mailing address SCYOC, KAYLA M 435 ERIE COURT SHELBYVILLE KY 40065 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$344.52</td></tr></table>	Total claim	\$344.52	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$344.52</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$344.52	Nonpriority amount	\$0.00
Total claim										
\$344.52										
Priority amount										
\$344.52										
Nonpriority amount										
\$0.00										
2.6086.	Priority creditor's name and mailing address SEAGO, KATHRYN 325 OSTEMO PL. SOUTH BEND IN 46617 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$70.20</td></tr></table>	Total claim	\$70.20	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$70.20</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$70.20	Nonpriority amount	\$0.00
Total claim										
\$70.20										
Priority amount										
\$70.20										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6087.	Priority creditor's name and mailing address SEALEY, DIAMOND L 130-17 225TH ST NEW YORK NY 11413 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$147.60</td> </tr> </table>	Total claim	\$147.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$147.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$147.60	Nonpriority amount	\$0.00
Total claim										
\$147.60										
Priority amount										
\$147.60										
Nonpriority amount										
\$0.00										
2.6088.	Priority creditor's name and mailing address SEALS, COURTNEY B 7440 NEW VISTA DR ASHLAND KY 41102 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$200.46</td> </tr> </table>	Total claim	\$200.46	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$200.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$200.46	Nonpriority amount	\$0.00
Total claim										
\$200.46										
Priority amount										
\$200.46										
Nonpriority amount										
\$0.00										
2.6089.	Priority creditor's name and mailing address SEALS, KYLIE M 4143 YOSEMITE BLVD SPC D2 MODESTO CA 95357 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$70.20</td> </tr> </table>	Total claim	\$70.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$70.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$70.20	Nonpriority amount	\$0.00
Total claim										
\$70.20										
Priority amount										
\$70.20										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6090.	Priority creditor's name and mailing address SEARCY, KRISTEN L 36811 THINBARK WAYNE MI 48184-2424 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,090.58</td> </tr> </table>	Total claim	\$3,090.58	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,090.58</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,090.58	Nonpriority amount	\$0.00
Total claim										
\$3,090.58										
Priority amount										
\$3,090.58										
Nonpriority amount										
\$0.00										
2.6091.	Priority creditor's name and mailing address SEBASTIAN, HENNESSY M 487 DEBORAH DRIVE UTICA NY 13502 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$690.96</td> </tr> </table>	Total claim	\$690.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$690.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$690.96	Nonpriority amount	\$0.00
Total claim										
\$690.96										
Priority amount										
\$690.96										
Nonpriority amount										
\$0.00										
2.6092.	Priority creditor's name and mailing address SECLETER, JULIA B 1950 42ND WAY NORTH ST PETERSBURG FL 33713 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$234.34</td> </tr> </table>	Total claim	\$234.34	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$234.34</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$234.34	Nonpriority amount	\$0.00
Total claim										
\$234.34										
Priority amount										
\$234.34										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6093.	Priority creditor's name and mailing address SEDA, CARMEN I 53 KNIGHT ST 53 CENTRAL FALLS RI 02863 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$54.96</td> </tr> </table>	Total claim	\$54.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$54.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$54.96	Nonpriority amount	\$0.00
Total claim										
\$54.96										
Priority amount										
\$54.96										
Nonpriority amount										
\$0.00										
2.6094.	Priority creditor's name and mailing address SEDIVY, KELLEY D 5 VILLA GARDENS COURT ROSEVILLE CA 95678 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$112.56</td> </tr> </table>	Total claim	\$112.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$112.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$112.56	Nonpriority amount	\$0.00
Total claim										
\$112.56										
Priority amount										
\$112.56										
Nonpriority amount										
\$0.00										
2.6095.	Priority creditor's name and mailing address SEEL, ANNIE M 4249 SE WISCONSIN TOPEKA KS 66609 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$96.14</td> </tr> </table>	Total claim	\$96.14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$96.14</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$96.14	Nonpriority amount	\$0.00
Total claim										
\$96.14										
Priority amount										
\$96.14										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6096. Priority creditor's name and mailing address SEELEY, HANNAH P 1425 W ARROWHEAD ROAD DULUTH MN 55811 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$311.43	Priority amount \$311.43 Nonpriority amount \$0.00
2.6097. Priority creditor's name and mailing address SEGOBIA, ANNALYSE L 1935 WYOMING AVE. LAS CRUCES NM 88001 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$74.24	Priority amount \$74.24 Nonpriority amount \$0.00
2.6098. Priority creditor's name and mailing address SEGUNDO, JATZIRI M 2762 SCOTLAND DR COLUMBUS IN 47203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$124.40	Priority amount \$124.40 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6099.	Priority creditor's name and mailing address SEGURA, BIANCA V 2307 OAK BEACH BLVD SEBRING FL 33875 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,498.16</td> </tr> </table>	Total claim	\$1,498.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,498.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,498.16	Nonpriority amount	\$0.00
Total claim										
\$1,498.16										
Priority amount										
\$1,498.16										
Nonpriority amount										
\$0.00										
2.6100.	Priority creditor's name and mailing address SEIBEL, SAMANTHA 2533 ALDRINGHAM ROAD TOLEDO OH 43606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$637.89</td> </tr> </table>	Total claim	\$637.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$637.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$637.89	Nonpriority amount	\$0.00
Total claim										
\$637.89										
Priority amount										
\$637.89										
Nonpriority amount										
\$0.00										
2.6101.	Priority creditor's name and mailing address SEIBOLD, CHRISTINE S 2759 RANCH ROAD 32 BLANCO TX 78606-4704 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$6,254.07</td> </tr> </table>	Total claim	\$6,254.07	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$6,254.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$6,254.07	Nonpriority amount	\$0.00
Total claim										
\$6,254.07										
Priority amount										
\$6,254.07										
Nonpriority amount										
\$0.00										

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2.6102.	Priority creditor's name and mailing address SEILER, DANIELLE A 210 BOLIVAR DR YORKTOWN VA 23692-4917 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,594.52</td> </tr> </table>	Total claim	\$2,594.52	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,594.52</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,594.52	Nonpriority amount	\$0.00
Total claim										
\$2,594.52										
Priority amount										
\$2,594.52										
Nonpriority amount										
\$0.00										
2.6103.	Priority creditor's name and mailing address SEIVWRIGHT, AFRICA 1685 WEDEKIND ROAD APT F APT F RENO NV 89512 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$8.91</td> </tr> </table>	Total claim	\$8.91	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$8.91</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$8.91	Nonpriority amount	\$0.00
Total claim										
\$8.91										
Priority amount										
\$8.91										
Nonpriority amount										
\$0.00										
2.6104.	Priority creditor's name and mailing address SEKANDER, DUNIA 397 TYRONE STREET EL CAJON CA 92020 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$29.64</td> </tr> </table>	Total claim	\$29.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$29.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$29.64	Nonpriority amount	\$0.00
Total claim										
\$29.64										
Priority amount										
\$29.64										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6105. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
SELA, - BUDI JULIE A 10581 GREENWOOD ROAD GLEN ALLEN VA 23059		\$184.56	\$184.56
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.6106. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
SELLERS, ASPEN N 1824 W DONALD CIR BOISE ID 83706		\$494.90	\$494.90
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.6107. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
SELVEY, KAYLYNN N 415 4TH STREET NEW CUMBERLAND PA 17070		\$111.29	\$111.29
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6108.	Priority creditor's name and mailing address SEMAS, JOCELYN M 795 AUBURN ST BRIDGEWATER MA 02324 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$659.40</td> </tr> </table>	Total claim	\$659.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$659.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$659.40	Nonpriority amount	\$0.00
Total claim										
\$659.40										
Priority amount										
\$659.40										
Nonpriority amount										
\$0.00										
2.6109.	Priority creditor's name and mailing address SEMIDEY, JESSICA 12 EDDY ST CUMBERLAND RI 02864-7809 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,680.60</td> </tr> </table>	Total claim	\$3,680.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,680.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$3,680.60	Nonpriority amount	\$0.00
Total claim										
\$3,680.60										
Priority amount										
\$3,680.60										
Nonpriority amount										
\$0.00										
2.6110.	Priority creditor's name and mailing address SEMUHUNGU, AMADORE 51142 BRIDLEWOOD CIRCLE GRANGER IN 46530 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$193.09</td> </tr> </table>	Total claim	\$193.09	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$193.09</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$193.09	Nonpriority amount	\$0.00
Total claim										
\$193.09										
Priority amount										
\$193.09										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6111. Priority creditor's name and mailing address SENAKIT, KAMPAN 103 FIVE ISLAND BLVD #103 PANAMA CITY BEACH FL 32407 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$181.53	Priority amount \$181.53 Nonpriority amount \$0.00
2.6112. Priority creditor's name and mailing address SENEWIRATNE, YASARA 4214 BRITTANY DRIVE ELLICOTT CITY MD 21043 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$135.34	Priority amount \$135.34 Nonpriority amount \$0.00
2.6113. Priority creditor's name and mailing address SERBIAN, BAYLEE C 3314 VINA COURT NORTH LAS VEGAS NV 89032 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$102.71	Priority amount \$102.71 Nonpriority amount \$0.00

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2.6114. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
SERGIO, CHRISTIAN E CN28 CALLE 153 CALLE 153 CN28 CAROLINA PR 00983-2043		\$102.81	\$102.81
Date or dates debt was incurred	Basis for the claim:		Nonpriority amount
_____	WAGES & PTO		\$0.00
Last 4 digits of account number:	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ No ☐ Yes		

2.6115. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
SERINO, MARIA J 2800 TURNER RD #40 SAN BENITO TX 78586		\$141.52	\$141.52
Date or dates debt was incurred	Basis for the claim:		Nonpriority amount
_____	WAGES & PTO		\$0.00
Last 4 digits of account number:	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ No ☐ Yes		

2.6116. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
SERNA, ISABELLA L 2735 23RD STREET WEST BRADENTON FL 34205		\$192.74	\$192.74
Date or dates debt was incurred	Basis for the claim:		Nonpriority amount
_____	WAGES & PTO		\$0.00
Last 4 digits of account number:	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6117. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
SERNA, VICTORIA A 1223 W CAMILE ST SANTA ANA CA 92703		\$663.44	\$663.44
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.6118. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
SERRANO, ANGELICA M 2329 W 66TH PLACE HIALEAH FL 33016		\$561.66	\$561.66
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.6119. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
SERRANO, GUADALUPE 220 LONE TREE RD HOLLISTER CA 95023		\$108.48	\$108.48
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6120.	Priority creditor's name and mailing address SERRAON, IDA LOUISSE 200 DEERPATH RD. HICKORY CREEK TX 75065 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$94.81</td> </tr> </table>	Total claim	\$94.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$94.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$94.81	Nonpriority amount	\$0.00
Total claim										
\$94.81										
Priority amount										
\$94.81										
Nonpriority amount										
\$0.00										
2.6121.	Priority creditor's name and mailing address SERRATO, KARLA 726 CYPRESS AVE FRESNO TX 77545-8474 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,030.72</td> </tr> </table>	Total claim	\$3,030.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,030.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$3,030.72	Nonpriority amount	\$0.00
Total claim										
\$3,030.72										
Priority amount										
\$3,030.72										
Nonpriority amount										
\$0.00										
2.6122.	Priority creditor's name and mailing address SERRATOS, TERESA J 3929 REED ST. #1 BOISE ID 83705 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$57.42</td> </tr> </table>	Total claim	\$57.42	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$57.42</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$57.42	Nonpriority amount	\$0.00
Total claim										
\$57.42										
Priority amount										
\$57.42										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6123. Priority creditor's name and mailing address SERRITOS, ELIZABETH A 10320 CENTRAL AVE UNIT 307 OAK LAWN IL 60453 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$1,610.40</td> </tr> </table>	Total claim	\$1,610.40	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$1,610.40</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$1,610.40	Nonpriority amount	\$0.00
Total claim									
\$1,610.40									
Priority amount									
\$1,610.40									
Nonpriority amount									
\$0.00									
2.6124. Priority creditor's name and mailing address SERVELLON, KATYA Y 3101 DULWICH DR NORTH CHESTERFIELD VA 23234-3809 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$2,811.73</td> </tr> </table>	Total claim	\$2,811.73	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$2,811.73</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$2,811.73	Nonpriority amount	\$0.00
Total claim									
\$2,811.73									
Priority amount									
\$2,811.73									
Nonpriority amount									
\$0.00									
2.6125. Priority creditor's name and mailing address SETLAK-ANASTOS, LESLIE S 4204 E. CHAPAROSA WAY CAVE CREEK AZ 85331 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$436.39</td> </tr> </table>	Total claim	\$436.39	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$436.39</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$436.39	Nonpriority amount	\$0.00
Total claim									
\$436.39									
Priority amount									
\$436.39									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6126.	Priority creditor's name and mailing address SEVERINO, SOHEILA C 2921 BERKLEY ST CAMDEN NJ 08105 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$166.38</td> </tr> </table>	Total claim	\$166.38	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$166.38</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$166.38	Nonpriority amount	\$0.00
Total claim										
\$166.38										
Priority amount										
\$166.38										
Nonpriority amount										
\$0.00										
2.6127.	Priority creditor's name and mailing address SEYMORE, JASMINE A 2772 N. 60TH ST. MILWAUKEE WI 53210 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$89.31</td> </tr> </table>	Total claim	\$89.31	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$89.31</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$89.31	Nonpriority amount	\$0.00
Total claim										
\$89.31										
Priority amount										
\$89.31										
Nonpriority amount										
\$0.00										
2.6128.	Priority creditor's name and mailing address SHABAN, ONSHOUDA S 112 TUMBLEBROOK ROAD MERIDEN CT 06450 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$176.85</td> </tr> </table>	Total claim	\$176.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$176.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$176.85	Nonpriority amount	\$0.00
Total claim										
\$176.85										
Priority amount										
\$176.85										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6129.	Priority creditor's name and mailing address SHAFFER, CAMERON B 128 WINDING WAY COLUMBIA SC 29212 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$106.94</td> </tr> </table>	Total claim	\$106.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$106.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$106.94	Nonpriority amount	\$0.00
Total claim										
\$106.94										
Priority amount										
\$106.94										
Nonpriority amount										
\$0.00										
2.6130.	Priority creditor's name and mailing address SHAHID, JAVERIA 55 BURNET ST AVENEL NJ 07001-1724 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$114.61</td> </tr> </table>	Total claim	\$114.61	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$114.61</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$114.61	Nonpriority amount	\$0.00
Total claim										
\$114.61										
Priority amount										
\$114.61										
Nonpriority amount										
\$0.00										
2.6131.	Priority creditor's name and mailing address SHANAHAN, HALAYNEA R 2650 HORSESHOE TRAIL HASTINGS MI 49058 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$243.44</td> </tr> </table>	Total claim	\$243.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$243.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$243.44	Nonpriority amount	\$0.00
Total claim										
\$243.44										
Priority amount										
\$243.44										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6132.	Priority creditor's name and mailing address SHANKS, MEAGHAN 1119 NEW BOSTON RD FALL RIVER MA 02720 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$95.76</td> </tr> </table>	Total claim	\$95.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$95.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$95.76	Nonpriority amount	\$0.00
Total claim										
\$95.76										
Priority amount										
\$95.76										
Nonpriority amount										
\$0.00										
2.6133.	Priority creditor's name and mailing address SHANNON, LEISA M 525 WEST 7TH STREET EDMOND OK 73003 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,135.06</td> </tr> </table>	Total claim	\$3,135.06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,135.06</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$3,135.06	Nonpriority amount	\$0.00
Total claim										
\$3,135.06										
Priority amount										
\$3,135.06										
Nonpriority amount										
\$0.00										
2.6134.	Priority creditor's name and mailing address SHARKEY, DEJA R 58 ANTHONY ST 1 EAST PROVIDENCE RI 02914 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$134.40</td> </tr> </table>	Total claim	\$134.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$134.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$134.40	Nonpriority amount	\$0.00
Total claim										
\$134.40										
Priority amount										
\$134.40										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6135. Priority creditor's name and mailing address SHARKEY, MARTINA 10831 REXDALE AVE PORT RICHEY FL 34668-2550 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$658.55	Priority amount \$658.55 Nonpriority amount \$0.00
2.6136. Priority creditor's name and mailing address SHARP, JORDAN L 334 DRAKE ST APT B JONESBORO AR 72401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$407.13	Priority amount \$407.13 Nonpriority amount \$0.00
2.6137. Priority creditor's name and mailing address SHARP, LAUREN N 1103 BILLY COVE POCAHONTAS AR 72455 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$114.24	Priority amount \$114.24 Nonpriority amount \$0.00

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2.6138. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
SHARP, TEZSANAE 28715 BAYBERRY CT W LIVONIA MI 48154		\$126.73	\$126.73
			Nonpriority amount
			\$0.00
Date or dates debt was incurred	Basis for the claim:		
_____	WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset?		
	☐ No		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ Yes		

2.6139. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
SHARRAI, ALISSANDRA 100 SW KNOX AVE TOPEKA KS 66606		\$57.33	\$57.33
			Nonpriority amount
			\$0.00
Date or dates debt was incurred	Basis for the claim:		
_____	WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset?		
	☐ No		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ Yes		

2.6140. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
SHAW, CENCIA K 125 AOLOA LOOP KAHULUI HI 96732		\$656.88	\$656.88
			Nonpriority amount
			\$0.00
Date or dates debt was incurred	Basis for the claim:		
_____	WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset?		
	☐ No		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6141.	Priority creditor's name and mailing address SHEA, MARY C 2301 SAINT BRIDES RD W CHESAPEAKE VA 23322 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$90.18</td> </tr> </table>	Total claim	\$90.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$90.18</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$90.18	Nonpriority amount	\$0.00
Total claim										
\$90.18										
Priority amount										
\$90.18										
Nonpriority amount										
\$0.00										
2.6142.	Priority creditor's name and mailing address SHEARON, JESSICA J 342 HARPER DR CLARKSVILLE TN 37043 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$35.65</td> </tr> </table>	Total claim	\$35.65	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$35.65</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$35.65	Nonpriority amount	\$0.00
Total claim										
\$35.65										
Priority amount										
\$35.65										
Nonpriority amount										
\$0.00										
2.6143.	Priority creditor's name and mailing address SHEFFIELD, ALICIA S 150 WESTPARK DRIVE APT 607 ATHENS GA 30606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,613.97</td> </tr> </table>	Total claim	\$2,613.97	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,613.97</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,613.97	Nonpriority amount	\$0.00
Total claim										
\$2,613.97										
Priority amount										
\$2,613.97										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6144. Priority creditor's name and mailing address SHEFFIELD, MIRIAM A 7214 W SANDRA TERRACE PEORIA AZ 85382 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$113.74	Priority amount \$113.74 Nonpriority amount \$0.00
2.6145. Priority creditor's name and mailing address SHEIKH, MARYAN Y 124 PATRICK ST SE 266 VIENNA VA 22180 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$210.41	Priority amount \$210.41 Nonpriority amount \$0.00
2.6146. Priority creditor's name and mailing address SHELL-YOUNG, JAIZAE L 343 AMHERST DRIVE SPARTANBURG SC 29306 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$104.59	Priority amount \$104.59 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6147. Priority creditor's name and mailing address SHELTMAN, CHELSEA 3255 GATEWAY STREET APT 237 SPRINGFIELD OR 97477 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$649.04	Priority amount \$649.04 Nonpriority amount \$0.00
2.6148. Priority creditor's name and mailing address SHELTON, CAITLIN 6451 BLUE LEAF LN JACKSONVILLE FL 32244 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$351.09	Priority amount \$351.09 Nonpriority amount \$0.00
2.6149. Priority creditor's name and mailing address SHEPARD, BROOKE 11755 NORBOURNE DR 1008 CINCINNATI OH 45240 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$143.04	Priority amount \$143.04 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6150. Priority creditor's name and mailing address SHEPHERD, STEPHANIE 3431 VICTORY PALM DRIVE EDGEWATER FL 32141 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,024.96</td> </tr> </table>	Total claim	\$3,024.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,024.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,024.96	Nonpriority amount	\$0.00
Total claim									
\$3,024.96									
Priority amount									
\$3,024.96									
Nonpriority amount									
\$0.00									
2.6151. Priority creditor's name and mailing address SHEPPARD, BERNICE C 607 GORDON ST. JEFFERSON GA 30549 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$325.16</td> </tr> </table>	Total claim	\$325.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$325.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$325.16	Nonpriority amount	\$0.00
Total claim									
\$325.16									
Priority amount									
\$325.16									
Nonpriority amount									
\$0.00									
2.6152. Priority creditor's name and mailing address SHEPPARD, GABRIELLA A 313 MEADOWS DRIVE GALLOWAY NJ 08205 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$245.06</td> </tr> </table>	Total claim	\$245.06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$245.06</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$245.06	Nonpriority amount	\$0.00
Total claim									
\$245.06									
Priority amount									
\$245.06									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6153. Priority creditor's name and mailing address SHERMAN, GLENN 262 EASTGATE DRIVE PMB #252 AIKEN SC 29803 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$9,298.03	Priority amount \$9,298.03 Nonpriority amount \$0.00
2.6154. Priority creditor's name and mailing address SHERMAN, QUANDRA L 7374 S. WILKESON STREET APT D TACOMA WA 98408 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$212.66	Priority amount \$212.66 Nonpriority amount \$0.00
2.6155. Priority creditor's name and mailing address SHERMAN, SOPHIA M 41 GREEN VILLAGE RD MADISON NJ 07940 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$145.59	Priority amount \$145.59 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6156.	Priority creditor's name and mailing address SHERMAN, ZOIE R 914 N TUCANA LANE GILBERT AZ 85234 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$141.90</td></tr></table>	Total claim	\$141.90	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$141.90</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$141.90	Nonpriority amount	\$0.00
Total claim										
\$141.90										
Priority amount										
\$141.90										
Nonpriority amount										
\$0.00										
2.6157.	Priority creditor's name and mailing address SHIELDS, CHAZNEY 2105 MESA VALLEY WAY 1310 AUSTELL GA 30106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$148.50</td></tr></table>	Total claim	\$148.50	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$148.50</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$148.50	Nonpriority amount	\$0.00
Total claim										
\$148.50										
Priority amount										
\$148.50										
Nonpriority amount										
\$0.00										
2.6158.	Priority creditor's name and mailing address SHIELDS, JUSTYN D 8536 MAURER ROAD 115 LENEXA KS 66219 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$259.62</td></tr></table>	Total claim	\$259.62	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$259.62</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$259.62	Nonpriority amount	\$0.00
Total claim										
\$259.62										
Priority amount										
\$259.62										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6159.	Priority creditor's name and mailing address SHIER, MEGAN S 63 ADAMS LAKE DR APT 5 WATERFORD MI 48328 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,743.71</td> </tr> </table>	Total claim	\$3,743.71	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,743.71</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$3,743.71	Nonpriority amount	\$0.00
Total claim										
\$3,743.71										
Priority amount										
\$3,743.71										
Nonpriority amount										
\$0.00										
2.6160.	Priority creditor's name and mailing address SHIMABUKU, SHANTEL 94-824 LUMIAU AU ST APT V102 WAIPAHU HI 96797-4851 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,408.22</td> </tr> </table>	Total claim	\$2,408.22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,408.22</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,408.22	Nonpriority amount	\$0.00
Total claim										
\$2,408.22										
Priority amount										
\$2,408.22										
Nonpriority amount										
\$0.00										
2.6161.	Priority creditor's name and mailing address SHIRTLIFF, JAMI R 3915 ROBIN AVE EUGENE OR 97402-6303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,148.60</td> </tr> </table>	Total claim	\$2,148.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,148.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,148.60	Nonpriority amount	\$0.00
Total claim										
\$2,148.60										
Priority amount										
\$2,148.60										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6162.	Priority creditor's name and mailing address SHIVELY, CARLISHIA 234 STATE ST APT 607 DETROIT MI 48226 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$192.53</td> </tr> </table>	Total claim	\$192.53	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$192.53</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$192.53	Nonpriority amount	\$0.00
Total claim										
\$192.53										
Priority amount										
\$192.53										
Nonpriority amount										
\$0.00										
2.6163.	Priority creditor's name and mailing address SHOE, RAEGAN 2306 BROOKHOLLOW TERRACE GEORGETOWN TX 78626 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$170.96</td> </tr> </table>	Total claim	\$170.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$170.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$170.96	Nonpriority amount	\$0.00
Total claim										
\$170.96										
Priority amount										
\$170.96										
Nonpriority amount										
\$0.00										
2.6164.	Priority creditor's name and mailing address SHOEMAKER, SARAH M 1663 MORNINGSIDE DR. SE GRAND RAPIDS MI 49506 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$406.35</td> </tr> </table>	Total claim	\$406.35	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$406.35</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$406.35	Nonpriority amount	\$0.00
Total claim										
\$406.35										
Priority amount										
\$406.35										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6165. Priority creditor's name and mailing address SHOFROTH, TRINA R 6866 VAN BUREN PL. MERRILLVILLE IN 46410 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,384.65	Priority amount \$1,384.65 Nonpriority amount \$0.00
2.6166. Priority creditor's name and mailing address SHOOP, HANNAH E 10 NW MARKET STREET APT B LEE'S SUMMIT MO 64063 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$152.69	Priority amount \$152.69 Nonpriority amount \$0.00
2.6167. Priority creditor's name and mailing address SHORT, JASMINE A 23812 SPRINGS COURT BUILDING 4 AP PLAINFIELD IL 60585 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,145.95	Priority amount \$1,145.95 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6168. Priority creditor's name and mailing address SHORT, MARY-MARGARET L 2017 JESSICA WAY NAVARRE FL 32566-2947 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,753.60	Priority amount \$3,753.60 Nonpriority amount \$0.00
2.6169. Priority creditor's name and mailing address SHORT, SYDNEY 106 CHELSEY ST SCOTT CITY MO 63780-1564 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$83.24	Priority amount \$83.24 Nonpriority amount \$0.00
2.6170. Priority creditor's name and mailing address SHORTAL, ASHLEY L 12589 AGATITE RD JACKSONVILLE FL 32258 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,970.73	Priority amount \$1,970.73 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6171. Priority creditor's name and mailing address SHORTS, ALEXANDRIA C 7145 FOUNDERS CLUB CT CHARLOTTE NC 28269 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$137.59	Priority amount \$137.59 Nonpriority amount \$0.00
2.6172. Priority creditor's name and mailing address SHOSHOO, SKYLAR A 1128 S WHIPPOORWILL LN MADISON 211 PALATINE IL 60067 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$246.68	Priority amount \$246.68 Nonpriority amount \$0.00
2.6173. Priority creditor's name and mailing address SHOTWELL, KAREN 9889 CYPRESSWOOD DR #9210 HOUSOTN TX 77070 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$777.27	Priority amount \$777.27 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6174. Priority creditor's name and mailing address SHOWALTER, APRIL R 640 FRANK GRIFFIN AVE PLANT CITY FL 33565 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$407.88	Priority amount \$407.88 Nonpriority amount \$0.00
2.6175. Priority creditor's name and mailing address SHUFORD, DAJANA L 1205 STEPHEN DRIVE 2 PANAMA CITY FL 32405 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$50.75	Priority amount \$50.75 Nonpriority amount \$0.00
2.6176. Priority creditor's name and mailing address SHUMPERT, GABRIELLE 2751 BEASLEY DRIVE TUPELO MS 38801 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$103.26	Priority amount \$103.26 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6177. Priority creditor's name and mailing address SHUMWAY, AUBREY 1150 S. CLARIZZ BLVD. #339 BLOOMINGTON IN 47401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$95.25</td> </tr> </table>	Total claim	\$95.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$95.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$95.25	Nonpriority amount	\$0.00
Total claim									
\$95.25									
Priority amount									
\$95.25									
Nonpriority amount									
\$0.00									
2.6178. Priority creditor's name and mailing address SIBBY, QUINCI 1760 W ROCKET DR TOLEDO OH 43606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$75.67</td> </tr> </table>	Total claim	\$75.67	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$75.67</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$75.67	Nonpriority amount	\$0.00
Total claim									
\$75.67									
Priority amount									
\$75.67									
Nonpriority amount									
\$0.00									
2.6179. Priority creditor's name and mailing address SIBRIAN, DIANA C 18621 MUSTARD SEED CT GERMANTOWN MD 20874 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$128.51</td> </tr> </table>	Total claim	\$128.51	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$128.51</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$128.51	Nonpriority amount	\$0.00
Total claim									
\$128.51									
Priority amount									
\$128.51									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6180.	Priority creditor's name and mailing address SICILIANO, NICOLE M 813 NORTH LAKE CLAIRE CIRCLE OVIEDO FL 32765 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$276.48</td> </tr> </table>	Total claim	\$276.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$276.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$276.48	Nonpriority amount	\$0.00
Total claim										
\$276.48										
Priority amount										
\$276.48										
Nonpriority amount										
\$0.00										
2.6181.	Priority creditor's name and mailing address SIDDEEQ, TATYANA D 1686 BALDWIN PARK DRIVE TALLAHASSEE FL 32304 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$383.78</td> </tr> </table>	Total claim	\$383.78	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$383.78</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$383.78	Nonpriority amount	\$0.00
Total claim										
\$383.78										
Priority amount										
\$383.78										
Nonpriority amount										
\$0.00										
2.6182.	Priority creditor's name and mailing address SIDHU, JASLEEN K 16491 UPPER PASTURE LATHROP CA 95330 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$133.80</td> </tr> </table>	Total claim	\$133.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$133.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$133.80	Nonpriority amount	\$0.00
Total claim										
\$133.80										
Priority amount										
\$133.80										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6183. Priority creditor's name and mailing address SIEBENALER, JESSICA L 1901 28TH RD. WAVERLY KS 66871 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$173.02	Priority amount \$173.02 Nonpriority amount \$0.00
2.6184. Priority creditor's name and mailing address SIEFKEN, AMY L 2327 S 142 CT BLDG 16 18 OMAHA NE 68144 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$299.67	Priority amount \$299.67 Nonpriority amount \$0.00
2.6185. Priority creditor's name and mailing address SIEGEL, CARLI J 1177 BERGMANN DR STILLWATER MN 55082 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$198.68	Priority amount \$198.68 Nonpriority amount \$0.00

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2.6186.	Priority creditor's name and mailing address SIEMENS, ERICA S P.O. BOX 6207 GOODYEAR AZ 85338 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$6,934.16</td> </tr> </table>	Total claim	\$6,934.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$6,934.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$6,934.16	Nonpriority amount	\$0.00
Total claim										
\$6,934.16										
Priority amount										
\$6,934.16										
Nonpriority amount										
\$0.00										
2.6187.	Priority creditor's name and mailing address SIERRA, EILEEMARYS 31 CALLE ROSA 31 CALLE ROSA CAROLINA PR 00979-7501 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$450.51</td> </tr> </table>	Total claim	\$450.51	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$450.51</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$450.51	Nonpriority amount	\$0.00
Total claim										
\$450.51										
Priority amount										
\$450.51										
Nonpriority amount										
\$0.00										
2.6188.	Priority creditor's name and mailing address SIFUENTES, TANYA M 6936 MARGUERITA AVE RIVERSIDE CA 92506 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$762.30</td> </tr> </table>	Total claim	\$762.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$762.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$762.30	Nonpriority amount	\$0.00
Total claim										
\$762.30										
Priority amount										
\$762.30										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6189.	Priority creditor's name and mailing address SIGETY, RACHEL M 2779 GLORIETTA DRIVE HOWELL MI 48843 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$157.14</td> </tr> </table>	Total claim	\$157.14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$157.14</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$157.14	Nonpriority amount	\$0.00
Total claim										
\$157.14										
Priority amount										
\$157.14										
Nonpriority amount										
\$0.00										
2.6190.	Priority creditor's name and mailing address SIGMUND, MORGAN N P.O. BOX 175 TROY MO 63379 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$49.19</td> </tr> </table>	Total claim	\$49.19	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$49.19</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$49.19	Nonpriority amount	\$0.00
Total claim										
\$49.19										
Priority amount										
\$49.19										
Nonpriority amount										
\$0.00										
2.6191.	Priority creditor's name and mailing address SIGUENZA, TIFFANY L 5 ELWELL PL DANBURY CT 06810 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$278.16</td> </tr> </table>	Total claim	\$278.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$278.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$278.16	Nonpriority amount	\$0.00
Total claim										
\$278.16										
Priority amount										
\$278.16										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6192.	Priority creditor's name and mailing address SILENCIEUX, ASHIA 951 BEACON PKWY E. BIRMINGHAM AL 35209 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$4,128.96</td> </tr> </table>	Total claim	\$4,128.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$4,128.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$4,128.96	Nonpriority amount	\$0.00
Total claim										
\$4,128.96										
Priority amount										
\$4,128.96										
Nonpriority amount										
\$0.00										
2.6193.	Priority creditor's name and mailing address SILERIO, JENNIFER 4701 CRIMSON LEAF DR. LAS VEGAS NV 89130 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$179.84</td> </tr> </table>	Total claim	\$179.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$179.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$179.84	Nonpriority amount	\$0.00
Total claim										
\$179.84										
Priority amount										
\$179.84										
Nonpriority amount										
\$0.00										
2.6194.	Priority creditor's name and mailing address SILVA, DEBBIE 7614 HARBOR BEND CIR ORLANDO FL 32822 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$6,277.03</td> </tr> </table>	Total claim	\$6,277.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$6,277.03</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$6,277.03	Nonpriority amount	\$0.00
Total claim										
\$6,277.03										
Priority amount										
\$6,277.03										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6195.	Priority creditor's name and mailing address SILVA, KIMBERLY 24115 COTTONWOOD AVE #159 MORENO VALLEY CA 92553 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$114.00</td> </tr> </table>	Total claim	\$114.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$114.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$114.00	Nonpriority amount	\$0.00
Total claim										
\$114.00										
Priority amount										
\$114.00										
Nonpriority amount										
\$0.00										
2.6196.	Priority creditor's name and mailing address SILVA, SELENA M 2241 E. CALLE ARROYO LINDO TUCSON AZ 85706-3101 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$76.78</td> </tr> </table>	Total claim	\$76.78	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$76.78</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$76.78	Nonpriority amount	\$0.00
Total claim										
\$76.78										
Priority amount										
\$76.78										
Nonpriority amount										
\$0.00										
2.6197.	Priority creditor's name and mailing address SILVA, VANEZA E 1254 E FOX CHASE DR ROUND LAKE BEACH IL 60073 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$592.06</td> </tr> </table>	Total claim	\$592.06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$592.06</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$592.06	Nonpriority amount	\$0.00
Total claim										
\$592.06										
Priority amount										
\$592.06										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6198. Priority creditor's name and mailing address SILVA, XOCHILT G 796 MERCEDES PLACE TERRYTOWN LA 70056 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$568.80	Priority amount \$568.80 Nonpriority amount \$0.00
2.6199. Priority creditor's name and mailing address SIMISTER, BRITANIA P 103 OLD FORT RD ATHENS GA 30606-1435 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$114.30	Priority amount \$114.30 Nonpriority amount \$0.00
2.6200. Priority creditor's name and mailing address SIMMONS, DANIELLE D 264 MATTOX RD TUPELO MS 38801-9189 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$29.95	Priority amount \$29.95 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6201.	Priority creditor's name and mailing address SIMMONS, DANIELLE R 590 GOVERNOR TREUTLEN CIRCLE POOLER GA 31322 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$122.24</td></tr></table>	Total claim	\$122.24	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$122.24</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$122.24	Nonpriority amount	\$0.00
Total claim										
\$122.24										
Priority amount										
\$122.24										
Nonpriority amount										
\$0.00										
2.6202.	Priority creditor's name and mailing address SIMMONS, KA'RIAH P 2900 N. MENOMONEE RIVER PKWY MILWAUKEE WI 53222 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$36.38</td></tr></table>	Total claim	\$36.38	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$36.38</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$36.38	Nonpriority amount	\$0.00
Total claim										
\$36.38										
Priority amount										
\$36.38										
Nonpriority amount										
\$0.00										
2.6203.	Priority creditor's name and mailing address SIMMONS, KARINNA 1550 W PLANO PKWY APT # 2272 PLANO TX 75075 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$129.28</td></tr></table>	Total claim	\$129.28	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$129.28</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$129.28	Nonpriority amount	\$0.00
Total claim										
\$129.28										
Priority amount										
\$129.28										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6204. Priority creditor's name and mailing address SIMMONS, YAZMIN L 4775 38TH CIR VERO BEACH FL 32967 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$32.15</td> </tr> </table>	Total claim	\$32.15	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$32.15</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$32.15	Nonpriority amount	\$0.00
Total claim									
\$32.15									
Priority amount									
\$32.15									
Nonpriority amount									
\$0.00									
2.6205. Priority creditor's name and mailing address SIMMS, ANESIA B 2946 WASHINGTON BLVD INDIANAPOLIS IN 46208 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$320.03</td> </tr> </table>	Total claim	\$320.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$320.03</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$320.03	Nonpriority amount	\$0.00
Total claim									
\$320.03									
Priority amount									
\$320.03									
Nonpriority amount									
\$0.00									
2.6206. Priority creditor's name and mailing address SIMON, NICOLE D 1314 CHINOOK TRAIL 12 FRANKFORT KY 40601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$152.55</td> </tr> </table>	Total claim	\$152.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$152.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$152.55	Nonpriority amount	\$0.00
Total claim									
\$152.55									
Priority amount									
\$152.55									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6207. Priority creditor's name and mailing address SIMONS, TRICINA 92 38 175TH STREET 2A JAMAICA NY 11433 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$522.60</td> </tr> </table>	Total claim	\$522.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$522.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$522.60	Nonpriority amount	\$0.00
Total claim									
\$522.60									
Priority amount									
\$522.60									
Nonpriority amount									
\$0.00									
2.6208. Priority creditor's name and mailing address SIMPSON, ARIEL 2013 CASTLE DR. APT A GARLAND TX 75040 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$550.43</td> </tr> </table>	Total claim	\$550.43	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$550.43</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$550.43	Nonpriority amount	\$0.00
Total claim									
\$550.43									
Priority amount									
\$550.43									
Nonpriority amount									
\$0.00									
2.6209. Priority creditor's name and mailing address SIMPSON, BRIA 1436 E LAKEVIEW DR APT 301 JOHNSON CITY TN 37601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$534.33</td> </tr> </table>	Total claim	\$534.33	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$534.33</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$534.33	Nonpriority amount	\$0.00
Total claim									
\$534.33									
Priority amount									
\$534.33									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6210.	Priority creditor's name and mailing address SIMPSON, BRIANA 1415 FOX SEDGE TRAIL WOODSTOCK IL 60098 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$443.11</td> </tr> </table>	Total claim	\$443.11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$443.11</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$443.11	Nonpriority amount	\$0.00
Total claim										
\$443.11										
Priority amount										
\$443.11										
Nonpriority amount										
\$0.00										
2.6211.	Priority creditor's name and mailing address SIMS, ALLISON R 2213 CAMPUS VILLAGE AVE. SAGINAW MI 48604 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$76.31</td> </tr> </table>	Total claim	\$76.31	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$76.31</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$76.31	Nonpriority amount	\$0.00
Total claim										
\$76.31										
Priority amount										
\$76.31										
Nonpriority amount										
\$0.00										
2.6212.	Priority creditor's name and mailing address SIMS, JAYLA 8144 MEADOW VALE DR MEMPHIS TN 38125-3209 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$331.38</td> </tr> </table>	Total claim	\$331.38	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$331.38</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$331.38	Nonpriority amount	\$0.00
Total claim										
\$331.38										
Priority amount										
\$331.38										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6213. Priority creditor's name and mailing address SIMS, RUTH 3202 S MASON AVENUE J105 TACOMA WA 98409 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$188.09	Priority amount \$188.09 Nonpriority amount \$0.00
2.6214. Priority creditor's name and mailing address SIMS, SAQUOIA M PO BOX 92 LOCUST GROVE GA 30248 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$69.45	Priority amount \$69.45 Nonpriority amount \$0.00
2.6215. Priority creditor's name and mailing address SINAMBAN, TRISHA 6040 LAMBERT BRIDGE AVE. LAS VEGAS NV 89139 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$24.92	Priority amount \$24.92 Nonpriority amount \$0.00

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2.6216. Priority creditor's name and mailing address SING, JONTE P 46-271 KAHUHIPA STREET E106 KANEOHE HI 96744 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$114.95	Priority amount \$114.95 Nonpriority amount \$0.00
2.6217. Priority creditor's name and mailing address SINGAL, SONALI 9 HICKORY LANE NORTH BRUNSWICK NJ 08902 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$173.02	Priority amount \$173.02 Nonpriority amount \$0.00
2.6218. Priority creditor's name and mailing address SINGH, JASMINE 1635 SHERBOURNE RD VALLEY STREAM NY 11580 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$627.66	Priority amount \$627.66 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6219.	Priority creditor's name and mailing address SINGLETARY, MALIK T 32 LATTIMORE RD CAMERON NC 28326 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$119.27</td></tr></table>	Total claim	\$119.27	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$119.27</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$119.27	Nonpriority amount	\$0.00
Total claim										
\$119.27										
Priority amount										
\$119.27										
Nonpriority amount										
\$0.00										
2.6220.	Priority creditor's name and mailing address SINIO, AIKO K 3358 LEGACY DRIVE LOCKPORT IL 60441 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$168.05</td></tr></table>	Total claim	\$168.05	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$168.05</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$168.05	Nonpriority amount	\$0.00
Total claim										
\$168.05										
Priority amount										
\$168.05										
Nonpriority amount										
\$0.00										
2.6221.	Priority creditor's name and mailing address SINKER, ALYSSA A 1 FAIRVIEW AVE APT. 6 YORKVILLE NY 13495-1744 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$1,497.15</td></tr></table>	Total claim	\$1,497.15	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$1,497.15</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,497.15	Nonpriority amount	\$0.00
Total claim										
\$1,497.15										
Priority amount										
\$1,497.15										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6222.	Priority creditor's name and mailing address SINOHUE, ALLIE R 15251 SENECA RD 7 VICTORVILLE CA 92392 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$69.60</td> </tr> </table>	Total claim	\$69.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$69.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$69.60	Nonpriority amount	\$0.00
Total claim										
\$69.60										
Priority amount										
\$69.60										
Nonpriority amount										
\$0.00										
2.6223.	Priority creditor's name and mailing address SINOTO, ITZEL A 7221 WESTBROOK AVE LAS VEGAS NV 89147 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$150.97</td> </tr> </table>	Total claim	\$150.97	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$150.97</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$150.97	Nonpriority amount	\$0.00
Total claim										
\$150.97										
Priority amount										
\$150.97										
Nonpriority amount										
\$0.00										
2.6224.	Priority creditor's name and mailing address SIRAKIS, TARA 1868 COVER DRIVE POLAND OH 44514 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$340.14</td> </tr> </table>	Total claim	\$340.14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$340.14</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$340.14	Nonpriority amount	\$0.00
Total claim										
\$340.14										
Priority amount										
\$340.14										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6225. Priority creditor's name and mailing address SISON, JORDAN A 611 PETERSON FARM COURT RIVER VALE NJ 07675 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$184.26	Priority amount \$184.26 Nonpriority amount \$0.00
2.6226. Priority creditor's name and mailing address SITTON, KRYSTAL 24108 NEW MOUNTAIN RD ALDIE VA 20105 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$66.69	Priority amount \$66.69 Nonpriority amount \$0.00
2.6227. Priority creditor's name and mailing address SIVAR, SUSAN 10053 BENGAL FOX DR JACKSONVILLE FL 32222 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,544.06	Priority amount \$2,544.06 Nonpriority amount \$0.00

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2.6228.	Priority creditor's name and mailing address SIXTOS, JOCELYN 4451 S RICHMOND CHICAGO IL 60632 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$143.99</td> </tr> </table>	Total claim	\$143.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$143.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$143.99	Nonpriority amount	\$0.00
Total claim										
\$143.99										
Priority amount										
\$143.99										
Nonpriority amount										
\$0.00										
2.6229.	Priority creditor's name and mailing address SKAGGS, KYNDALL 9722 CEDARDALE DRIVE HOUSTON TX 77055 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$30.64</td> </tr> </table>	Total claim	\$30.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$30.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$30.64	Nonpriority amount	\$0.00
Total claim										
\$30.64										
Priority amount										
\$30.64										
Nonpriority amount										
\$0.00										
2.6230.	Priority creditor's name and mailing address SKANE, PAIGE T 13 PRESCOTT ST EVERETT MA 02149 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$87.12</td> </tr> </table>	Total claim	\$87.12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$87.12</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$87.12	Nonpriority amount	\$0.00
Total claim										
\$87.12										
Priority amount										
\$87.12										
Nonpriority amount										
\$0.00										

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2.6231.	Priority creditor's name and mailing address SKARIE, JORDYN M 2106 ORMOND DRIVE SHAKOPEE MN 55379 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$71.38</td></tr></table>	Total claim	\$71.38	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$71.38</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$71.38	Nonpriority amount	\$0.00
Total claim										
\$71.38										
Priority amount										
\$71.38										
Nonpriority amount										
\$0.00										
2.6232.	Priority creditor's name and mailing address SKELTON, BETHANY 305 PORTSIDE CIRCLE WEST MOBILE AL 36695 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$527.94</td></tr></table>	Total claim	\$527.94	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$527.94</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$527.94	Nonpriority amount	\$0.00
Total claim										
\$527.94										
Priority amount										
\$527.94										
Nonpriority amount										
\$0.00										
2.6233.	Priority creditor's name and mailing address SKENE, ALYSSA R 10897 48TH AVE G9 ALLENDALE MI 49401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$49.84</td></tr></table>	Total claim	\$49.84	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$49.84</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$49.84	Nonpriority amount	\$0.00
Total claim										
\$49.84										
Priority amount										
\$49.84										
Nonpriority amount										
\$0.00										

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2.6234. Priority creditor's name and mailing address SKIDMORE, MEGAN 323 S WITT ST WEST COLUMBIA SC 29169 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$4,239.85</td> </tr> </table>	Total claim	\$4,239.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$4,239.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$4,239.85	Nonpriority amount	\$0.00
Total claim									
\$4,239.85									
Priority amount									
\$4,239.85									
Nonpriority amount									
\$0.00									
2.6235. Priority creditor's name and mailing address SKIERESZ, TAYLOR A 6 BENTLEY CIRCLE LANCASTER NY 14086 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$170.06</td> </tr> </table>	Total claim	\$170.06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$170.06</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$170.06	Nonpriority amount	\$0.00
Total claim									
\$170.06									
Priority amount									
\$170.06									
Nonpriority amount									
\$0.00									
2.6236. Priority creditor's name and mailing address SKINNER, AYANNA L 1955 UNION PLACE APT. B25 COLUMBIA TN 38401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$236.56</td> </tr> </table>	Total claim	\$236.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$236.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$236.56	Nonpriority amount	\$0.00
Total claim									
\$236.56									
Priority amount									
\$236.56									
Nonpriority amount									
\$0.00									

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2.6237. Priority creditor's name and mailing address SKRINE, JAMAYA T 6041 AMBASSADOR DRIVE MCDONOUGH GA 30253 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$143.04	Priority amount \$143.04 Nonpriority amount \$0.00
2.6238. Priority creditor's name and mailing address SLABONIK, NICOLE K 97 ROSE OF SHARON DRIVE ETTERS PA 17319 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$158.56	Priority amount \$158.56 Nonpriority amount \$0.00
2.6239. Priority creditor's name and mailing address SLAGHT, EMILEE M 123 4TH AVE W 327 OLYMPIA WA 98501 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$175.08	Priority amount \$175.08 Nonpriority amount \$0.00

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2.6240.	Priority creditor's name and mailing address SLATER, BRIANCA D 1165 JACKSON STREET SAINT CHARLES MO 63301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$844.82</td> </tr> </table>	Total claim	\$844.82	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$844.82</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$844.82	Nonpriority amount	\$0.00
Total claim										
\$844.82										
Priority amount										
\$844.82										
Nonpriority amount										
\$0.00										
2.6241.	Priority creditor's name and mailing address SLEBODNIK, MADELEINE E 32117 DOVER AVE GARDEN CITY MI 48135 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$608.79</td> </tr> </table>	Total claim	\$608.79	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$608.79</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$608.79	Nonpriority amount	\$0.00
Total claim										
\$608.79										
Priority amount										
\$608.79										
Nonpriority amount										
\$0.00										
2.6242.	Priority creditor's name and mailing address SLOAN, TAMIKA A 1533 WEST BUTLER ST PHILADELPHIA PA 19140 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,409.77</td> </tr> </table>	Total claim	\$2,409.77	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,409.77</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,409.77	Nonpriority amount	\$0.00
Total claim										
\$2,409.77										
Priority amount										
\$2,409.77										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6243. Priority creditor's name and mailing address SLOAN, TAYLOR 1100 PHILADELPHIA AVE. UPSTAIRS OCEAN CITY MD 21842 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$75.04	Priority amount \$75.04 Nonpriority amount \$0.00
2.6244. Priority creditor's name and mailing address SLOAN, TIANA L 6255 PANTHER PEAK SAN ANTONIO TX 78247 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$586.08	Priority amount \$586.08 Nonpriority amount \$0.00
2.6245. Priority creditor's name and mailing address SLOANS, KADIJA D 5903 NORTH 74TH STREET MILWAUKEE WI 53218 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$683.65	Priority amount \$683.65 Nonpriority amount \$0.00

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2.6246. Priority creditor's name and mailing address SLOWTALKER, BIONTE A 820 1/2 S. FLOWER ST. INGLEWOOD CA 90301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$98.76</td> </tr> </table>	Total claim	\$98.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$98.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$98.76	Nonpriority amount	\$0.00
Total claim									
\$98.76									
Priority amount									
\$98.76									
Nonpriority amount									
\$0.00									
2.6247. Priority creditor's name and mailing address SMALL, SAPRINA L 106 VINEWOOD CIRCLE TUPELO MS 38801 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$57.25</td> </tr> </table>	Total claim	\$57.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$57.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$57.25	Nonpriority amount	\$0.00
Total claim									
\$57.25									
Priority amount									
\$57.25									
Nonpriority amount									
\$0.00									
2.6248. Priority creditor's name and mailing address SMALLEY, MADISON N 3455 S. KINGS AVENUE SPRINGFIELD MO 65807 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$94.17</td> </tr> </table>	Total claim	\$94.17	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$94.17</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$94.17	Nonpriority amount	\$0.00
Total claim									
\$94.17									
Priority amount									
\$94.17									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6249.	Priority creditor's name and mailing address SMALLIE, YAMINAH 5905 AIRWAYS BLVD APT 401 SOUTHAVEN MS 38671 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$37.40</td> </tr> </table>	Total claim	\$37.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$37.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$37.40	Nonpriority amount	\$0.00
Total claim										
\$37.40										
Priority amount										
\$37.40										
Nonpriority amount										
\$0.00										
2.6250.	Priority creditor's name and mailing address SMALLMAN, STACY N 77 BOXWOOD DRIVE TRUMANN AR 72472 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$426.73</td> </tr> </table>	Total claim	\$426.73	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$426.73</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$426.73	Nonpriority amount	\$0.00
Total claim										
\$426.73										
Priority amount										
\$426.73										
Nonpriority amount										
\$0.00										
2.6251.	Priority creditor's name and mailing address SMALLS, VANESSA 504 BALLY BUNION LANE COLUMBIA SC 29229 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$90.27</td> </tr> </table>	Total claim	\$90.27	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$90.27</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$90.27	Nonpriority amount	\$0.00
Total claim										
\$90.27										
Priority amount										
\$90.27										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6252. Priority creditor's name and mailing address SMALLWOOD, NAILAH 80 E BEL AIR AVE APT A6 ABERDEEN MD 21001 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$92.20	Priority amount \$92.20 Nonpriority amount \$0.00
2.6253. Priority creditor's name and mailing address SMITH COUNTY TAX OFFICE PO BOX 2011 TYLER TX 75710 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$3,814.92	Priority amount \$3,814.92 Nonpriority amount \$0.00
2.6254. Priority creditor's name and mailing address SMITH, ADIA D 2119 LAUREL SPRINGS LN KINGWOOD TX 77339 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$637.36	Priority amount \$637.36 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6255.	Priority creditor's name and mailing address SMITH, ADRIENNE E 205 TOWNVIEW DRIVE WAPPINGERS FALLS NY 12590 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,171.70</td> </tr> </table>	Total claim	\$2,171.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,171.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,171.70	Nonpriority amount	\$0.00
Total claim										
\$2,171.70										
Priority amount										
\$2,171.70										
Nonpriority amount										
\$0.00										
2.6256.	Priority creditor's name and mailing address SMITH, ALEXIS 1409 SOUTHWOOD PLANTATION RD A TALLAHASSEE FL 32311 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$100.85</td> </tr> </table>	Total claim	\$100.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$100.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$100.85	Nonpriority amount	\$0.00
Total claim										
\$100.85										
Priority amount										
\$100.85										
Nonpriority amount										
\$0.00										
2.6257.	Priority creditor's name and mailing address SMITH, ALEXIS J 17 ISLAND DR POLAND OH 44514 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$142.36</td> </tr> </table>	Total claim	\$142.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$142.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$142.36	Nonpriority amount	\$0.00
Total claim										
\$142.36										
Priority amount										
\$142.36										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6258. Priority creditor's name and mailing address SMITH, ALEYA M 8256 N SUNSET RANCH LOOP TUCSON AZ 85743 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$103.40</td> </tr> </table>	Total claim	\$103.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$103.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$103.40	Nonpriority amount	\$0.00
Total claim									
\$103.40									
Priority amount									
\$103.40									
Nonpriority amount									
\$0.00									
2.6259. Priority creditor's name and mailing address SMITH, ALLISON M 319 E MARKET ST. 3RD FLR REAR YORK PA 17403 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$54.46</td> </tr> </table>	Total claim	\$54.46	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$54.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$54.46	Nonpriority amount	\$0.00
Total claim									
\$54.46									
Priority amount									
\$54.46									
Nonpriority amount									
\$0.00									
2.6260. Priority creditor's name and mailing address SMITH, ANGEL M 2815 W GLEN FLORA AVE APT 201 WAUKEGAN IL 60085 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$177.13</td> </tr> </table>	Total claim	\$177.13	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$177.13</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$177.13	Nonpriority amount	\$0.00
Total claim									
\$177.13									
Priority amount									
\$177.13									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6261.	Priority creditor's name and mailing address SMITH, ASHLEY M 219 FRANKFORD AVE BLACKWOOD NJ 08012 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$255.50</td> </tr> </table>	Total claim	\$255.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$255.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$255.50	Nonpriority amount	\$0.00
Total claim										
\$255.50										
Priority amount										
\$255.50										
Nonpriority amount										
\$0.00										
2.6262.	Priority creditor's name and mailing address SMITH, ASHLEY N 810 E. PEACH HAYSVILLE KS 67060 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,870.84</td> </tr> </table>	Total claim	\$3,870.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,870.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$3,870.84	Nonpriority amount	\$0.00
Total claim										
\$3,870.84										
Priority amount										
\$3,870.84										
Nonpriority amount										
\$0.00										
2.6263.	Priority creditor's name and mailing address SMITH, BREANNA N 1714 E KENSINGTON BLVD APT F SHOREWOOD WI 53211 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$29.99</td> </tr> </table>	Total claim	\$29.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$29.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$29.99	Nonpriority amount	\$0.00
Total claim										
\$29.99										
Priority amount										
\$29.99										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6264. Priority creditor's name and mailing address SMITH, BREANNA L 908 LINWOOD ST HYATTSVILLE MD 20783 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$47.78	Priority amount \$47.78 Nonpriority amount \$0.00
2.6265. Priority creditor's name and mailing address SMITH, BRITTANY S 300 S 8TH ST. MEBANE NC 27302 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,255.52	Priority amount \$1,255.52 Nonpriority amount \$0.00
2.6266. Priority creditor's name and mailing address SMITH, BROOKE D 506 NW FALK DRIVE LEES SUMMIT MO 64063 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,977.95	Priority amount \$1,977.95 Nonpriority amount \$0.00

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2.6267. Priority creditor's name and mailing address SMITH, COURTNEY MTSU BOX 9705 1301 EAST MAIN S MURFREESBORO TN 37132 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$490.90</td> <td style="text-align: center;">\$490.90</td> </tr> </table>	Total claim	Priority amount	\$490.90	\$490.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$490.90	\$490.90								
Nonpriority amount									
\$0.00									
2.6268. Priority creditor's name and mailing address SMITH, DEONDREYA 3905 LOST CREEK DRIVE PLANO TX 75074 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$55.04</td> <td style="text-align: center;">\$55.04</td> </tr> </table>	Total claim	Priority amount	\$55.04	\$55.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$55.04	\$55.04								
Nonpriority amount									
\$0.00									
2.6269. Priority creditor's name and mailing address SMITH, DHANIELLE S 147 CORY COURT AUBURNDALE FL 33823 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$110.83</td> <td style="text-align: center;">\$110.83</td> </tr> </table>	Total claim	Priority amount	\$110.83	\$110.83	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$110.83	\$110.83								
Nonpriority amount									
\$0.00									

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2.6270. Priority creditor's name and mailing address SMITH, ERICA N 2929 FIRE MOUNTAIN DR APT 46 OCEANSIDE CA 92054 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$2,100.29</td> </tr> </table>	Total claim	\$2,100.29	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$2,100.29</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$2,100.29	Nonpriority amount	\$0.00
Total claim									
\$2,100.29									
Priority amount									
\$2,100.29									
Nonpriority amount									
\$0.00									
2.6271. Priority creditor's name and mailing address SMITH, JAHMARA C 202 STATE STREET CAMDEN NJ 08102 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$70.10</td> </tr> </table>	Total claim	\$70.10	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$70.10</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$70.10	Nonpriority amount	\$0.00
Total claim									
\$70.10									
Priority amount									
\$70.10									
Nonpriority amount									
\$0.00									
2.6272. Priority creditor's name and mailing address SMITH, JAMILA E 1182 BROOKRIDGE TRCE FORT WALTON BEACH FL 32547 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$558.67</td> </tr> </table>	Total claim	\$558.67	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$558.67</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$558.67	Nonpriority amount	\$0.00
Total claim									
\$558.67									
Priority amount									
\$558.67									
Nonpriority amount									
\$0.00									

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2.6273. Priority creditor's name and mailing address SMITH, JANAYE R 5404 LOCKLEAR PL RIVERVIEW FL 33578 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$86.12</td> </tr> </table>	Total claim	\$86.12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$86.12</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$86.12	Nonpriority amount	\$0.00
Total claim									
\$86.12									
Priority amount									
\$86.12									
Nonpriority amount									
\$0.00									
2.6274. Priority creditor's name and mailing address SMITH, JANOAH A 201 SUDBROOK LANE PIKESVILLE MD 21208 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$86.86</td> </tr> </table>	Total claim	\$86.86	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$86.86</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$86.86	Nonpriority amount	\$0.00
Total claim									
\$86.86									
Priority amount									
\$86.86									
Nonpriority amount									
\$0.00									
2.6275. Priority creditor's name and mailing address SMITH, JANYA Z 481 CREEK HOLLOW WAY ATHENS GA 30601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$123.67</td> </tr> </table>	Total claim	\$123.67	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$123.67</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$123.67	Nonpriority amount	\$0.00
Total claim									
\$123.67									
Priority amount									
\$123.67									
Nonpriority amount									
\$0.00									

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2.6276. Priority creditor's name and mailing address SMITH, JENNA M 4 BEALL DR PAINESVILLE OH 44077 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$394.58	Priority amount \$394.58 Nonpriority amount \$0.00
2.6277. Priority creditor's name and mailing address SMITH, JESSICA D 2519 DOUBLETREE RD SPRING VALLEY CA 91978-1914 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,255.99	Priority amount \$3,255.99 Nonpriority amount \$0.00
2.6278. Priority creditor's name and mailing address SMITH, KADIJAH 7601 FOX DEN CRT CLINTON MD 20735 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$229.20	Priority amount \$229.20 Nonpriority amount \$0.00

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2.6279.	Priority creditor's name and mailing address SMITH, KALANI A 1406 GRANEX DR DR. KILLEEN TX 76542 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$77.20</td> </tr> </table>	Total claim	\$77.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$77.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$77.20	Nonpriority amount	\$0.00
Total claim										
\$77.20										
Priority amount										
\$77.20										
Nonpriority amount										
\$0.00										
2.6280.	Priority creditor's name and mailing address SMITH, KARDISHA R 4651 N 76TH STREET MILWAUKEE WI 53218 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$219.69</td> </tr> </table>	Total claim	\$219.69	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$219.69</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$219.69	Nonpriority amount	\$0.00
Total claim										
\$219.69										
Priority amount										
\$219.69										
Nonpriority amount										
\$0.00										
2.6281.	Priority creditor's name and mailing address SMITH, KATHLEEN E 207 CEDARHURST DRIVE CANTON GA 30115 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$39.47</td> </tr> </table>	Total claim	\$39.47	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$39.47</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$39.47	Nonpriority amount	\$0.00
Total claim										
\$39.47										
Priority amount										
\$39.47										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6282. Priority creditor's name and mailing address SMITH, KIAH N 2121 WINDY HILL RD APT 915 MARIETTA GA 30060 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$21.54</td> </tr> </table>	Total claim	\$21.54	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$21.54</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$21.54	Nonpriority amount	\$0.00
Total claim									
\$21.54									
Priority amount									
\$21.54									
Nonpriority amount									
\$0.00									
2.6283. Priority creditor's name and mailing address SMITH, KINLIE S P.O. BOX 538 PECULIAR MO 64078 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$33.80</td> </tr> </table>	Total claim	\$33.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$33.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$33.80	Nonpriority amount	\$0.00
Total claim									
\$33.80									
Priority amount									
\$33.80									
Nonpriority amount									
\$0.00									
2.6284. Priority creditor's name and mailing address SMITH, LAUREN 1211 S LEXINGTON STREET HOLDEN MO 64040 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$432.90</td> </tr> </table>	Total claim	\$432.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$432.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$432.90	Nonpriority amount	\$0.00
Total claim									
\$432.90									
Priority amount									
\$432.90									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6285.	Priority creditor's name and mailing address SMITH, LORIANNA N 8260 CRAIN HWY LA PLATA MD 20646 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$50.80</td></tr></table>	Total claim	\$50.80	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$50.80</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$50.80	Nonpriority amount	\$0.00
Total claim										
\$50.80										
Priority amount										
\$50.80										
Nonpriority amount										
\$0.00										
2.6286.	Priority creditor's name and mailing address SMITH, LYNDY M 326 ASUELO WAY SANTA ROSA CA 95401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$286.80</td></tr></table>	Total claim	\$286.80	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$286.80</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$286.80	Nonpriority amount	\$0.00
Total claim										
\$286.80										
Priority amount										
\$286.80										
Nonpriority amount										
\$0.00										
2.6287.	Priority creditor's name and mailing address SMITH, LYNETTE M 1615 S 56TH ST PHILADELPHIA PA 19143 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$916.13</td></tr></table>	Total claim	\$916.13	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$916.13</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$916.13	Nonpriority amount	\$0.00
Total claim										
\$916.13										
Priority amount										
\$916.13										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6288.	Priority creditor's name and mailing address SMITH, MADISON M 530 DARBY DRIVE BELLINGHAM WA 98226 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$264.12</td> </tr> </table>	Total claim	\$264.12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$264.12</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$264.12	Nonpriority amount	\$0.00
Total claim										
\$264.12										
Priority amount										
\$264.12										
Nonpriority amount										
\$0.00										
2.6289.	Priority creditor's name and mailing address SMITH, MAHARRI C 5478 NORTH 56 STREET MILWAUKEE WI 53218 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$168.02</td> </tr> </table>	Total claim	\$168.02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$168.02</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$168.02	Nonpriority amount	\$0.00
Total claim										
\$168.02										
Priority amount										
\$168.02										
Nonpriority amount										
\$0.00										
2.6290.	Priority creditor's name and mailing address SMITH, MCKENZIE 4216 REGENCY DR SALUDA VA 23149 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$6.00</td> </tr> </table>	Total claim	\$6.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$6.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$6.00	Nonpriority amount	\$0.00
Total claim										
\$6.00										
Priority amount										
\$6.00										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.6291. Priority creditor's name and mailing address**SMITH, MEGAN S
103 FONTAINE ST
MARLBOROUGH MA 01752**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$96.24

Priority amount

\$96.24

Nonpriority amount

\$0.00

2.6292. Priority creditor's name and mailing addressSMITH, MICHELLE D
P.O. BOX 291
MOORESVILLE IN IN 46158**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$495.83

Priority amount

\$495.83

Nonpriority amount

\$0.00

2.6293. Priority creditor's name and mailing addressSMITH, NICOLE L
114 DE NORMANDIE WAY
MARTINEZ CA 94553**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$283.20

Priority amount

\$283.20

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6294. Priority creditor's name and mailing address SMITH, PEYTON 7004 GLENDOWER RD RALEIGH NC 27613 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$691.15	Priority amount \$691.15 Nonpriority amount \$0.00
2.6295. Priority creditor's name and mailing address SMITH, RACHEL A 6003 OSPREY LAKE CIRCLE RIVERVIEW FL 33578 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$139.43	Priority amount \$139.43 Nonpriority amount \$0.00
2.6296. Priority creditor's name and mailing address SMITH, REBECCA D 16672 JACKDAW PATH LAKEVILLE MN 55044 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$141.30	Priority amount \$141.30 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6297. Priority creditor's name and mailing address SMITH, REILLY E 1315 FANNIN ST NEDERLAND TX 77627 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$41.99	Priority amount \$41.99 Nonpriority amount \$0.00
2.6298. Priority creditor's name and mailing address SMITH, SAMANTHA G 85 WINTHROP AVE BRAINTREE MA 02184 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$145.02	Priority amount \$145.02 Nonpriority amount \$0.00
2.6299. Priority creditor's name and mailing address SMITH, SARA C 10002 ANITA BLVD LOUISVILLE KY 40272 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$155.52	Priority amount \$155.52 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6300.	Priority creditor's name and mailing address SMITH, SHAILEY J 550 S ASH STREET PO BOX 6 GREENWOOD NE 68366 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$69.57</td></tr></table>	Total claim	\$69.57	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$69.57</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$69.57	Nonpriority amount	\$0.00
Total claim										
\$69.57										
Priority amount										
\$69.57										
Nonpriority amount										
\$0.00										
2.6301.	Priority creditor's name and mailing address SMITH, SHAMONE L 8011 FRONT BEACH ROAD 1603 PANAMA CITY BEACH FL 32407 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$108.97</td></tr></table>	Total claim	\$108.97	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$108.97</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$108.97	Nonpriority amount	\$0.00
Total claim										
\$108.97										
Priority amount										
\$108.97										
Nonpriority amount										
\$0.00										
2.6302.	Priority creditor's name and mailing address SMITH, SHANNON 11 CASTLE AVE JACKSON NJ 08527-2424 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$77.00</td></tr></table>	Total claim	\$77.00	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$77.00</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$77.00	Nonpriority amount	\$0.00
Total claim										
\$77.00										
Priority amount										
\$77.00										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6303. Priority creditor's name and mailing address SMITH, SHARON N 3677 MORNING MEADOW LN ORANGE PARK FL 32073-7602 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$32.94</td> </tr> </table>	Total claim	\$32.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$32.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$32.94	Nonpriority amount	\$0.00
Total claim									
\$32.94									
Priority amount									
\$32.94									
Nonpriority amount									
\$0.00									
2.6304. Priority creditor's name and mailing address SMITH, SHELBY 601 CREST STREET FLORENCE AL 35630-2493 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,310.13</td> </tr> </table>	Total claim	\$3,310.13	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,310.13</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,310.13	Nonpriority amount	\$0.00
Total claim									
\$3,310.13									
Priority amount									
\$3,310.13									
Nonpriority amount									
\$0.00									
2.6305. Priority creditor's name and mailing address SMITH, SHONICE L 910 ST ANDREWS DRIVE MURFREESBORO TN 37128 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$100.69</td> </tr> </table>	Total claim	\$100.69	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$100.69</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$100.69	Nonpriority amount	\$0.00
Total claim									
\$100.69									
Priority amount									
\$100.69									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6306. Priority creditor's name and mailing address SMITH, SONAE 3569 PIONEER DRIVE HOPE MILLS NC 28348 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$55.10</td> </tr> </table>	Total claim	\$55.10	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$55.10</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$55.10	Nonpriority amount	\$0.00
Total claim									
\$55.10									
Priority amount									
\$55.10									
Nonpriority amount									
\$0.00									
2.6307. Priority creditor's name and mailing address SMITH, SUMER N 801 WHEELER CEMETERY RD MAYSVILLE GA 30558 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$560.18</td> </tr> </table>	Total claim	\$560.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$560.18</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$560.18	Nonpriority amount	\$0.00
Total claim									
\$560.18									
Priority amount									
\$560.18									
Nonpriority amount									
\$0.00									
2.6308. Priority creditor's name and mailing address SMITH, SYDNEY N 13908 COUNTRY COURT DR TAMPA FL 33625 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$38.24</td> </tr> </table>	Total claim	\$38.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$38.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$38.24	Nonpriority amount	\$0.00
Total claim									
\$38.24									
Priority amount									
\$38.24									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6309.	Priority creditor's name and mailing address SMITH, SYLVIA K 8343 PRINCETON SQUARE BLVD E 613 JACKSONVILLE FL 32256 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$128.00</td></tr></table>	Total claim	\$128.00	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$128.00</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$128.00	Nonpriority amount	\$0.00
Total claim										
\$128.00										
Priority amount										
\$128.00										
Nonpriority amount										
\$0.00										
2.6310.	Priority creditor's name and mailing address SMITH, TALORE T 585 FALLEN TIMBERS DR. ORANGE PARK FL 32073-5277 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$127.87</td></tr></table>	Total claim	\$127.87	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$127.87</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$127.87	Nonpriority amount	\$0.00
Total claim										
\$127.87										
Priority amount										
\$127.87										
Nonpriority amount										
\$0.00										
2.6311.	Priority creditor's name and mailing address SMITH, THALIA 147 W FUNDERBURG RD APT A8 FAIRBORN OH 45324 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$482.28</td></tr></table>	Total claim	\$482.28	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$482.28</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$482.28	Nonpriority amount	\$0.00
Total claim										
\$482.28										
Priority amount										
\$482.28										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6312. Priority creditor's name and mailing address SMITH, TRACEY M 126 WEST 7TH STREET LANSDALE PA 19446 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$182.28	Priority amount \$182.28 Nonpriority amount \$0.00
2.6313. Priority creditor's name and mailing address SMITH, ZENOBIA 11651 ROYAL LYTHAM LN WALDORF MD 20602 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$717.99	Priority amount \$717.99 Nonpriority amount \$0.00
2.6314. Priority creditor's name and mailing address SMITHBERGER, CHANTEL 7950 MENTOR AVE D301 MENTOR OH 44060 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$120.90	Priority amount \$120.90 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6315. Priority creditor's name and mailing address SMITHERS, BRITNEE 1558 W 62ND ST LOS ANGELES CA 90047-1531 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$81.61	Priority amount \$81.61 Nonpriority amount \$0.00
2.6316. Priority creditor's name and mailing address SNEED, ALYSHA M 521 W. 2ND ST. PINCONNING MI 48650 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$90.13	Priority amount \$90.13 Nonpriority amount \$0.00
2.6317. Priority creditor's name and mailing address SNEED, KYRA M 17852 LAKE CARLTON DR APT D LUTZ FL 33558 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$70.22	Priority amount \$70.22 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6318. Priority creditor's name and mailing address SNIDER, SHIAN 22 CONIFER WAY SICKLERVILLE NJ 08081 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$253.08	Priority amount \$253.08 Nonpriority amount \$0.00
2.6319. Priority creditor's name and mailing address SNIFFIN, KATLYN 1223 MAPLE AVENUE SOUTH HEMPTAD NY 11550 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,473.68	Priority amount \$1,473.68 Nonpriority amount \$0.00
2.6320. Priority creditor's name and mailing address SNIPES, TA'KEYAH C 601 THUNDERBIRD DR BOX ELDER SD 57719 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$539.55	Priority amount \$539.55 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6321. Priority creditor's name and mailing address SNODGRASS, AMY J 3323 HARTEL AVE PHILADELPHIA PA 19136 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$287.31	Priority amount \$287.31 Nonpriority amount \$0.00
2.6322. Priority creditor's name and mailing address SNOOK, TAYLOR R 12150 WASHINGTON CENTER PKWY UNIT 3-108 THORNTON CO 80241 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$151.85	Priority amount \$151.85 Nonpriority amount \$0.00
2.6323. Priority creditor's name and mailing address SNOWDEN, AOLANI S 12136 S EMERALD CHICAGO IL 60628 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$186.78	Priority amount \$186.78 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6324. Priority creditor's name and mailing address SNYDER, ALYSSA A 232 6TH ST WHITEHALL PA 18052-7106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$494.14	Priority amount \$494.14 Nonpriority amount \$0.00
2.6325. Priority creditor's name and mailing address SNYDER, CHRISTINA M 138 VICTORSON ST RINEYVILLE KY 40162-9614 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,091.58	Priority amount \$3,091.58 Nonpriority amount \$0.00
2.6326. Priority creditor's name and mailing address SOARES, SOFIA 625 CATSKILL DR EFFORT PA 18330 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$14.24	Priority amount \$14.24 Nonpriority amount \$0.00

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2.6327. Priority creditor's name and mailing address SOCKOL, CATHERINE 1746 14TH AVE VERO BEACH FL 32960 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$671.61</td> </tr> </table>	Total claim	\$671.61	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$671.61</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$671.61	Nonpriority amount	\$0.00
Total claim									
\$671.61									
Priority amount									
\$671.61									
Nonpriority amount									
\$0.00									
2.6328. Priority creditor's name and mailing address SOE, AGAPEITOF F 11628 KINDSLAND ST LAS VEGAS NV 89183 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$95.29</td> </tr> </table>	Total claim	\$95.29	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$95.29</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$95.29	Nonpriority amount	\$0.00
Total claim									
\$95.29									
Priority amount									
\$95.29									
Nonpriority amount									
\$0.00									
2.6329. Priority creditor's name and mailing address SOHAL, PAWAN K 29301 STONEBROOK LANE HAYWARD CA 94544 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$266.40</td> </tr> </table>	Total claim	\$266.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$266.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$266.40	Nonpriority amount	\$0.00
Total claim									
\$266.40									
Priority amount									
\$266.40									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6330. Priority creditor's name and mailing address SOKOL, GILLIAN H 7005 BRINT ROAD APARTMENT 11 SYLVANIA OH 43560 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$4,045.36	Priority amount \$4,045.36 Nonpriority amount \$0.00
2.6331. Priority creditor's name and mailing address SOLER, ISABELLA 3806 LACONIA AVE BRONX NY 10469 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$286.80	Priority amount \$286.80 Nonpriority amount \$0.00
2.6332. Priority creditor's name and mailing address SOLIS, CYNTHIA M 8075 105TH AVE VERO BEACH FL 32967 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$337.25	Priority amount \$337.25 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6333. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
SOLIS, EVELYN A 3468 BURRWOOD DRIVE RICHFIELD OH 44286	☐ Contingent	\$36.77	\$36.77
	☐ Unliquidated		Nonpriority amount
	☐ Disputed		\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ No ☐ Yes		

2.6334. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
SOLORZANO, KAREN S 1949 WEST DR APT 19 VISTA CA 92083	☐ Contingent	\$248.52	\$248.52
	☐ Unliquidated		Nonpriority amount
	☐ Disputed		\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ No ☐ Yes		

2.6335. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
SOMMER, EMELY G 1848 KESSLER BLVD SOUTH BEND IN 46616	☐ Contingent	\$94.08	\$94.08
	☐ Unliquidated		Nonpriority amount
	☐ Disputed		\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	☐ No ☐ Yes		

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6336. Priority creditor's name and mailing address SOMOZA, JESSICA E 12300 POND RUN DR. APT #103 WOODBRIDGE VA 22192 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,542.60	Priority amount \$3,542.60 Nonpriority amount \$0.00
2.6337. Priority creditor's name and mailing address SONG, MINSU 1930 WINTER PARK PL CORALVILLE IA 52241 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$384.83	Priority amount \$384.83 Nonpriority amount \$0.00
2.6338. Priority creditor's name and mailing address SOOFI, AMTUL Z 11133 GATEVIEW LANE LAS VEGAS NV 89144 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$218.38	Priority amount \$218.38 Nonpriority amount \$0.00

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2.6339.	Priority creditor's name and mailing address SOPENA, KAREN 538 BIG BEND WAY APT A OCEANSIDE CA 92057 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$279.60	Priority amount \$279.60 Nonpriority amount \$0.00
2.6340.	Priority creditor's name and mailing address SORIA, VANESSA X 3529 CUYLER AVE BERWYN IL 60402 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$631.98	Priority amount \$631.98 Nonpriority amount \$0.00
2.6341.	Priority creditor's name and mailing address SORIANO, MELISA 6099 VIA DE LOS ARBOLES EL PASO TX 79932 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$131.79	Priority amount \$131.79 Nonpriority amount \$0.00

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2.6342.	Priority creditor's name and mailing address SORIANO, MYRKA 4545 PENNWOOD AVE APT# 124 LAS VEGAS NV 89102 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$188.10</td> </tr> </table>	Total claim	\$188.10	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$188.10</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$188.10	Nonpriority amount	\$0.00
Total claim										
\$188.10										
Priority amount										
\$188.10										
Nonpriority amount										
\$0.00										
2.6343.	Priority creditor's name and mailing address SORTO, ISABEL A 1711 HARVEY MITCHELL PWKY S 4-304 COLLEGE STATION TX 77840 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$98.64</td> </tr> </table>	Total claim	\$98.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$98.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$98.64	Nonpriority amount	\$0.00
Total claim										
\$98.64										
Priority amount										
\$98.64										
Nonpriority amount										
\$0.00										
2.6344.	Priority creditor's name and mailing address SOSA, DUVALY 4227 W EVA ST PHOENIX AZ 85051 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$386.72</td> </tr> </table>	Total claim	\$386.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$386.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$386.72	Nonpriority amount	\$0.00
Total claim										
\$386.72										
Priority amount										
\$386.72										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6345.	Priority creditor's name and mailing address SOSA, RODRIGUEZ YEZMARIE 716 MUIRFIELD CIR APOPKA FL 32712 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$123.26</td></tr></table>	Total claim	\$123.26	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$123.26</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$123.26	Nonpriority amount	\$0.00
Total claim										
\$123.26										
Priority amount										
\$123.26										
Nonpriority amount										
\$0.00										
2.6346.	Priority creditor's name and mailing address SOSA, SIERRA STACY K 1700 257TH 1 LOMITA CA 90717 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$340.44</td></tr></table>	Total claim	\$340.44	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$340.44</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$340.44	Nonpriority amount	\$0.00
Total claim										
\$340.44										
Priority amount										
\$340.44										
Nonpriority amount										
\$0.00										
2.6347.	Priority creditor's name and mailing address SOTELO, CYNTHIA 807 W. 41ST STREET LOS ANGELES CA 90037 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$470.95</td></tr></table>	Total claim	\$470.95	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$470.95</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$470.95	Nonpriority amount	\$0.00
Total claim										
\$470.95										
Priority amount										
\$470.95										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6348.	Priority creditor's name and mailing address SOTELO, DESIREE M 2103 OLD WEST PL A ROUND ROCK TX 78681 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$80.85</td> </tr> </table>	Total claim	\$80.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$80.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$80.85	Nonpriority amount	\$0.00
Total claim										
\$80.85										
Priority amount										
\$80.85										
Nonpriority amount										
\$0.00										
2.6349.	Priority creditor's name and mailing address SOTELO, RAMOS ESMERALDA 91-42118TH STREET RICHMOND HILL NY 11418 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$963.60</td> </tr> </table>	Total claim	\$963.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$963.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$963.60	Nonpriority amount	\$0.00
Total claim										
\$963.60										
Priority amount										
\$963.60										
Nonpriority amount										
\$0.00										
2.6350.	Priority creditor's name and mailing address SOTELO, SAVANNAH N 164 GILDED ROCK CIR 164 GILDED ROC FOLSOM CA 95630 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$178.44</td> </tr> </table>	Total claim	\$178.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$178.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$178.44	Nonpriority amount	\$0.00
Total claim										
\$178.44										
Priority amount										
\$178.44										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6351. Priority creditor's name and mailing address SOTO, ALEXANDRA M 339 COCOA COURT KISSIMMEE FL 34758 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$655.41	Priority amount \$655.41 Nonpriority amount \$0.00
2.6352. Priority creditor's name and mailing address SOTO, ANAHI 9203 DRAGONWOOD TRL HOUSTON TX 77083 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,413.13	Priority amount \$2,413.13 Nonpriority amount \$0.00
2.6353. Priority creditor's name and mailing address SOTO, KARLA A 16707 DAVID GLEN DR FRIENDSWOOD TX 77546 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$262.39	Priority amount \$262.39 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6354. Priority creditor's name and mailing address SOTO, MACKENZIE 4120 S. MILL AVE. APARTMENT E- TEMPE AZ 85282 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$791.25</td> </tr> </table>	Total claim	\$791.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$791.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$791.25	Nonpriority amount	\$0.00
Total claim									
\$791.25									
Priority amount									
\$791.25									
Nonpriority amount									
\$0.00									
2.6355. Priority creditor's name and mailing address SOTO, MONICA 3112 SOUTH 138TH STREET OMAHA NE 68144 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$45.72</td> </tr> </table>	Total claim	\$45.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$45.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$45.72	Nonpriority amount	\$0.00
Total claim									
\$45.72									
Priority amount									
\$45.72									
Nonpriority amount									
\$0.00									
2.6356. Priority creditor's name and mailing address SOTO, NATALY 2902 N. GREGG AVE APT.4 APT. 4 FAYETTEVILLE AR 72703 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$207.20</td> </tr> </table>	Total claim	\$207.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$207.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$207.20	Nonpriority amount	\$0.00
Total claim									
\$207.20									
Priority amount									
\$207.20									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6357. Priority creditor's name and mailing address SOTOMAYOR, SAMANTHA M 385 CONCORD DRIVE FREEHOLD NJ 07728 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$604.80</td> </tr> </table>	Total claim	\$604.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$604.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$604.80	Nonpriority amount	\$0.00
Total claim									
\$604.80									
Priority amount									
\$604.80									
Nonpriority amount									
\$0.00									
2.6358. Priority creditor's name and mailing address SOTTOSANTI, MARCELLA G 3527 COUNTY ROAD 21 IRONTON OH 45638 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$143.04</td> </tr> </table>	Total claim	\$143.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$143.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$143.04	Nonpriority amount	\$0.00
Total claim									
\$143.04									
Priority amount									
\$143.04									
Nonpriority amount									
\$0.00									
2.6359. Priority creditor's name and mailing address SOUMAHORO, MAMA P 900 WASHINGTON BLVD APT 606B STAMFORD CT 06901 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$116.46</td> </tr> </table>	Total claim	\$116.46	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$116.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$116.46	Nonpriority amount	\$0.00
Total claim									
\$116.46									
Priority amount									
\$116.46									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6360.	Priority creditor's name and mailing address SOUSA, BRIANNE E 146 CHERRY STREET NAUGATUCK CT 06770 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$144.94</td> </tr> </table>	Total claim	\$144.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$144.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$144.94	Nonpriority amount	\$0.00
Total claim										
\$144.94										
Priority amount										
\$144.94										
Nonpriority amount										
\$0.00										
2.6361.	Priority creditor's name and mailing address SOUTHERLAND, MARJORIE D 196 SOUTH HUNT CLUB RUN NEWPORT NEWS VA 23608 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$15.76</td> </tr> </table>	Total claim	\$15.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$15.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$15.76	Nonpriority amount	\$0.00
Total claim										
\$15.76										
Priority amount										
\$15.76										
Nonpriority amount										
\$0.00										
2.6362.	Priority creditor's name and mailing address SOWDAGAR, HONIEH 9608 EAGLE HILL DR. OKLAHOMA CITY OK 73162 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$52.60</td> </tr> </table>	Total claim	\$52.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$52.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$52.60	Nonpriority amount	\$0.00
Total claim										
\$52.60										
Priority amount										
\$52.60										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6363. Priority creditor's name and mailing address SPALDING, SOPHIA C 710 SOUTH GREGORY RD P.O. BOX 286 FOWLERVILLE MI 48836 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$190.00</td> </tr> </table>	Total claim	\$190.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$190.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$190.00	Nonpriority amount	\$0.00
Total claim									
\$190.00									
Priority amount									
\$190.00									
Nonpriority amount									
\$0.00									
2.6364. Priority creditor's name and mailing address SPARKS, ALAINNA M 1198 SADDLE CREEK DRIVE FORT WALTON BEACH FL 32547 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$103.30</td> </tr> </table>	Total claim	\$103.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$103.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$103.30	Nonpriority amount	\$0.00
Total claim									
\$103.30									
Priority amount									
\$103.30									
Nonpriority amount									
\$0.00									
2.6365. Priority creditor's name and mailing address SPARKS, EMILY Y 2411 GOVERNOR NICHOLLS STREET NEW ORLEANS LA 70119 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$8,650.41</td> </tr> </table>	Total claim	\$8,650.41	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$8,650.41</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$8,650.41	Nonpriority amount	\$0.00
Total claim									
\$8,650.41									
Priority amount									
\$8,650.41									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6366.	Priority creditor's name and mailing address SPARKS, KAYANNA L 15875 JOY RD APT 205 DETROIT MICHIGAN MI 48228 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$30.80</td> </tr> </table>	Total claim	\$30.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$30.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$30.80	Nonpriority amount	\$0.00
Total claim										
\$30.80										
Priority amount										
\$30.80										
Nonpriority amount										
\$0.00										
2.6367.	Priority creditor's name and mailing address SPARKS, MADELINE 1460 SE 58TH AVE PORTLAND OR 97215 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$174.96</td> </tr> </table>	Total claim	\$174.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$174.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$174.96	Nonpriority amount	\$0.00
Total claim										
\$174.96										
Priority amount										
\$174.96										
Nonpriority amount										
\$0.00										
2.6368.	Priority creditor's name and mailing address SPENCE, MCKENZIE 2811 TORI OAK TRAIL CORINTH TX 76210 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$174.80</td> </tr> </table>	Total claim	\$174.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$174.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$174.80	Nonpriority amount	\$0.00
Total claim										
\$174.80										
Priority amount										
\$174.80										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6369. Priority creditor's name and mailing address SPENCER, JEFREA L 652 CARRIAGE HILL RD VIRGINIA BEACH VA 23452-6519 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,292.40	Priority amount \$1,292.40 Nonpriority amount \$0.00
2.6370. Priority creditor's name and mailing address SPILLER, QUAMEISHEON 1369 W STANLEY RD MOUNT MORRIS MI 48458 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$214.79	Priority amount \$214.79 Nonpriority amount \$0.00
2.6371. Priority creditor's name and mailing address SPIVACK, SHERRY L 23735 TATIA CT MURRIETA CA 92562 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$10,748.33	Priority amount \$10,748.33 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6372. Priority creditor's name and mailing address SPIVEY, REBECCA L PO BOX 632 LAKE VIEW SC 29563 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$320.30</td> </tr> </table>	Total claim	\$320.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$320.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$320.30	Nonpriority amount	\$0.00
Total claim									
\$320.30									
Priority amount									
\$320.30									
Nonpriority amount									
\$0.00									
2.6373. Priority creditor's name and mailing address SPOON, CHARLOTTE E 6667 ENFIELD AVE. RESEDA CA 91335 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$129.85</td> </tr> </table>	Total claim	\$129.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$129.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$129.85	Nonpriority amount	\$0.00
Total claim									
\$129.85									
Priority amount									
\$129.85									
Nonpriority amount									
\$0.00									
2.6374. Priority creditor's name and mailing address SPRADLING, KAYLEN F 216 YORKTOWN BLVD LOCUST GROVE VA 22508 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$32.49</td> </tr> </table>	Total claim	\$32.49	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$32.49</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$32.49	Nonpriority amount	\$0.00
Total claim									
\$32.49									
Priority amount									
\$32.49									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6375. Priority creditor's name and mailing address SPRAGG, GABRIEL S 206 BRIAR CLIFF DR. LONGWOOD FL 32779 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,153.34	Priority amount \$1,153.34 Nonpriority amount \$0.00
2.6376. Priority creditor's name and mailing address SPRING BRANCH I.S.D. TAX ASSESSOR-COLLECTOR P.O. BOX 19037-8880 WESTVIEW HOUSTON TX 77224-9037 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$2,266.01	Priority amount \$2,266.01 Nonpriority amount \$0.00
2.6377. Priority creditor's name and mailing address SPRINKLES, SAVANNAH 2008 BROOK HOLLOW CEDAR PARK TX 78613 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$44.32	Priority amount \$44.32 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6378. Priority creditor's name and mailing address SPROUSE, TIFFANI 78 MAIN ST NEWPORTNEWS VA 23601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$120.40</td> </tr> </table>	Total claim	\$120.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$120.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$120.40	Nonpriority amount	\$0.00
Total claim									
\$120.40									
Priority amount									
\$120.40									
Nonpriority amount									
\$0.00									
2.6379. Priority creditor's name and mailing address SPROUSE, VICTORIA 1549 HOLCOMB BRIDGE RD. A NORCROSS GA 30092 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$4,129.11</td> </tr> </table>	Total claim	\$4,129.11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$4,129.11</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$4,129.11	Nonpriority amount	\$0.00
Total claim									
\$4,129.11									
Priority amount									
\$4,129.11									
Nonpriority amount									
\$0.00									
2.6380. Priority creditor's name and mailing address SQUICCIARINI, DEBRA 24 LINDRON AVENUE SMITHTOWN NY 11787 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$72.72</td> </tr> </table>	Total claim	\$72.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$72.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$72.72	Nonpriority amount	\$0.00
Total claim									
\$72.72									
Priority amount									
\$72.72									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6381. Priority creditor's name and mailing address SQUIER, LEILA M 399 SOUTH DANBY ROAD SPENCER NY 14883 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$665.87</td> </tr> </table>	Total claim	\$665.87	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$665.87</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$665.87	Nonpriority amount	\$0.00
Total claim									
\$665.87									
Priority amount									
\$665.87									
Nonpriority amount									
\$0.00									
2.6382. Priority creditor's name and mailing address SQUILLANTE, MAGGIE K 2204 ADAMS AVE 2 SCRANTON PA 18509 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$127.10</td> </tr> </table>	Total claim	\$127.10	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$127.10</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$127.10	Nonpriority amount	\$0.00
Total claim									
\$127.10									
Priority amount									
\$127.10									
Nonpriority amount									
\$0.00									
2.6383. Priority creditor's name and mailing address SRUN, PAULINA S 3012 CORSICA DRIVE EL DORADO HILLS CA 95762 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$67.80</td> </tr> </table>	Total claim	\$67.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$67.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$67.80	Nonpriority amount	\$0.00
Total claim									
\$67.80									
Priority amount									
\$67.80									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6384. Priority creditor's name and mailing address ST, HILAIRE STACY 298 PIERMONT AVENUE 2A NYACK NY 10960 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$738.35	Priority amount \$738.35 Nonpriority amount \$0.00
2.6385. Priority creditor's name and mailing address STABER, CORA G 128 EAST POLK AVENUE EAU CLAIRE WI 54701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$73.50	Priority amount \$73.50 Nonpriority amount \$0.00
2.6386. Priority creditor's name and mailing address STAFFO, GABRIELLE 1072 WILLOW BROOK BEND FARMINGTON NY 14425 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$848.47	Priority amount \$848.47 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6387. Priority creditor's name and mailing address STAFFORD, SYDNI R 51 SANTANGELO CIRCLE MIDDLETOWN CT 06457 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$132.57</td> </tr> </table>	Total claim	\$132.57	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$132.57</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$132.57	Nonpriority amount	\$0.00
Total claim									
\$132.57									
Priority amount									
\$132.57									
Nonpriority amount									
\$0.00									
2.6388. Priority creditor's name and mailing address STAFFORD, ZOIE N 333 S GILBERT ST 2126 IOWA CITY IA 52242 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$79.04</td> </tr> </table>	Total claim	\$79.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$79.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$79.04	Nonpriority amount	\$0.00
Total claim									
\$79.04									
Priority amount									
\$79.04									
Nonpriority amount									
\$0.00									
2.6389. Priority creditor's name and mailing address STAGGS, DELANIE A 1107 NORTH ALBERT PIKE FORT SMITH AR 72904 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$557.09</td> </tr> </table>	Total claim	\$557.09	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$557.09</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$557.09	Nonpriority amount	\$0.00
Total claim									
\$557.09									
Priority amount									
\$557.09									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6390. Priority creditor's name and mailing address STALEY, JENINE W 212 GRANDVIEW AVE BRIDGEPORT CT 06606-2511 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$216.98	Priority amount \$216.98 Nonpriority amount \$0.00
2.6391. Priority creditor's name and mailing address STALLION, KATHRYN P 105 SIBLEY DR. MINOOKA IL 60447 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$686.21	Priority amount \$686.21 Nonpriority amount \$0.00
2.6392. Priority creditor's name and mailing address STALLWORTH, KATHRYN M 16324 COUNTY ROAD 52 SILVERHILL AL 36576 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$128.80	Priority amount \$128.80 Nonpriority amount \$0.00

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2.6393. Priority creditor's name and mailing address STANDOFF, NICOLE L 1280 HACIENDA DR APT. C24 VISTA CA 92081 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$191.88	Priority amount \$191.88 Nonpriority amount \$0.00
2.6394. Priority creditor's name and mailing address STANFILL, ALYSSA M 2118 WEST FLOWER AVE FULLERTON CA 92833 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$353.76	Priority amount \$353.76 Nonpriority amount \$0.00
2.6395. Priority creditor's name and mailing address STANFORD, AUTUMN B 4111 BAYMAR DRIVE YOUNGSTOWN OH 44511 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$30.52	Priority amount \$30.52 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6396. Priority creditor's name and mailing address STANLEY, BRANDI E 2022 16TH STREET PARKERSBURG WV 26101 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$225.75	Priority amount \$225.75 Nonpriority amount \$0.00
2.6397. Priority creditor's name and mailing address STANLEY, KALIAH 2807 N GLEBE RD ARLINGTON VA 22207 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$34.68	Priority amount \$34.68 Nonpriority amount \$0.00
2.6398. Priority creditor's name and mailing address STANTON, CHANTEL 350 GALE BLVD APT 4 MELVINDALE MI 48122 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$66.10	Priority amount \$66.10 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6399. Priority creditor's name and mailing address STANTON, MEAGAN 1203 KELLOGG AVE. UTICA NY 13502 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$273.62	Priority amount \$273.62 Nonpriority amount \$0.00
2.6400. Priority creditor's name and mailing address STARK, MADISYN O 1000 CASCADEWAY DRIVE MURFREESBORO TN 37129 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$605.14	Priority amount \$605.14 Nonpriority amount \$0.00
2.6401. Priority creditor's name and mailing address STARKE, MADELINE M 1252 E ST. GERMAIN ST APT 106 SAINT CLOUD MN 56304 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$798.80	Priority amount \$798.80 Nonpriority amount \$0.00

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2.6402. Priority creditor's name and mailing address STARKS, JASMINE 10535 S FOREST AVE CHICAGO IL 60628 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$236.43	Priority amount \$236.43 Nonpriority amount \$0.00
2.6403. Priority creditor's name and mailing address STATE OF DELAWARE GROSS RECEIPTS TAX PO BOX 2340 WILMINGTON DE 18999-2340 Date or dates debt was incurred JANUARY '19 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$52.33	Priority amount \$52.33 Nonpriority amount \$0.00
2.6404. Priority creditor's name and mailing address STAUDT, ALLISON 118 LOWER ROCKY POINT ROAD SOUND BEACH NY 11789 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,836.67	Priority amount \$3,836.67 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6405. Priority creditor's name and mailing address STEARS, KACI J 11422 CREAGERSTOWN RD WOODSBORO MD 21798 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$589.80	Priority amount \$589.80 Nonpriority amount \$0.00
2.6406. Priority creditor's name and mailing address STEED, CHATORIA 5348 CONTENDER LANE #1423 FORT WORTH TX 76132 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$29.55	Priority amount \$29.55 Nonpriority amount \$0.00
2.6407. Priority creditor's name and mailing address STEEL, ASHLIE A 4504 W JUNIPER DRIVE APT. B USAF ACADEMY CO 80840 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$522.76	Priority amount \$522.76 Nonpriority amount \$0.00

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2.6408. Priority creditor's name and mailing address STEELE, SHANICE 1311 E WALDBURG ST SAVANNAH GA 31404 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$579.19	Priority amount \$579.19 Nonpriority amount \$0.00
2.6409. Priority creditor's name and mailing address STEELE, TIANA R 140 N MEADOW ST APT 3 WATERTOWN NY 13601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$558.85	Priority amount \$558.85 Nonpriority amount \$0.00
2.6410. Priority creditor's name and mailing address STEFANOW, MEGAN M 28574 REVERE WARREN MI 48092 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$33.95	Priority amount \$33.95 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6411. Priority creditor's name and mailing address STEFFENSON, CAITLIN J 971 KENNEDY PL TRACY CA 95377 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$315.90</td> </tr> </table>	Total claim	\$315.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$315.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$315.90	Nonpriority amount	\$0.00
Total claim									
\$315.90									
Priority amount									
\$315.90									
Nonpriority amount									
\$0.00									
2.6412. Priority creditor's name and mailing address STELTNER, KALIN A 8720 DWIGHT BOYER RD. WATERVLIT MI 49098 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$199.06</td> </tr> </table>	Total claim	\$199.06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$199.06</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$199.06	Nonpriority amount	\$0.00
Total claim									
\$199.06									
Priority amount									
\$199.06									
Nonpriority amount									
\$0.00									
2.6413. Priority creditor's name and mailing address STEPANEK, SARAH 13062 BLACKHAWK AVENUE GRAND HAVEN MI 49417 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$103.88</td> </tr> </table>	Total claim	\$103.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$103.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$103.88	Nonpriority amount	\$0.00
Total claim									
\$103.88									
Priority amount									
\$103.88									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6414. Priority creditor's name and mailing address STEPTOE, CINE 540 JASMINE LANE COLUMBIA SC 29203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$383.75</td> </tr> </table>	Total claim	\$383.75	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$383.75</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$383.75	Nonpriority amount	\$0.00
Total claim									
\$383.75									
Priority amount									
\$383.75									
Nonpriority amount									
\$0.00									
2.6415. Priority creditor's name and mailing address STERN, JESSICA M 18330 N. 79TH AVE. 3155 GLENDALE AZ 85308 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$67.32</td> </tr> </table>	Total claim	\$67.32	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$67.32</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$67.32	Nonpriority amount	\$0.00
Total claim									
\$67.32									
Priority amount									
\$67.32									
Nonpriority amount									
\$0.00									
2.6416. Priority creditor's name and mailing address STESLICK, JOCELYN F 23393 NC HWY 902 BENNETT NC 27208 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$97.25</td> </tr> </table>	Total claim	\$97.25	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$97.25</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$97.25	Nonpriority amount	\$0.00
Total claim									
\$97.25									
Priority amount									
\$97.25									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6417. Priority creditor's name and mailing address STEVENS, JAYDEN A 5921 WATERFORD BLUFF LANE 1414 RALEIGH NC 27612 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$328.76</td> </tr> </table>	Total claim	\$328.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$328.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$328.76	Nonpriority amount	\$0.00
Total claim									
\$328.76									
Priority amount									
\$328.76									
Nonpriority amount									
\$0.00									
2.6418. Priority creditor's name and mailing address STEVENS, LAUREN A 3724 HOMESTEAD DR MEAD CO 80542 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,724.58</td> </tr> </table>	Total claim	\$3,724.58	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,724.58</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,724.58	Nonpriority amount	\$0.00
Total claim									
\$3,724.58									
Priority amount									
\$3,724.58									
Nonpriority amount									
\$0.00									
2.6419. Priority creditor's name and mailing address STEVENS, MYA A 31200 FM 2920 RD 912 WALLER TX 77484 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$139.20</td> </tr> </table>	Total claim	\$139.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$139.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$139.20	Nonpriority amount	\$0.00
Total claim									
\$139.20									
Priority amount									
\$139.20									
Nonpriority amount									
\$0.00									

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2.6420. Priority creditor's name and mailing address STEVENS, SERENITY S 7156 ANDREWS AVENUE PHILADELPHIA PA 19138 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$70.54</td> </tr> </table>	Total claim	\$70.54	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$70.54</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$70.54	Nonpriority amount	\$0.00
Total claim									
\$70.54									
Priority amount									
\$70.54									
Nonpriority amount									
\$0.00									
2.6421. Priority creditor's name and mailing address STEVENSON, CURTSHA T 2775 N STATE HWY 360 APARTMENT GRAND PRAIRIE TX 75050 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$161.04</td> </tr> </table>	Total claim	\$161.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$161.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$161.04	Nonpriority amount	\$0.00
Total claim									
\$161.04									
Priority amount									
\$161.04									
Nonpriority amount									
\$0.00									
2.6422. Priority creditor's name and mailing address STEVENSON, JA'LEESA S 1515 S FANNIN ST SOUR LAKE TX 77659-7243 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$153.56</td> </tr> </table>	Total claim	\$153.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$153.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$153.56	Nonpriority amount	\$0.00
Total claim									
\$153.56									
Priority amount									
\$153.56									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6423. Priority creditor's name and mailing address STEWARD, WENDY R 1647 CITADEL DR COLUMBIA MO 65202 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$155.66	Priority amount \$155.66 Nonpriority amount \$0.00
2.6424. Priority creditor's name and mailing address STEWART, ANDREA L 237 LAKESIDE DRIVE STEPHENS CITY VA 22655 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$228.58	Priority amount \$228.58 Nonpriority amount \$0.00
2.6425. Priority creditor's name and mailing address STEWART, ASHLEY N 12 MEADOW DRIVE LONDONDERRY NH 03053 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$196.09	Priority amount \$196.09 Nonpriority amount \$0.00

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2.6426. Priority creditor's name and mailing address STEWART, CAREY 4851 PENNY CV SOUTHAVEN MS 38672-6647 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$652.88	Priority amount \$652.88 Nonpriority amount \$0.00
2.6427. Priority creditor's name and mailing address STEWART, DARRA L 4358 COOPER OAKS DR SE SMYRNA GA 30082 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$9,465.70	Priority amount \$9,465.70 Nonpriority amount \$0.00
2.6428. Priority creditor's name and mailing address STEWART, DREW A 104 VALLEY HIGH ROAD BURNSVILLE MN 55337 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$81.35	Priority amount \$81.35 Nonpriority amount \$0.00

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2.6429. Priority creditor's name and mailing address STEWART, SOYAN R 2304 SOUTH HELEN'S WAY AVENUE GONZALES LA 70737 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$77.91</td> </tr> </table>	Total claim	\$77.91	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$77.91</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$77.91	Nonpriority amount	\$0.00
Total claim									
\$77.91									
Priority amount									
\$77.91									
Nonpriority amount									
\$0.00									
2.6430. Priority creditor's name and mailing address STEWART, TINA C 22835 COUNTY ROAD 38 SUMMERDALE AL 36580 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,486.97</td> </tr> </table>	Total claim	\$3,486.97	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,486.97</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,486.97	Nonpriority amount	\$0.00
Total claim									
\$3,486.97									
Priority amount									
\$3,486.97									
Nonpriority amount									
\$0.00									
2.6431. Priority creditor's name and mailing address STICH, SAMANTHA L 621 1/2 UNION STREET EAU CLAIRE WI 54703 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$76.45</td> </tr> </table>	Total claim	\$76.45	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$76.45</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$76.45	Nonpriority amount	\$0.00
Total claim									
\$76.45									
Priority amount									
\$76.45									
Nonpriority amount									
\$0.00									

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2.6432. Priority creditor's name and mailing address STIMPERT, KEELEY 1380 CHAPARRAL LANE WINTER SPRINGS FL 32708 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$148.30</td> </tr> </table>	Total claim	\$148.30	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$148.30</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$148.30	Nonpriority amount	\$0.00
Total claim									
\$148.30									
Priority amount									
\$148.30									
Nonpriority amount									
\$0.00									
2.6433. Priority creditor's name and mailing address STINYARD, CHANEL P 3964 CELESTE DR. 205 SPRINGDALE AR 72762 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$162.62</td> </tr> </table>	Total claim	\$162.62	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$162.62</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$162.62	Nonpriority amount	\$0.00
Total claim									
\$162.62									
Priority amount									
\$162.62									
Nonpriority amount									
\$0.00									
2.6434. Priority creditor's name and mailing address STIRRUP, ALYSSA K 8734 LEPERE SCHOOL ROAD MILLSTADT IL 62260 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$154.19</td> </tr> </table>	Total claim	\$154.19	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$154.19</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$154.19	Nonpriority amount	\$0.00
Total claim									
\$154.19									
Priority amount									
\$154.19									
Nonpriority amount									
\$0.00									

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2.6435. Priority creditor's name and mailing address STITH, RICKYA S 73 CHARITON DR EAST STROUDSBURG PA 18301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$246.00	Priority amount \$246.00 Nonpriority amount \$0.00
2.6436. Priority creditor's name and mailing address STITH, SAMARA 859 PAULDING STREET 2 PEEKSKILL NY 10566 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$654.06	Priority amount \$654.06 Nonpriority amount \$0.00
2.6437. Priority creditor's name and mailing address STOFKOVA, ADRIANA 504 WILLOW GROVE ST HACKETTSTOWN NJ 07840 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$136.47	Priority amount \$136.47 Nonpriority amount \$0.00

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2.6438. Priority creditor's name and mailing address STOJANOVICH, NESSA S 13685 W. PLEASANTVIEW DR. NEW BERLIN WI 53151 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$835.83	Priority amount \$835.83 Nonpriority amount \$0.00
2.6439. Priority creditor's name and mailing address STOKES, KEANNA 2117 W NEWMAN PARKWAY PEORIA IL 61604 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$405.63	Priority amount \$405.63 Nonpriority amount \$0.00
2.6440. Priority creditor's name and mailing address STOKES, TAYLER A 3341 MYRTLE AVE EDMOND OK 73034 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$166.48	Priority amount \$166.48 Nonpriority amount \$0.00

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2.6441.	Priority creditor's name and mailing address STOLFE, PAIGE 3748 AUTUMN RIDGE RD TERRE HAUTE IN 47802-9232 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$467.00</td> </tr> </table>	Total claim	\$467.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$467.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$467.00	Nonpriority amount	\$0.00
Total claim										
\$467.00										
Priority amount										
\$467.00										
Nonpriority amount										
\$0.00										
2.6442.	Priority creditor's name and mailing address STONE, ALEXIS L 2610 ALVERADO DR BELLINGHAM WA 98229 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$267.96</td> </tr> </table>	Total claim	\$267.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$267.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$267.96	Nonpriority amount	\$0.00
Total claim										
\$267.96										
Priority amount										
\$267.96										
Nonpriority amount										
\$0.00										
2.6443.	Priority creditor's name and mailing address STONE, MARGARET M 2254 10TH STREET APT. 5 CORALVILLE IA 52241 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$4,065.02</td> </tr> </table>	Total claim	\$4,065.02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$4,065.02</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$4,065.02	Nonpriority amount	\$0.00
Total claim										
\$4,065.02										
Priority amount										
\$4,065.02										
Nonpriority amount										
\$0.00										

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2.6444. Priority creditor's name and mailing address STONEHOUSE, SEAN R 65 MIDDLEBORO ROAD EAST FREETOWN MA 02717 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$218.26	Priority amount \$218.26 Nonpriority amount \$0.00
2.6445. Priority creditor's name and mailing address STONEY, JENISE M 1100 HOWE AVE 540 SACRAMENTO CA 95825 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$150.60	Priority amount \$150.60 Nonpriority amount \$0.00
2.6446. Priority creditor's name and mailing address STORRS, SIERRA R 2003 KIMBALL AVE ARNOLD PA 15068 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$292.61	Priority amount \$292.61 Nonpriority amount \$0.00

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2.6447. Priority creditor's name and mailing address STRADER, HANNA J 12318 246TH RD HOLTON KS 66436 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$113.19	Priority amount \$113.19 Nonpriority amount \$0.00
2.6448. Priority creditor's name and mailing address STRANGE, BRIANA L 23 KIRBY STREET #2 MARLBOROUGH MA 01752 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$146.64	Priority amount \$146.64 Nonpriority amount \$0.00
2.6449. Priority creditor's name and mailing address STRAUGHN, DENISE M 1809 BAY OAKS CIR. MILTON FL 32583 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,596.46	Priority amount \$3,596.46 Nonpriority amount \$0.00

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2.6450. Priority creditor's name and mailing address STRAUGHN, NATALIE 5481 NW 15TH PLACE GAINESVILLE FL 32605 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$34.43	Priority amount \$34.43 Nonpriority amount \$0.00
2.6451. Priority creditor's name and mailing address STRAUGHTER, TIFFANY 5788 GRAMERCY DR WEST PALM BEACH FL 33407-1624 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,309.39	Priority amount \$3,309.39 Nonpriority amount \$0.00
2.6452. Priority creditor's name and mailing address STRAUN, KALEEMA J 1635 PALM LEAF DR BRANDON FL 33510 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$72.76	Priority amount \$72.76 Nonpriority amount \$0.00

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2.6453. Priority creditor's name and mailing address STRAW, LYNNE P 8339 CHERRY CORNER RD CURWENSVILLE PA 16833 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$246.10	Priority amount \$246.10 Nonpriority amount \$0.00
2.6454. Priority creditor's name and mailing address STREATER, KENDRA A 1640 OCEAN PARKWAY D65 BROOKLYN NY 11223 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$205.50	Priority amount \$205.50 Nonpriority amount \$0.00
2.6455. Priority creditor's name and mailing address STREETER, TAYA S 66 ROBINSON AVE ASHEVILLE NC 28803 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$64.98	Priority amount \$64.98 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6456. Priority creditor's name and mailing address STREMEL, ANA F 3925 SHERATON CIRCLE BOYNTON BEACH FL 33436 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$251.60	Priority amount \$251.60 Nonpriority amount \$0.00
2.6457. Priority creditor's name and mailing address STRICKLAND, JORDYN M 3772 WALWORTH ONTARIO RD WALWORTH NY 14568 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$483.40	Priority amount \$483.40 Nonpriority amount \$0.00
2.6458. Priority creditor's name and mailing address STRINGER, STEPHANIE 1021 CENTRAL AVE WILMETTE IL 60091 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$363.66	Priority amount \$363.66 Nonpriority amount \$0.00

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2.6459.	Priority creditor's name and mailing address STRONG, BRITTANY 6887 CROSSWOODS CIR. APT 196 CITRUS HEIGHTS CA 95621 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$2,955.45</td></tr></table>	Total claim	\$2,955.45	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$2,955.45</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$2,955.45	Nonpriority amount	\$0.00
Total claim										
\$2,955.45										
Priority amount										
\$2,955.45										
Nonpriority amount										
\$0.00										
2.6460.	Priority creditor's name and mailing address STRONG, HALEY E 3100 DOCKSIDE CIRCLE APT 17 RALEIGH NC 27613 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$4,966.76</td></tr></table>	Total claim	\$4,966.76	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$4,966.76</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$4,966.76	Nonpriority amount	\$0.00
Total claim										
\$4,966.76										
Priority amount										
\$4,966.76										
Nonpriority amount										
\$0.00										
2.6461.	Priority creditor's name and mailing address STRONG, HILLARY D 912 HILLWOOD DRIVE SW DECATUR AL 35601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$56.23</td></tr></table>	Total claim	\$56.23	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$56.23</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$56.23	Nonpriority amount	\$0.00
Total claim										
\$56.23										
Priority amount										
\$56.23										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6462.	Priority creditor's name and mailing address STRONG, KATELYN R 2 CAMBRIDGE MNR #26 CLINTON NY 13323 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$402.93</td></tr></table>	Total claim	\$402.93	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$402.93</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$402.93	Nonpriority amount	\$0.00
Total claim										
\$402.93										
Priority amount										
\$402.93										
Nonpriority amount										
\$0.00										
2.6463.	Priority creditor's name and mailing address STRONG, TE'A K 91-1089 PUAMAEOLE ST APT U EWA BEACH HI 96706 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$30.60</td></tr></table>	Total claim	\$30.60	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$30.60</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$30.60	Nonpriority amount	\$0.00
Total claim										
\$30.60										
Priority amount										
\$30.60										
Nonpriority amount										
\$0.00										
2.6464.	Priority creditor's name and mailing address STROPE, MIKAELA R 601 BILL FRANCE BOULEVARD APARTMENT 1707 DAYTONA BEACH FL 32114 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$827.88</td></tr></table>	Total claim	\$827.88	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$827.88</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$827.88	Nonpriority amount	\$0.00
Total claim										
\$827.88										
Priority amount										
\$827.88										
Nonpriority amount										
\$0.00										

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2.6465. Priority creditor's name and mailing address STROUT, SARAH N 1831 E APACHE BLVD 1136 TEMPE AZ 85281 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$293.48	Priority amount \$293.48 Nonpriority amount \$0.00
2.6466. Priority creditor's name and mailing address STROWD, JACQUELINE 1144 DOGWOOD ST. TURBEVILLE SC 29162 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$138.32	Priority amount \$138.32 Nonpriority amount \$0.00
2.6467. Priority creditor's name and mailing address STUARD, REAGAN-RUBY D 3808 FM 715 MIDLAND TX 79706 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$538.30	Priority amount \$538.30 Nonpriority amount \$0.00

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2.6468. Priority creditor's name and mailing address STUBY, ALEXA C 15216 GRAND SUMMIT EXTENSION GRANDVIEW MO 64030 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$129.17</td> </tr> </table>	Total claim	\$129.17	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$129.17</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$129.17	Nonpriority amount	\$0.00
Total claim									
\$129.17									
Priority amount									
\$129.17									
Nonpriority amount									
\$0.00									
2.6469. Priority creditor's name and mailing address STUDER, MARISSA 407 CALDWELL AVE WILMERDING PA 15148 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$39.01</td> </tr> </table>	Total claim	\$39.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$39.01</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$39.01	Nonpriority amount	\$0.00
Total claim									
\$39.01									
Priority amount									
\$39.01									
Nonpriority amount									
\$0.00									
2.6470. Priority creditor's name and mailing address STULTS, ASHLEIGH J 108 TAYLOR LAKE DRIVE TROY IL 62294 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$75.65</td> </tr> </table>	Total claim	\$75.65	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$75.65</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$75.65	Nonpriority amount	\$0.00
Total claim									
\$75.65									
Priority amount									
\$75.65									
Nonpriority amount									
\$0.00									

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2.6471. Priority creditor's name and mailing address STUTTE, KELSEY C 119 CONCORD DRIVE NE PORT CHARLOTTE FL 33952 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$761.08</td> </tr> </table>	Total claim	\$761.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$761.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$761.08	Nonpriority amount	\$0.00
Total claim									
\$761.08									
Priority amount									
\$761.08									
Nonpriority amount									
\$0.00									
2.6472. Priority creditor's name and mailing address STUTZ, JENNA P 22 FURNACE LANE PEMBROKE MA 02359 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$615.24</td> </tr> </table>	Total claim	\$615.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$615.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$615.24	Nonpriority amount	\$0.00
Total claim									
\$615.24									
Priority amount									
\$615.24									
Nonpriority amount									
\$0.00									
2.6473. Priority creditor's name and mailing address STUTZ, JILIAN S 252 LILAC PLACE PALMYRA VA 22963 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td>\$239.53</td> </tr> </table>	Total claim	\$239.53	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td>\$239.53</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$239.53	Nonpriority amount	\$0.00
Total claim									
\$239.53									
Priority amount									
\$239.53									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6474. Priority creditor's name and mailing address SUAREZ, EMELYN 385 MAIN ST. C4 DANBURY CT 06810 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$196.96	Priority amount \$196.96 Nonpriority amount \$0.00
2.6475. Priority creditor's name and mailing address SUAREZ, JOANNA A 6759 E CALLE MERCURIO TUCSON AZ 85710 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$50.60	Priority amount \$50.60 Nonpriority amount \$0.00
2.6476. Priority creditor's name and mailing address SUAREZ, KATIE S 709 DEKALB AV 6 BROOKLYN NY 11216 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$136.50	Priority amount \$136.50 Nonpriority amount \$0.00

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2.6477. Priority creditor's name and mailing address SUBIA, MONTSEERRAT 6001 AMARILLO AVE LA MESA CA 91942 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$304.08	Priority amount \$304.08 Nonpriority amount \$0.00
2.6478. Priority creditor's name and mailing address SUDDUTH, FAITH 4242 SPRING ST. APT 35 LA MESA CA 91941 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$30.36	Priority amount \$30.36 Nonpriority amount \$0.00
2.6479. Priority creditor's name and mailing address SUDDUTH, KARLA 7953 PEACEFUL WAY LIBERTY TOWNSHIP OH 45044 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$0.00	Priority amount \$0.00 Nonpriority amount \$0.00

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2.6480. Priority creditor's name and mailing address SULLIVAN, CYANE M 9226 S 73RD E AVE TULSA OK 74133 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$30.14</td> </tr> </table>	Total claim	\$30.14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$30.14</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$30.14	Nonpriority amount	\$0.00
Total claim									
\$30.14									
Priority amount									
\$30.14									
Nonpriority amount									
\$0.00									
2.6481. Priority creditor's name and mailing address SULLIVAN, KARA L 8939 FRANKLIN TRENTON RD CARLISLE OH 45005 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$273.17</td> </tr> </table>	Total claim	\$273.17	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$273.17</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$273.17	Nonpriority amount	\$0.00
Total claim									
\$273.17									
Priority amount									
\$273.17									
Nonpriority amount									
\$0.00									
2.6482. Priority creditor's name and mailing address SULLIVAN, LISA 1810 E GEER ST DURHAM NC 27704 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$236.82</td> </tr> </table>	Total claim	\$236.82	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$236.82</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$236.82	Nonpriority amount	\$0.00
Total claim									
\$236.82									
Priority amount									
\$236.82									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6483. Priority creditor's name and mailing address SUMMERFIELD, LEE A 12705 MARINERS CT 26 NEWPORT NEWS VA 23606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$482.67</td> </tr> </table>	Total claim	\$482.67	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$482.67</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$482.67	Nonpriority amount	\$0.00
Total claim									
\$482.67									
Priority amount									
\$482.67									
Nonpriority amount									
\$0.00									
2.6484. Priority creditor's name and mailing address SUMMERS, JENNIFER 1520 AVALON BEAUMONT TX 77707 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$510.73</td> </tr> </table>	Total claim	\$510.73	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$510.73</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$510.73	Nonpriority amount	\$0.00
Total claim									
\$510.73									
Priority amount									
\$510.73									
Nonpriority amount									
\$0.00									
2.6485. Priority creditor's name and mailing address SUMRALL, CHRISTY L 13349 SARTORIS COURT FOLEY AL 36535 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$489.47</td> </tr> </table>	Total claim	\$489.47	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$489.47</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$489.47	Nonpriority amount	\$0.00
Total claim									
\$489.47									
Priority amount									
\$489.47									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6486.	Priority creditor's name and mailing address SUMTER, ZANAJA 13 UNDERWOOD AVE GREENVILLE SC 29607 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$146.16</td></tr></table>	Total claim	\$146.16	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$146.16</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$146.16	Nonpriority amount	\$0.00
Total claim										
\$146.16										
Priority amount										
\$146.16										
Nonpriority amount										
\$0.00										
2.6487.	Priority creditor's name and mailing address SUN, JESSICA 203 S JUDD ST SIOUX CITY IA 51103 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$33.58</td></tr></table>	Total claim	\$33.58	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$33.58</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$33.58	Nonpriority amount	\$0.00
Total claim										
\$33.58										
Priority amount										
\$33.58										
Nonpriority amount										
\$0.00										
2.6488.	Priority creditor's name and mailing address SUNDERLAND, LYDIA 1732 HAZELWOOD ROAD CLARKSVILLE TN 37042 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$1,429.28</td></tr></table>	Total claim	\$1,429.28	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$1,429.28</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,429.28	Nonpriority amount	\$0.00
Total claim										
\$1,429.28										
Priority amount										
\$1,429.28										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6489. Priority creditor's name and mailing address SUNN, MARY 9814 WEST BELOIT RD. MILWAUKEE WI 53227 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,693.11</td> </tr> </table>	Total claim	\$3,693.11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,693.11</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,693.11	Nonpriority amount	\$0.00
Total claim									
\$3,693.11									
Priority amount									
\$3,693.11									
Nonpriority amount									
\$0.00									
2.6490. Priority creditor's name and mailing address SURECHIEF, HAYLEY 1372 HAWTHORNE AVE. S.E SMYRNA GA 30080 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$88.71</td> </tr> </table>	Total claim	\$88.71	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$88.71</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$88.71	Nonpriority amount	\$0.00
Total claim									
\$88.71									
Priority amount									
\$88.71									
Nonpriority amount									
\$0.00									
2.6491. Priority creditor's name and mailing address SURLES, SHAWANA L 3031 NORTHINGTON DR APT 401 MONTGOMERY AL 36108 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$60.57</td> </tr> </table>	Total claim	\$60.57	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$60.57</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$60.57	Nonpriority amount	\$0.00
Total claim									
\$60.57									
Priority amount									
\$60.57									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6492.	Priority creditor's name and mailing address SURRATT, ARIELLE D 36091 SPRUCE STREET NEWARK CA 94560 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$702.03</td> </tr> </table>	Total claim	\$702.03	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$702.03</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$702.03	Nonpriority amount	\$0.00
Total claim										
\$702.03										
Priority amount										
\$702.03										
Nonpriority amount										
\$0.00										
2.6493.	Priority creditor's name and mailing address SURRELL, MONICA O 3440 DUNDEE LANE JACKSON MS 39212 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$476.19</td> </tr> </table>	Total claim	\$476.19	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$476.19</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$476.19	Nonpriority amount	\$0.00
Total claim										
\$476.19										
Priority amount										
\$476.19										
Nonpriority amount										
\$0.00										
2.6494.	Priority creditor's name and mailing address SURUJDEO, CRYSTAL D 142-14 123 AVENUE JAMAICA NY 11436 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$603.75</td> </tr> </table>	Total claim	\$603.75	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$603.75</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$603.75	Nonpriority amount	\$0.00
Total claim										
\$603.75										
Priority amount										
\$603.75										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6495. Priority creditor's name and mailing address SUTHERLAND, RHYANNA 253-20 CRAFT AVENUE ROSEDALE NY 11422 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$95.40	Priority amount \$95.40 Nonpriority amount \$0.00
2.6496. Priority creditor's name and mailing address SUTTON, DALAZHANEI 361 N. NELLIS BLVD #104 LAS VEGAS NV 89110 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,100.85	Priority amount \$1,100.85 Nonpriority amount \$0.00
2.6497. Priority creditor's name and mailing address SUTTON, HANNAH G 2001 RED BANK RD LOT 427 DOVER PA 17315 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$347.99	Priority amount \$347.99 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6498. Priority creditor's name and mailing address SUTTON, SARAH 624 YALE BLVD SAINT CHARLES MO 63301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$706.86	Priority amount \$706.86 Nonpriority amount \$0.00
2.6499. Priority creditor's name and mailing address SWAKED, NANSEE 5731 W 92ND AVE APT #105 WESTMINSTER CO 80031 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$149.30	Priority amount \$149.30 Nonpriority amount \$0.00
2.6500. Priority creditor's name and mailing address SWANK, KATRINA 2777 CARNEGIE RD APT 204 YORK PA 17402 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$307.91	Priority amount \$307.91 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6501.	Priority creditor's name and mailing address SWANSON, GRACE E 1616 NE 50TH ST SEATTLE WA 98105 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$246.40</td> </tr> </table>	Total claim	\$246.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$246.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$246.40	Nonpriority amount	\$0.00
Total claim										
\$246.40										
Priority amount										
\$246.40										
Nonpriority amount										
\$0.00										
2.6502.	Priority creditor's name and mailing address SWANSON, KARLI A 6960 WEST 86TH PLACE CROWN POINT IN 46307 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$65.25</td> </tr> </table>	Total claim	\$65.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$65.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$65.25	Nonpriority amount	\$0.00
Total claim										
\$65.25										
Priority amount										
\$65.25										
Nonpriority amount										
\$0.00										
2.6503.	Priority creditor's name and mailing address SWART, LINDSEY G 1245 KINGSTON WAY GARDNERVILLE NV 89460 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$369.08</td> </tr> </table>	Total claim	\$369.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$369.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$369.08	Nonpriority amount	\$0.00
Total claim										
\$369.08										
Priority amount										
\$369.08										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6504. Priority creditor's name and mailing address SWARTZ, SHAWN R 1650 PERRY HIGHWAY MERCER PA 16137 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$207.08	Priority amount \$207.08 Nonpriority amount \$0.00
2.6505. Priority creditor's name and mailing address SWEENEY, MORGAN C 7700 GLEASON DRIVE APT 34I KNOXVILLE TN 37919 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,199.25	Priority amount \$1,199.25 Nonpriority amount \$0.00
2.6506. Priority creditor's name and mailing address SWEETAPPLE, BROOKE M 101 NORTH GORDON ROAD FORT LAUDERDALE FL 33301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$663.39	Priority amount \$663.39 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6507. Priority creditor's name and mailing address SWEIGERT, ROBERT C 259 SHETLAND DRIVE ST. JOHN'S FL 32259 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$7,110.93	Priority amount \$7,110.93 Nonpriority amount \$0.00
2.6508. Priority creditor's name and mailing address SWETLAND, MELISSA 49 SUNSET LANE VACAVILLE CA 95687 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$170.76	Priority amount \$170.76 Nonpriority amount \$0.00
2.6509. Priority creditor's name and mailing address SWIDZINSKI, KIRA F 22 HILARY DRIVE BAYVILLE NY 11709 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$333.48	Priority amount \$333.48 Nonpriority amount \$0.00

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2.6510. Priority creditor's name and mailing address SWINTON, AMIESHA 8710 CAMERON ST UNIT 926 SILVER SPRING MD 20910 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,430.04</td> </tr> </table>	Total claim	\$1,430.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,430.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,430.04	Nonpriority amount	\$0.00
Total claim									
\$1,430.04									
Priority amount									
\$1,430.04									
Nonpriority amount									
\$0.00									
2.6511. Priority creditor's name and mailing address SWITALSKI, LUCIE V 5348 W FOREST TRAIL OAK FOREST IL 60452 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$148.26</td> </tr> </table>	Total claim	\$148.26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$148.26</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$148.26	Nonpriority amount	\$0.00
Total claim									
\$148.26									
Priority amount									
\$148.26									
Nonpriority amount									
\$0.00									
2.6512. Priority creditor's name and mailing address SWOOPES, MELEAH 509 WEST LAKESIDE DRIVE FLORENCE AL 35630 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$120.50</td> </tr> </table>	Total claim	\$120.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$120.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$120.50	Nonpriority amount	\$0.00
Total claim									
\$120.50									
Priority amount									
\$120.50									
Nonpriority amount									
\$0.00									

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2.6513. Priority creditor's name and mailing address SYLVAIN, MARKITA L 4040 W TWAIN AVE #137 LAS VEGAS NV 89103 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$107.42	Priority amount \$107.42 Nonpriority amount \$0.00
2.6514. Priority creditor's name and mailing address SYME, ELISABETH G 4000 39TH BLVD 212 GAINESVILLE FL 32608 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$295.48	Priority amount \$295.48 Nonpriority amount \$0.00
2.6515. Priority creditor's name and mailing address SYMONDS, KERI L 29 VICTORY ST CRANSTON RI 02910 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$468.96	Priority amount \$468.96 Nonpriority amount \$0.00

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2.6516.	Priority creditor's name and mailing address SYMONDS, KIRA L 29 VICTORY STREET CRANSTON RI 02910 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$553.36</td> </tr> </table>	Total claim	\$553.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$553.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$553.36	Nonpriority amount	\$0.00
Total claim										
\$553.36										
Priority amount										
\$553.36										
Nonpriority amount										
\$0.00										
2.6517.	Priority creditor's name and mailing address SZAJEWSKI, KATARZYNA J 3440 N OKETO AVE CHICAGO IL 60634 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$222.09</td> </tr> </table>	Total claim	\$222.09	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$222.09</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$222.09	Nonpriority amount	\$0.00
Total claim										
\$222.09										
Priority amount										
\$222.09										
Nonpriority amount										
\$0.00										
2.6518.	Priority creditor's name and mailing address SZCZESNY, ISIAH 317 CASPER DR SPARTANBURG SC 29307 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$65.19</td> </tr> </table>	Total claim	\$65.19	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$65.19</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$65.19	Nonpriority amount	\$0.00
Total claim										
\$65.19										
Priority amount										
\$65.19										
Nonpriority amount										
\$0.00										

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2.6519. Priority creditor's name and mailing address SZESNAT, MEGAN J 22 ALBRIGHT AVE ALBANY NY 12203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$261.63	Priority amount \$261.63 Nonpriority amount \$0.00
2.6520. Priority creditor's name and mailing address TABLAS, ARACELY 303 47TH ST G-3 SAN DIEGO CA 92102 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$143.40	Priority amount \$143.40 Nonpriority amount \$0.00
2.6521. Priority creditor's name and mailing address TABOR, SAGE N 1315 N. MERDIAN WICHITA KS 67203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$579.26	Priority amount \$579.26 Nonpriority amount \$0.00

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2.6522. Priority creditor's name and mailing address TAFT, ABBY M 8 HEIGHTS COURT BINGHAMTON NY 13905 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$44.73</td> </tr> </table>	Total claim	\$44.73	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$44.73</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$44.73	Nonpriority amount	\$0.00
Total claim									
\$44.73									
Priority amount									
\$44.73									
Nonpriority amount									
\$0.00									
2.6523. Priority creditor's name and mailing address TAFT, ZOEY A 328 MATTHEWS RD SPRINGBROOK TWP PA 18444 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$66.85</td> </tr> </table>	Total claim	\$66.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$66.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$66.85	Nonpriority amount	\$0.00
Total claim									
\$66.85									
Priority amount									
\$66.85									
Nonpriority amount									
\$0.00									
2.6524. Priority creditor's name and mailing address TAGUE, JOED V 7707 MARY CAROLYN STREET SAN ANTONIO TX 78240 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,091.27</td> </tr> </table>	Total claim	\$3,091.27	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,091.27</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$3,091.27	Nonpriority amount	\$0.00
Total claim									
\$3,091.27									
Priority amount									
\$3,091.27									
Nonpriority amount									
\$0.00									

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2.6525. Priority creditor's name and mailing address TAHA, SANNA 3914 ASHWORTH PL LAKELAND FL 33810-3802 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,363.86	Priority amount \$1,363.86 Nonpriority amount \$0.00
2.6526. Priority creditor's name and mailing address TAIT, ELIZABETH 4288 CHRISTOPHER MICHAEL COURT TRACY CA 95377 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$282.96	Priority amount \$282.96 Nonpriority amount \$0.00
2.6527. Priority creditor's name and mailing address TAKAHASHI-ROSALES, PAOLA 140 E BERKELEY ST. GLADSTONE OR 97027 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$0.00	Priority amount \$0.00 Nonpriority amount \$0.00

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2.6528.	Priority creditor's name and mailing address TAKAHASHI-ROSALES, PAOLA 140 E BERKELEY ST. GLADSTONE OR 97027 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$84.00</td> </tr> </table>	Total claim	\$84.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$84.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$84.00	Nonpriority amount	\$0.00
Total claim										
\$84.00										
Priority amount										
\$84.00										
Nonpriority amount										
\$0.00										
2.6529.	Priority creditor's name and mailing address TALAVERA-MONTIEL, JOCELYN 9214 MALLISON AVE SOUTH GATE CA 90280 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$192.00</td> </tr> </table>	Total claim	\$192.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$192.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$192.00	Nonpriority amount	\$0.00
Total claim										
\$192.00										
Priority amount										
\$192.00										
Nonpriority amount										
\$0.00										
2.6530.	Priority creditor's name and mailing address TALBERT, KRISTINA S 7904 DUNHILL VILLAGE APT 201 201 BALTIMORE MD 21244 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,503.05</td> </tr> </table>	Total claim	\$2,503.05	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,503.05</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,503.05	Nonpriority amount	\$0.00
Total claim										
\$2,503.05										
Priority amount										
\$2,503.05										
Nonpriority amount										
\$0.00										

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2.6531. Priority creditor's name and mailing address TALFORD, MARAVIA 6801 LEISURE TOWN ROAD APT 63 VACAVILLE CA 95688 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$108.12</td> </tr> </table>	Total claim	\$108.12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$108.12</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$108.12	Nonpriority amount	\$0.00
Total claim									
\$108.12									
Priority amount									
\$108.12									
Nonpriority amount									
\$0.00									
2.6532. Priority creditor's name and mailing address TALMAGE, MONTANA L 2119 W 41ST ST TULSA OK 74107 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$58.51</td> </tr> </table>	Total claim	\$58.51	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$58.51</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$58.51	Nonpriority amount	\$0.00
Total claim									
\$58.51									
Priority amount									
\$58.51									
Nonpriority amount									
\$0.00									
2.6533. Priority creditor's name and mailing address TALON, KATRYNA 2304 TAYLOR AVENUE BELLINGHAM WA 98225 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$282.72</td> </tr> </table>	Total claim	\$282.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$282.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$282.72	Nonpriority amount	\$0.00
Total claim									
\$282.72									
Priority amount									
\$282.72									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6534. Priority creditor's name and mailing address TAN, DANIELLE S 5912 CASTANA AVENUE LAKEWOOD CA 90712 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$231.24	Priority amount \$231.24 Nonpriority amount \$0.00
2.6535. Priority creditor's name and mailing address TANEKEU, LYNDA 19125 CHERRY BEND DR GERMANTOWN MD 20874 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$523.18	Priority amount \$523.18 Nonpriority amount \$0.00
2.6536. Priority creditor's name and mailing address TANELUS, CYNTHIA 5413 21 ST PL SW NAPLES FL 34116 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$510.09	Priority amount \$510.09 Nonpriority amount \$0.00

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2.6537. Priority creditor's name and mailing address TANFORAN, KAIYAH 1488 RED RIBBONS LANE MANTECA CA 95337 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$316.44	Priority amount \$316.44 Nonpriority amount \$0.00
2.6538. Priority creditor's name and mailing address TANGLAO, DENNICKA GAIL C 29 PERITA DRIVE DALY CITY CA 94015 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$523.50	Priority amount \$523.50 Nonpriority amount \$0.00
2.6539. Priority creditor's name and mailing address TANIGUCHI, HARVEST L 3100 JANE PL NE B201 ALBUQUERQUE NM 87111 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$37.44	Priority amount \$37.44 Nonpriority amount \$0.00

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2.6540. Priority creditor's name and mailing address TANNER, LEALA E 888 O'FARRELL STREET #311 SAN FRANCISCO CA 94109 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$4,259.10</td> </tr> </table>	Total claim	\$4,259.10	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$4,259.10</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$4,259.10	Nonpriority amount	\$0.00
Total claim									
\$4,259.10									
Priority amount									
\$4,259.10									
Nonpriority amount									
\$0.00									
2.6541. Priority creditor's name and mailing address TANNER, RACHEL D 808 ASHWOOD COURT 808 ASHWOOD CO ORANGE PARK FL 32065 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$216.15</td> </tr> </table>	Total claim	\$216.15	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$216.15</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$216.15	Nonpriority amount	\$0.00
Total claim									
\$216.15									
Priority amount									
\$216.15									
Nonpriority amount									
\$0.00									
2.6542. Priority creditor's name and mailing address TAORMINA, IRIS K 2636 GALACTIC HALO AVE HENDERSON NV 89044 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$126.64</td> </tr> </table>	Total claim	\$126.64	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$126.64</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$126.64	Nonpriority amount	\$0.00
Total claim									
\$126.64									
Priority amount									
\$126.64									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6543. Priority creditor's name and mailing address TAPIA, JANNIFER A 1713 EL CENTRO AVE SEELEY CA 92273 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$455.73</td> </tr> </table>	Total claim	\$455.73	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$455.73</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$455.73	Nonpriority amount	\$0.00
Total claim									
\$455.73									
Priority amount									
\$455.73									
Nonpriority amount									
\$0.00									
2.6544. Priority creditor's name and mailing address TAPIA, JOYCELYN 3977 HAHN AVE BETHPAGE NY 11714 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,439.06</td> </tr> </table>	Total claim	\$1,439.06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,439.06</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,439.06	Nonpriority amount	\$0.00
Total claim									
\$1,439.06									
Priority amount									
\$1,439.06									
Nonpriority amount									
\$0.00									
2.6545. Priority creditor's name and mailing address TAPIA, ROSALES HEMIMA 5345 E 106TH ST INDIANAPOLIS IN 46280 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$64.37</td> </tr> </table>	Total claim	\$64.37	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$64.37</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$64.37	Nonpriority amount	\$0.00
Total claim									
\$64.37									
Priority amount									
\$64.37									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6546. Priority creditor's name and mailing address TAPIA, VIZCARRONDO DALISHA L STREET 3 BB17 URB EL CORTIJO BAYAMON PR 00956 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$28.64</td> </tr> </table>	Total claim	\$28.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$28.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$28.64	Nonpriority amount	\$0.00
Total claim									
\$28.64									
Priority amount									
\$28.64									
Nonpriority amount									
\$0.00									
2.6547. Priority creditor's name and mailing address TAPIA-MONTOYA, SHAYLEE J 5405 VIERRA AVE. SW ALBUQUERQUE NM 87105 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$115.92</td> </tr> </table>	Total claim	\$115.92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$115.92</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$115.92	Nonpriority amount	\$0.00
Total claim									
\$115.92									
Priority amount									
\$115.92									
Nonpriority amount									
\$0.00									
2.6548. Priority creditor's name and mailing address TARANGO, GISELLE M 1345 E ORANGE GROVE AVE. GLENDALE CA 91205 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$101.76</td> </tr> </table>	Total claim	\$101.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$101.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$101.76	Nonpriority amount	\$0.00
Total claim									
\$101.76									
Priority amount									
\$101.76									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6549.	Priority creditor's name and mailing address TARASYUK, JULIANNA V 10215 NE 5TH STREET VANCOUVER WA 98664 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$637.47</td> </tr> </table>	Total claim	\$637.47	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$637.47</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$637.47	Nonpriority amount	\$0.00
Total claim										
\$637.47										
Priority amount										
\$637.47										
Nonpriority amount										
\$0.00										
2.6550.	Priority creditor's name and mailing address TARBERT, KARA N 3780 DAVIS CORNER ROAD STREET MD 21154 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$151.71</td> </tr> </table>	Total claim	\$151.71	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$151.71</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$151.71	Nonpriority amount	\$0.00
Total claim										
\$151.71										
Priority amount										
\$151.71										
Nonpriority amount										
\$0.00										
2.6551.	Priority creditor's name and mailing address TARIN, AISHA 1805 KAGEHIRO DRIVE TRACY CA 95376 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$240.84</td> </tr> </table>	Total claim	\$240.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$240.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$240.84	Nonpriority amount	\$0.00
Total claim										
\$240.84										
Priority amount										
\$240.84										
Nonpriority amount										
\$0.00										

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2.6552.	Priority creditor's name and mailing address TARIN, MARIA 12400 CYPRESS AVE #45 CHINO CA 91710 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$117.60</td> </tr> </table>	Total claim	\$117.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$117.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$117.60	Nonpriority amount	\$0.00
Total claim										
\$117.60										
Priority amount										
\$117.60										
Nonpriority amount										
\$0.00										
2.6553.	Priority creditor's name and mailing address TARIN, VALERIA 3428 W. MAIN ST APT 8 KALAMAZOO MI 49006 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$39.31</td> </tr> </table>	Total claim	\$39.31	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$39.31</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$39.31	Nonpriority amount	\$0.00
Total claim										
\$39.31										
Priority amount										
\$39.31										
Nonpriority amount										
\$0.00										
2.6554.	Priority creditor's name and mailing address TATE, EMARI V 20703 CRYSTAL HILL CIRCLE APT O GERMANTOWN MD 20874 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$153.50</td> </tr> </table>	Total claim	\$153.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$153.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$153.50	Nonpriority amount	\$0.00
Total claim										
\$153.50										
Priority amount										
\$153.50										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6555. Priority creditor's name and mailing address TAUB, DANIKA C 2912 HUNTER ST SHARPSVILLE PA 16150 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$508.73</td> </tr> </table>	Total claim	\$508.73	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$508.73</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$508.73	Nonpriority amount	\$0.00
Total claim									
\$508.73									
Priority amount									
\$508.73									
Nonpriority amount									
\$0.00									
2.6556. Priority creditor's name and mailing address TAVARES, KAREN L 58 THURBER AVE SOMERSET MA 02725 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,714.85</td> </tr> </table>	Total claim	\$1,714.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,714.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,714.85	Nonpriority amount	\$0.00
Total claim									
\$1,714.85									
Priority amount									
\$1,714.85									
Nonpriority amount									
\$0.00									
2.6557. Priority creditor's name and mailing address TAVERAS, JESSIE 56 HAMPSTEAD ST METHUEN MA 01844 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$458.30</td> </tr> </table>	Total claim	\$458.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$458.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$458.30	Nonpriority amount	\$0.00
Total claim									
\$458.30									
Priority amount									
\$458.30									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6558.	Priority creditor's name and mailing address TAVITA, SCHAE-MARIE H 99830 NAHIOLEA STREET HALAWA HEIGHTS HI 96701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$31.29</td></tr></table>	Total claim	\$31.29	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$31.29</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$31.29	Nonpriority amount	\$0.00
Total claim										
\$31.29										
Priority amount										
\$31.29										
Nonpriority amount										
\$0.00										
2.6559.	Priority creditor's name and mailing address TAWADROS, KALEY N 3706 E NORTH ST APT D6 GREENVILLE SC 29615 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$341.04</td></tr></table>	Total claim	\$341.04	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$341.04</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$341.04	Nonpriority amount	\$0.00
Total claim										
\$341.04										
Priority amount										
\$341.04										
Nonpriority amount										
\$0.00										
2.6560.	Priority creditor's name and mailing address TAWADROS, NARDINE 4180 MCCLOSKEY CT CHANTILLY VA 20151 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$120.27</td></tr></table>	Total claim	\$120.27	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$120.27</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$120.27	Nonpriority amount	\$0.00
Total claim										
\$120.27										
Priority amount										
\$120.27										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6561. Priority creditor's name and mailing address TAX ASSESSOR - COLLECTOR PO BOX 961018 FORT WORTH TX 76161-0018 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$17,012.86	Priority amount \$17,012.86 Nonpriority amount \$0.00
2.6562. Priority creditor's name and mailing address TAX ASSESSOR/COLLECTOR PO BOX 2992 EL PASO TX 79999-2992 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$7,445.57	Priority amount \$7,445.57 Nonpriority amount \$0.00
2.6563. Priority creditor's name and mailing address TAYLOR, ASHLYE 4908 18TH ST E BRADENTON FL 34203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$159.57	Priority amount \$159.57 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6564. Priority creditor's name and mailing address TAYLOR, ASYEN N 1805 ANNALEE DRIVE ANTIOCH TN 37013 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$150.45	Priority amount \$150.45 Nonpriority amount \$0.00
2.6565. Priority creditor's name and mailing address TAYLOR, CATIE M 2409 FOXFIELD DRIVE GLENSHAW PA 15116 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$448.83	Priority amount \$448.83 Nonpriority amount \$0.00
2.6566. Priority creditor's name and mailing address TAYLOR, DEZIREE 1717 CANDEE ST GEORGETOWN TX 78626 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$65.78	Priority amount \$65.78 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6567. Priority creditor's name and mailing address TAYLOR, ELLEASA 5139 VANHOY LN CHARLOTTE NC 28269 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$46.16	Priority amount \$46.16 Nonpriority amount \$0.00
2.6568. Priority creditor's name and mailing address TAYLOR, JASMINE R 702 CAPRI ST MONTGOMERY AL 36105-1512 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$416.87	Priority amount \$416.87 Nonpriority amount \$0.00
2.6569. Priority creditor's name and mailing address TAYLOR, JEVONNE J 7701 W. SAINT JOHN RD 1025 GLENDALE AZ 85308 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$112.53	Priority amount \$112.53 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6570.	Priority creditor's name and mailing address TAYLOR, MADESTINI Q 2636 HOWARD ST. LAKE STATION IN 46405 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$104.76</td> </tr> </table>	Total claim	\$104.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$104.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$104.76	Nonpriority amount	\$0.00
Total claim										
\$104.76										
Priority amount										
\$104.76										
Nonpriority amount										
\$0.00										
2.6571.	Priority creditor's name and mailing address TAYLOR, MESHARRA J 882 MILES LANE DOTHAN AL 36303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$149.43</td> </tr> </table>	Total claim	\$149.43	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$149.43</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$149.43	Nonpriority amount	\$0.00
Total claim										
\$149.43										
Priority amount										
\$149.43										
Nonpriority amount										
\$0.00										
2.6572.	Priority creditor's name and mailing address TAYLOR, NAJIRE 270 W STEUBEN ST. PITTSBURGH PA 15205 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$189.96</td> </tr> </table>	Total claim	\$189.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$189.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$189.96	Nonpriority amount	\$0.00
Total claim										
\$189.96										
Priority amount										
\$189.96										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6573. Priority creditor's name and mailing address TAYLOR, RAVEEN 3495 PROMENADE PLACE APT 123 WALDORF MD 20603 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$44.95	Priority amount \$44.95 Nonpriority amount \$0.00
2.6574. Priority creditor's name and mailing address TAYLOR, SHEILA F 2517 43RD AVE TUSCALOOSA AL 35401-6258 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$6,070.89	Priority amount \$6,070.89 Nonpriority amount \$0.00
2.6575. Priority creditor's name and mailing address TAYLOR, TAT'YANA L 1000 MCDONALD WAY #4 BAKERSFIELD CA 93309 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$243.36	Priority amount \$243.36 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6576. Priority creditor's name and mailing address TAYLOR, TIANNA J 3967 N. WEST AVE FRESNO CA 93705 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$110.16	Priority amount \$110.16 Nonpriority amount \$0.00
2.6577. Priority creditor's name and mailing address TAYLOR, YVONNE L 2129 CRESTMONT ST NORMAN OK 73069 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,823.05	Priority amount \$3,823.05 Nonpriority amount \$0.00
2.6578. Priority creditor's name and mailing address TAYLOR-JONES, JASMINE C 3 SCOTT STREET NORWALK CT 06851 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$50.70	Priority amount \$50.70 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6579.	Priority creditor's name and mailing address TEAGER, SABRINA 2516 S. SYCAMORE AVE LOS ANGELES CA 90016 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$303.53</td></tr></table>	Total claim	\$303.53	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$303.53</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$303.53	Nonpriority amount	\$0.00
Total claim										
\$303.53										
Priority amount										
\$303.53										
Nonpriority amount										
\$0.00										
2.6580.	Priority creditor's name and mailing address TEAGER, SABRINA 2516 S. SYCAMORE AVE LOS ANGELES CA 90016 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$17.81</td></tr></table>	Total claim	\$17.81	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$17.81</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$17.81	Nonpriority amount	\$0.00
Total claim										
\$17.81										
Priority amount										
\$17.81										
Nonpriority amount										
\$0.00										
2.6581.	Priority creditor's name and mailing address TEAGUE, SYMPHANY 4045 GEORGE BUSBEE PKWY NW 13202 KENNESAW GA 30144 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$85.11</td></tr></table>	Total claim	\$85.11	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$85.11</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$85.11	Nonpriority amount	\$0.00
Total claim										
\$85.11										
Priority amount										
\$85.11										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6582. Priority creditor's name and mailing address TEAL, DEMETRIAS C 4901 KINSEY DR APT 2322 TYLER TX 75703-3040 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,591.88</td> </tr> </table>	Total claim	\$3,591.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,591.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,591.88	Nonpriority amount	\$0.00
Total claim									
\$3,591.88									
Priority amount									
\$3,591.88									
Nonpriority amount									
\$0.00									
2.6583. Priority creditor's name and mailing address TEASLEY, MIYANA K 6530 W DENNY CT CHESTERFIELD VA 23832 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$123.92</td> </tr> </table>	Total claim	\$123.92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$123.92</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$123.92	Nonpriority amount	\$0.00
Total claim									
\$123.92									
Priority amount									
\$123.92									
Nonpriority amount									
\$0.00									
2.6584. Priority creditor's name and mailing address TEIXEIRA, MILLENA V 15 JULIAN LANE MILFORD MA 01757 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$436.20</td> </tr> </table>	Total claim	\$436.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$436.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$436.20	Nonpriority amount	\$0.00
Total claim									
\$436.20									
Priority amount									
\$436.20									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6585. Priority creditor's name and mailing address TEJADA, ALBELIS D 33 CROYLAND RD 2 PROVIDENCE RI 02905-2101 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,459.78	Priority amount \$1,459.78 Nonpriority amount \$0.00
2.6586. Priority creditor's name and mailing address TEJADA, BRITNEY B 4309 URBANA DRIVE FORT SMITH AR 72904 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$93.43	Priority amount \$93.43 Nonpriority amount \$0.00
2.6587. Priority creditor's name and mailing address TEJADA, CRYSTAL 3633 CLIFTON ROAD UNIT B GREENSBORO NC 27407 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$67.40	Priority amount \$67.40 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6588. Priority creditor's name and mailing address TELLEZ, VERA JENNIFER S 406 OAKLAWN AVE APT H CHULA VISTA CA 91910 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$237.24	Priority amount \$237.24 Nonpriority amount \$0.00
2.6589. Priority creditor's name and mailing address TELLY, BRIANNA 145 ROBERT AVE APT 116 RIPON CA 95366 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$75.84	Priority amount \$75.84 Nonpriority amount \$0.00
2.6590. Priority creditor's name and mailing address TENBUSH, KAMRYN L 788 NE EDGEHILL DRIVE ESTACADA OR 97023 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$120.00	Priority amount \$120.00 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6591.	Priority creditor's name and mailing address TENSON, DONYELL I 117 CHERRY STREET TINTON FALLS NJ 07724 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$184.17</td> </tr> </table>	Total claim	\$184.17	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$184.17</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$184.17	Nonpriority amount	\$0.00
Total claim										
\$184.17										
Priority amount										
\$184.17										
Nonpriority amount										
\$0.00										
2.6592.	Priority creditor's name and mailing address TEO-SALVADOR, ANA M 3627 BARCROFT VIEW TERRACE APT FALLS CHURCH VA 22041 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$729.94</td> </tr> </table>	Total claim	\$729.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$729.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$729.94	Nonpriority amount	\$0.00
Total claim										
\$729.94										
Priority amount										
\$729.94										
Nonpriority amount										
\$0.00										
2.6593.	Priority creditor's name and mailing address TERCEIRA, KAITLIN M 48 DELMAGE RD SWANSEA MA 02777 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$567.34</td> </tr> </table>	Total claim	\$567.34	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$567.34</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$567.34	Nonpriority amount	\$0.00
Total claim										
\$567.34										
Priority amount										
\$567.34										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6594. Priority creditor's name and mailing address TERMEH, SUBHIYAH 310 VICTORIA STATION BLVD. LAWRENCEVILLE GA 30043 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$226.69</td> </tr> </table>	Total claim	\$226.69	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$226.69</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$226.69	Nonpriority amount	\$0.00
Total claim									
\$226.69									
Priority amount									
\$226.69									
Nonpriority amount									
\$0.00									
2.6595. Priority creditor's name and mailing address TERRANOVA, AMANDA K 3612 S HOCKER AVE INDEPENDENCE MO 64055 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$500.20</td> </tr> </table>	Total claim	\$500.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$500.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$500.20	Nonpriority amount	\$0.00
Total claim									
\$500.20									
Priority amount									
\$500.20									
Nonpriority amount									
\$0.00									
2.6596. Priority creditor's name and mailing address TERRELL, ASIA A 7623 CARLTON ARMS BLVD WINTER HAVEN FL 33884 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$445.41</td> </tr> </table>	Total claim	\$445.41	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$445.41</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$445.41	Nonpriority amount	\$0.00
Total claim									
\$445.41									
Priority amount									
\$445.41									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6597. Priority creditor's name and mailing address TERRELL, KAYLEN 728 15TH ST. N BESSEMER AL 35020 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$159.49</td> <td>\$159.49</td> </tr> </table>	Total claim	Priority amount	\$159.49	\$159.49	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$159.49	\$159.49								
Nonpriority amount									
\$0.00									
2.6598. Priority creditor's name and mailing address TERRELL, KIANNA S 2710 OAK ST APT. 603 ALTOONA PA 16601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$88.09</td> <td>\$88.09</td> </tr> </table>	Total claim	Priority amount	\$88.09	\$88.09	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$88.09	\$88.09								
Nonpriority amount									
\$0.00									
2.6599. Priority creditor's name and mailing address TERRENCE, TKEYAH T 840 B NORTH VIRGINIA ATLANTIC CITY NJ 08401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$238.86</td> <td>\$238.86</td> </tr> </table>	Total claim	Priority amount	\$238.86	\$238.86	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$238.86	\$238.86								
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6600.	Priority creditor's name and mailing address TERRILE, SOFIA 5800 OWENSMOUTH AVE UNIT 9 WOODLAND HILLS CA 91367 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$202.07</td> </tr> </table>	Total claim	\$202.07	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$202.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$202.07	Nonpriority amount	\$0.00
Total claim										
\$202.07										
Priority amount										
\$202.07										
Nonpriority amount										
\$0.00										
2.6601.	Priority creditor's name and mailing address TERRY, CAROLYN 4551 KIPLING STREET APT 46 WHEAT RIDGE CO 80033 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,871.44</td> </tr> </table>	Total claim	\$2,871.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,871.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,871.44	Nonpriority amount	\$0.00
Total claim										
\$2,871.44										
Priority amount										
\$2,871.44										
Nonpriority amount										
\$0.00										
2.6602.	Priority creditor's name and mailing address TERRY, SAMANTHA N 287 ALEXANDRIA DR. HACKETTSTOWN NJ 07840 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$361.62</td> </tr> </table>	Total claim	\$361.62	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$361.62</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$361.62	Nonpriority amount	\$0.00
Total claim										
\$361.62										
Priority amount										
\$361.62										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6603. Priority creditor's name and mailing address TERRY, SHALANTA M 558 BARLOW DRIVE PORTSMOUTH VA 23707 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$72.48	Priority amount \$72.48 Nonpriority amount \$0.00
2.6604. Priority creditor's name and mailing address TESORIERO, AMBER N 56 BEECH DR OSWEGO NY 13126 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$4,918.93	Priority amount \$4,918.93 Nonpriority amount \$0.00
2.6605. Priority creditor's name and mailing address TEXAS COMPTROLLER OF PUBLIC ACCOUNTS PO BOX 149348 AUSTIN TX 78714-9348 Date or dates debt was incurred 01/29/17-02/03/18 Last 4 digits of account number: 5057 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$76,674.99	Priority amount \$76,674.99 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6606. Priority creditor's name and mailing address TEXAS COMPTROLLER OF PUBLIC ACCOUNTS PO BOX 149348 AUSTIN TX 78714-9348 Date or dates debt was incurred 02/04/18-02/02/19 Last 4 digits of account number: 5057 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$76,674.99</td> <td style="text-align: center;">\$76,674.99</td> </tr> </table>	Total claim	Priority amount	\$76,674.99	\$76,674.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$76,674.99	\$76,674.99								
Nonpriority amount									
\$0.00									
2.6607. Priority creditor's name and mailing address THACH, DIEN 1606 7TH ST SE ROANOKE VA 24013-2704 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,681.93</td> <td style="text-align: center;">\$1,681.93</td> </tr> </table>	Total claim	Priority amount	\$1,681.93	\$1,681.93	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$1,681.93	\$1,681.93								
Nonpriority amount									
\$0.00									
2.6608. Priority creditor's name and mailing address THAMMAVONGSA, ZAY A 9445 E. 39TH PL TULSA OK 74145 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,595.56</td> <td style="text-align: center;">\$2,595.56</td> </tr> </table>	Total claim	Priority amount	\$2,595.56	\$2,595.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$2,595.56	\$2,595.56								
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6609.	Priority creditor's name and mailing address THAO, PENELOPE E 1048 ROCKDALE STREET GREEN BAY WI 54304 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$130.09</td> </tr> </table>	Total claim	\$130.09	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$130.09</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$130.09	Nonpriority amount	\$0.00
Total claim										
\$130.09										
Priority amount										
\$130.09										
Nonpriority amount										
\$0.00										
2.6610.	Priority creditor's name and mailing address THAO, SALAH 8142 W EGGERT PLACE MILWAUKEE WI 53218 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$239.53</td> </tr> </table>	Total claim	\$239.53	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$239.53</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$239.53	Nonpriority amount	\$0.00
Total claim										
\$239.53										
Priority amount										
\$239.53										
Nonpriority amount										
\$0.00										
2.6611.	Priority creditor's name and mailing address THAO, SHANNON 412 MONTANA AVE E SAINT PAUL MN 55130 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$153.13</td> </tr> </table>	Total claim	\$153.13	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$153.13</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$153.13	Nonpriority amount	\$0.00
Total claim										
\$153.13										
Priority amount										
\$153.13										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6612.	Priority creditor's name and mailing address THAYER, SYDNEY G 6797 MAPLEWOOD RD INDIAN RIVER MI 49749 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$37.28</td> </tr> </table>	Total claim	\$37.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$37.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$37.28	Nonpriority amount	\$0.00
Total claim										
\$37.28										
Priority amount										
\$37.28										
Nonpriority amount										
\$0.00										
2.6613.	Priority creditor's name and mailing address THAYRAVANH, ALYSA M 14641 POLO RD VICTORVILLE CA 92394 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$145.68</td> </tr> </table>	Total claim	\$145.68	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$145.68</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$145.68	Nonpriority amount	\$0.00
Total claim										
\$145.68										
Priority amount										
\$145.68										
Nonpriority amount										
\$0.00										
2.6614.	Priority creditor's name and mailing address THE CITY OF LOCUST GROVE ATTN: BUSINESS LICENSE P.O. BOX 900 LOCUST GROVE GA 30248 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$448.06</td> </tr> </table>	Total claim	\$448.06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$448.06</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$448.06	Nonpriority amount	\$0.00
Total claim										
\$448.06										
Priority amount										
\$448.06										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6615. Priority creditor's name and mailing address THEIL, MARLEE 145 HARMONY ROAD 423 SLIPPERY ROCK PA 16057 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$196.52	Priority amount \$196.52 Nonpriority amount \$0.00
2.6616. Priority creditor's name and mailing address THEISEN, JENSEN N 1307 APPLEJACK COURT HENDERSON NV 89002 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$80.03	Priority amount \$80.03 Nonpriority amount \$0.00
2.6617. Priority creditor's name and mailing address THEKAN, JENNIFER L 7161 TOWNSEND DRIVE HIGHLANDS RANCH CO 80130 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,777.89	Priority amount \$2,777.89 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6618. Priority creditor's name and mailing address THIEDE, NIKKOLE L 2311 WESTFIELD LANE BELVIDERE IL 61008 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$291.73	Priority amount \$291.73 Nonpriority amount \$0.00
2.6619. Priority creditor's name and mailing address THIGPEN, SHA'TERRA M 14376 MCART RD 30 VICTORVILLE CA 92392 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$540.54	Priority amount \$540.54 Nonpriority amount \$0.00
2.6620. Priority creditor's name and mailing address THOMAS, ALLISON 1015 LAKE LANE PENNSBURG PA 18073 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$618.72	Priority amount \$618.72 Nonpriority amount \$0.00

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2.6621. Priority creditor's name and mailing address THOMAS, ALYSIA 38 BEAM AVE JACKSON NJ 08527 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$274.18</td> </tr> </table>	Total claim	\$274.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$274.18</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$274.18	Nonpriority amount	\$0.00
Total claim									
\$274.18									
Priority amount									
\$274.18									
Nonpriority amount									
\$0.00									
2.6622. Priority creditor's name and mailing address THOMAS, BRIANNA M 20405 NW 11 CT MIAMI FL 33169 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$331.80</td> </tr> </table>	Total claim	\$331.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$331.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$331.80	Nonpriority amount	\$0.00
Total claim									
\$331.80									
Priority amount									
\$331.80									
Nonpriority amount									
\$0.00									
2.6623. Priority creditor's name and mailing address THOMAS, CRYSTOL V 253-17 147TH ROAD ROSEDALE NY 11422 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$99.24</td> </tr> </table>	Total claim	\$99.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$99.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$99.24	Nonpriority amount	\$0.00
Total claim									
\$99.24									
Priority amount									
\$99.24									
Nonpriority amount									
\$0.00									

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2.6624. Priority creditor's name and mailing address THOMAS, ESPERANZA S 5443 W. CALLE SAN ANGELO GUADALUPE AZ 85283 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$160.05</td> </tr> </table>	Total claim	\$160.05	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$160.05</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$160.05	Nonpriority amount	\$0.00
Total claim									
\$160.05									
Priority amount									
\$160.05									
Nonpriority amount									
\$0.00									
2.6625. Priority creditor's name and mailing address THOMAS, JORDAN C 238 CARRIAGE BLVD PITTSBURGH PA 15239 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$61.48</td> </tr> </table>	Total claim	\$61.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$61.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$61.48	Nonpriority amount	\$0.00
Total claim									
\$61.48									
Priority amount									
\$61.48									
Nonpriority amount									
\$0.00									
2.6626. Priority creditor's name and mailing address THOMAS, KAYLA J 150 CROWN STREET B2 BROOKLYN NY 11225 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$849.75</td> </tr> </table>	Total claim	\$849.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$849.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$849.75	Nonpriority amount	\$0.00
Total claim									
\$849.75									
Priority amount									
\$849.75									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6627. Priority creditor's name and mailing address THOMAS, KYLIE V 25 OAKBROOKE TROY IL 62294 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$113.68	Priority amount \$113.68 Nonpriority amount \$0.00
2.6628. Priority creditor's name and mailing address THOMAS, MIKALA R 745 N 119TH AT WEST WICHITA KS 67235 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,295.03	Priority amount \$1,295.03 Nonpriority amount \$0.00
2.6629. Priority creditor's name and mailing address THOMAS, SAVANNAH M 5000 STATION STREET APT. 112 MORGANTOWN WV 26501 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$122.85	Priority amount \$122.85 Nonpriority amount \$0.00

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2.6630. Priority creditor's name and mailing address THOMAS, TRANCE 1210 PALM BEACH LAKES BLVD APT#C11 WEST PALM BEACH FL 33401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$174.11</td> </tr> </table>	Total claim	\$174.11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$174.11</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$174.11	Nonpriority amount	\$0.00
Total claim									
\$174.11									
Priority amount									
\$174.11									
Nonpriority amount									
\$0.00									
2.6631. Priority creditor's name and mailing address THOMAS, TYRA A 3420 ANDREW COURT APT 302 LAUREL MD 20724 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$717.03</td> </tr> </table>	Total claim	\$717.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$717.03</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$717.03	Nonpriority amount	\$0.00
Total claim									
\$717.03									
Priority amount									
\$717.03									
Nonpriority amount									
\$0.00									
2.6632. Priority creditor's name and mailing address THOMASON, NICOLE M 512 NORTH DR. PO BOX 1514 LEBEC CA 93243 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$180.96</td> </tr> </table>	Total claim	\$180.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$180.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$180.96	Nonpriority amount	\$0.00
Total claim									
\$180.96									
Priority amount									
\$180.96									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6633. Priority creditor's name and mailing address THOMPSON, ALEXIS B 10618 E 66TH ST S 160 TULSA OK 74133 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$83.42	Priority amount \$83.42 Nonpriority amount \$0.00
2.6634. Priority creditor's name and mailing address THOMPSON, ANISSIYA 18 SHAW STREET UTICA NY 13502 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$175.16	Priority amount \$175.16 Nonpriority amount \$0.00
2.6635. Priority creditor's name and mailing address THOMPSON, AUBREYANNA 2042 ROHDEA WAY OXNARD CA 93030 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$220.80	Priority amount \$220.80 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6636. Priority creditor's name and mailing address THOMPSON, BRIQUETTE 14117 SNAFFLE BIT TRAIL HASLET TX 76052 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$251.52</td> </tr> </table>	Total claim	\$251.52	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$251.52</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$251.52	Nonpriority amount	\$0.00
Total claim									
\$251.52									
Priority amount									
\$251.52									
Nonpriority amount									
\$0.00									
2.6637. Priority creditor's name and mailing address THOMPSON, BRITTNEY B 770 1/2 MILLER STREET LUZERNE PA 18709 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$538.51</td> </tr> </table>	Total claim	\$538.51	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$538.51</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$538.51	Nonpriority amount	\$0.00
Total claim									
\$538.51									
Priority amount									
\$538.51									
Nonpriority amount									
\$0.00									
2.6638. Priority creditor's name and mailing address THOMPSON, DESTIN D 3301 W ESPLANADE AVE N APT 508 5084B METAIRIE LA 70002 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$436.62</td> </tr> </table>	Total claim	\$436.62	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$436.62</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$436.62	Nonpriority amount	\$0.00
Total claim									
\$436.62									
Priority amount									
\$436.62									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6639. Priority creditor's name and mailing address THOMPSON, GABRIELLE B 6467 GRAWOOD DR KEITHVILLE LA 71047 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$79.24	Priority amount \$79.24 Nonpriority amount \$0.00
2.6640. Priority creditor's name and mailing address THOMPSON, II DAVID W 12335 ALEXANDRIA SAN ANTONIO TX 78233 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$33.30	Priority amount \$33.30 Nonpriority amount \$0.00
2.6641. Priority creditor's name and mailing address THOMPSON, JANET O 3117 W ARTHUR AVENUE CHICAGO IL 60645 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$380.60	Priority amount \$380.60 Nonpriority amount \$0.00

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2.6642. Priority creditor's name and mailing address THOMPSON, JASMYN M 6606 N 89TH CT APT D D OMAHA NE 68122 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,030.55	Priority amount \$2,030.55 Nonpriority amount \$0.00
2.6643. Priority creditor's name and mailing address THOMPSON, JAYLA 15 BABCOCK LANE WILLINGBORO NJ 08046 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$490.98	Priority amount \$490.98 Nonpriority amount \$0.00
2.6644. Priority creditor's name and mailing address THOMPSON, NATALIE L 740 NE 199TH ST 105G MIAMI FL 33179 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,655.98	Priority amount \$3,655.98 Nonpriority amount \$0.00

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2.6645. Priority creditor's name and mailing address THOMPSON, REBECCA D 110 SCHOOL STREET MORGANTOWN WV 26505 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$153.47	Priority amount \$153.47 Nonpriority amount \$0.00
2.6646. Priority creditor's name and mailing address THOMPSON, SABRINA R 2317 PARK LANE W6 HOLT MI 48842 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$68.91	Priority amount \$68.91 Nonpriority amount \$0.00
2.6647. Priority creditor's name and mailing address THOMPSON, SHANEE M 10342 98TH ST OZONE PARK NY 11417-1643 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,304.72	Priority amount \$2,304.72 Nonpriority amount \$0.00

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2.6648. Priority creditor's name and mailing address THOMPSON, SHAVONNE S 90 EASTGAY DRIVE A AKRON OH 44313 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$303.45	Priority amount \$303.45 Nonpriority amount \$0.00
2.6649. Priority creditor's name and mailing address THOMPSON, TAMIKA S 1648 INDIAN WAY OKEMOS MI 48864 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$102.77	Priority amount \$102.77 Nonpriority amount \$0.00
2.6650. Priority creditor's name and mailing address THORNTON, DENISHA L 2592 COLUMBUS WAY SOUTH SAINT PETERSBURG FL 33712 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$414.12	Priority amount \$414.12 Nonpriority amount \$0.00

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2.6651. Priority creditor's name and mailing address THORNTON, GABRIELLE E 7919 CAPISTRANO DRIVE RICHMOND VA 23227 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$165.08	Priority amount \$165.08 Nonpriority amount \$0.00
2.6652. Priority creditor's name and mailing address THORNTON, JASMINE 1001 E 77TH ST APT 207 RICHFIELD MN 55423 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$923.54	Priority amount \$923.54 Nonpriority amount \$0.00
2.6653. Priority creditor's name and mailing address THREEETS, AISLING A 13125 GREY WOLF LANE COVINGTON GA 30014 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$104.48	Priority amount \$104.48 Nonpriority amount \$0.00

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2.6654. Priority creditor's name and mailing address THRELKELD, IYANA S 911 BEARD ST APT 1 FLINT MI 48503 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$118.96	Priority amount \$118.96 Nonpriority amount \$0.00
2.6655. Priority creditor's name and mailing address THROWER, DARYN N 4 BRIGADE COURT OWINGS MILLS MD 21117 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$179.52	Priority amount \$179.52 Nonpriority amount \$0.00
2.6656. Priority creditor's name and mailing address THUETT, DANESSA L 1002 E EVANS AVE PUEBLO CO 81004 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$134.65	Priority amount \$134.65 Nonpriority amount \$0.00

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2.6657. Priority creditor's name and mailing address TIFFANY, KAITLYN N 8850 MOAT CROSSING PL. BRISTOW VA 20136 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$69.97	Priority amount \$69.97 Nonpriority amount \$0.00
2.6658. Priority creditor's name and mailing address TIFFANY, STEPHANIE 175 S SHERMAN ST APT 202 DENVER CO 80209 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$4,471.24	Priority amount \$4,471.24 Nonpriority amount \$0.00
2.6659. Priority creditor's name and mailing address TIGHE, KAILEY S 1925 WEST MEMORIAL DR MUNCIE IN 47302 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$140.29	Priority amount \$140.29 Nonpriority amount \$0.00

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2.6660. Priority creditor's name and mailing address TIMBER, KELLIE 1928 CAGLE DRIVE MONROE LA 71202 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$134.13	Priority amount \$134.13 Nonpriority amount \$0.00
2.6661. Priority creditor's name and mailing address TIMMONS, PHEAYSIA L 4019 DUPONT AVE N FL2 MINNEAPOLIS MN 55412 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$627.05	Priority amount \$627.05 Nonpriority amount \$0.00
2.6662. Priority creditor's name and mailing address TINAJERO, ALEENA M 1027 W CAMERON AVE WEST COVINA CA 91790-3622 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$489.32	Priority amount \$489.32 Nonpriority amount \$0.00

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2.6663. Priority creditor's name and mailing address TINOCO, DANIELA A 106 S WOODWORTH AVE. 18S FRANKTON IN 46044 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$163.06	Priority amount \$163.06 Nonpriority amount \$0.00
2.6664. Priority creditor's name and mailing address TINSLEY, BRANDON E 2206 EMPORIA ST WOODBRIDGE VA 22191 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$96.01	Priority amount \$96.01 Nonpriority amount \$0.00
2.6665. Priority creditor's name and mailing address TINSLEY, MADISON K 321 SW FILLMORE ST TOPEKA KS 66606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$165.96	Priority amount \$165.96 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6666. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
TIRADO, RODRIGUEZ YOHAIRA I 4421 SOUTH KIRKMAN RD K-204 ORLANDO FL 32811		\$54.15	\$54.15
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		Nonpriority amount
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		\$0.00
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.6667. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
TO, SKYLAR 21 SPRING STREET EVERETT MA 02149		\$719.22	\$719.22
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		Nonpriority amount
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		\$0.00
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.6668. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
TODD, CHEYENNE D 5171 COVENTRY PKWY 5171 FORT WAYNE IN 46804		\$33.08	\$33.08
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		Nonpriority amount
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		\$0.00
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

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2.6669.	Priority creditor's name and mailing address TODD, ELIZABETH 1327 SIMMONS AVENUE SAINT LOUIS MO 63122 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,219.04</td> </tr> </table>	Total claim	\$2,219.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,219.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,219.04	Nonpriority amount	\$0.00
Total claim										
\$2,219.04										
Priority amount										
\$2,219.04										
Nonpriority amount										
\$0.00										
2.6670.	Priority creditor's name and mailing address TODD, JASMINE L 4703 PALADIUM DR MANSFIELD TX 76063 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$41.25</td> </tr> </table>	Total claim	\$41.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$41.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$41.25	Nonpriority amount	\$0.00
Total claim										
\$41.25										
Priority amount										
\$41.25										
Nonpriority amount										
\$0.00										
2.6671.	Priority creditor's name and mailing address TOERIEN. LANCE A. 10590 OAKBEND DR SAN DIEGO CA 92131-2369 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$13,258.03</td> </tr> </table>	Total claim	\$13,258.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$12,850.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$408.03</td> </tr> </table>	Priority amount	\$12,850.00	Nonpriority amount	\$408.03
Total claim										
\$13,258.03										
Priority amount										
\$12,850.00										
Nonpriority amount										
\$408.03										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6672. Priority creditor's name and mailing address TOLAND, SARAH 100 HILLDALE RD ETTERS PA 17319 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$515.03</td> </tr> </table>	Total claim	\$515.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$515.03</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$515.03	Nonpriority amount	\$0.00
Total claim									
\$515.03									
Priority amount									
\$515.03									
Nonpriority amount									
\$0.00									
2.6673. Priority creditor's name and mailing address TOLBERT, MADALYN M 238 HUNTINGTON TRAIL HOSCHTON GA 30548 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$155.08</td> </tr> </table>	Total claim	\$155.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$155.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$155.08	Nonpriority amount	\$0.00
Total claim									
\$155.08									
Priority amount									
\$155.08									
Nonpriority amount									
\$0.00									
2.6674. Priority creditor's name and mailing address TOLBERT, TIANA N 12475 MT BELFORD WAY COLORADO SPRINGS CO 80831 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$177.60</td> </tr> </table>	Total claim	\$177.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$177.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$177.60	Nonpriority amount	\$0.00
Total claim									
\$177.60									
Priority amount									
\$177.60									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6675. Priority creditor's name and mailing address TOLLIVER, AHKEEA 841 SADDLEBRED DR RICHMOND VA 23223 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$120.17	Priority amount \$120.17 Nonpriority amount \$0.00
2.6676. Priority creditor's name and mailing address TOMAINO, PAMELA A 9432 CARRIAGE HILL STREET FREDERICK MD 21704 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$9,170.24	Priority amount \$9,170.24 Nonpriority amount \$0.00
2.6677. Priority creditor's name and mailing address TOMAS, LOPEZ SHEILA M 409 W. MANNING STREET CHATTANOOGA TN 37405 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$32.85	Priority amount \$32.85 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6678. Priority creditor's name and mailing address TOMASETTI, ALYSA G 2054 SANTA LUCIA AVENUE OXNARD CA 93030 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$257.40	Priority amount \$257.40 Nonpriority amount \$0.00
2.6679. Priority creditor's name and mailing address TOMASSION, LINDA L 4327 3RD ST WAYNE MI 48184 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,170.42	Priority amount \$2,170.42 Nonpriority amount \$0.00
2.6680. Priority creditor's name and mailing address TOMLINSON, MICHAEL G 3418 MORNING DOVE CIRCLE LAWRENCE KS 66049 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$6,103.13	Priority amount \$6,103.13 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6681. Priority creditor's name and mailing address TOMLINSON, PRESLEY K 3001 W. WEDINGTON 53 FAYETTEVILLE AR 72701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$143.29	Priority amount \$143.29 Nonpriority amount \$0.00
2.6682. Priority creditor's name and mailing address TONG, DANIELLE M 1536 POLK DR BRUNSWICK OH 44212 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$218.71	Priority amount \$218.71 Nonpriority amount \$0.00
2.6683. Priority creditor's name and mailing address TONY YZAGUIRRE, JR. TAX ASSESSOR-COLLECTOR PO BOX 952 BROWNSVILLE TX 78522-0952 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$5,524.10	Priority amount \$5,524.10 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6684. Priority creditor's name and mailing address TOONE, CYERA 1670 KARON DR COLUMBUS OH 43219 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$104.91</td> <td>\$104.91</td> </tr> </table>	Total claim	Priority amount	\$104.91	\$104.91	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$104.91	\$104.91								
Nonpriority amount									
\$0.00									
2.6685. Priority creditor's name and mailing address TOPAL, GAIL S 100-72 BAKER COURT ISLAND PARK NY 11558 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$9,549.19</td> <td>\$9,549.19</td> </tr> </table>	Total claim	Priority amount	\$9,549.19	\$9,549.19	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$9,549.19	\$9,549.19								
Nonpriority amount									
\$0.00									
2.6686. Priority creditor's name and mailing address TORANIA, MISHKAT 685 RED TAIL CT BROOKFIELD WI 53045 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$90.19</td> <td>\$90.19</td> </tr> </table>	Total claim	Priority amount	\$90.19	\$90.19	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$90.19	\$90.19								
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6687. Priority creditor's name and mailing address TOREBKA, SAVANNAH R 8 BUCHANAN DRIVE GANSEVOORT NY 12831 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$205.69	Priority amount \$205.69 Nonpriority amount \$0.00
2.6688. Priority creditor's name and mailing address TORO, STEVEN 5022 17TH AVE NE SEATTLE WA 98105 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$376.48	Priority amount \$376.48 Nonpriority amount \$0.00
2.6689. Priority creditor's name and mailing address TORRES, ADRIANA 310 GOLDEN ROD DRIVE APT 24 MINOOKA IL 60447 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$560.03	Priority amount \$560.03 Nonpriority amount \$0.00

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2.6690. Priority creditor's name and mailing address TORRES, AMY L 150 W NATALIE LN ADDISON IL 60101 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$319.66</td> </tr> </table>	Total claim	\$319.66	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$319.66</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$319.66	Nonpriority amount	\$0.00
Total claim									
\$319.66									
Priority amount									
\$319.66									
Nonpriority amount									
\$0.00									
2.6691. Priority creditor's name and mailing address TORRES, ANA M 9111 LEAWOOD BLVD HOUSTON TX 77099-2031 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,772.41</td> </tr> </table>	Total claim	\$2,772.41	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,772.41</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,772.41	Nonpriority amount	\$0.00
Total claim									
\$2,772.41									
Priority amount									
\$2,772.41									
Nonpriority amount									
\$0.00									
2.6692. Priority creditor's name and mailing address TORRES, CASSANDRA N 11146 JERSEY AVE NORWALK CA 90650 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$122.64</td> </tr> </table>	Total claim	\$122.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$122.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$122.64	Nonpriority amount	\$0.00
Total claim									
\$122.64									
Priority amount									
\$122.64									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6693.	Priority creditor's name and mailing address TORRES, CITLALI B 5216 S HAMLIN AVE CHICAGO IL 60632 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$394.68</td> </tr> </table>	Total claim	\$394.68	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$394.68</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$394.68	Nonpriority amount	\$0.00
Total claim										
\$394.68										
Priority amount										
\$394.68										
Nonpriority amount										
\$0.00										
2.6694.	Priority creditor's name and mailing address TORRES, DIANA 427 N LINNELL AVE FARMERSVILLE CA 93223 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$36.24</td> </tr> </table>	Total claim	\$36.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$36.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$36.24	Nonpriority amount	\$0.00
Total claim										
\$36.24										
Priority amount										
\$36.24										
Nonpriority amount										
\$0.00										
2.6695.	Priority creditor's name and mailing address TORRES, DIANA 821 SUNSET AVENUE DALLAS TX 75208 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$293.29</td> </tr> </table>	Total claim	\$293.29	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$293.29</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$293.29	Nonpriority amount	\$0.00
Total claim										
\$293.29										
Priority amount										
\$293.29										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6696. Priority creditor's name and mailing address TORRES, DIAZIA E 952 STAMLER DR. TOMS RIVER NJ 08753 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$84.39</td> </tr> </table>	Total claim	\$84.39	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$84.39</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$84.39	Nonpriority amount	\$0.00
Total claim									
\$84.39									
Priority amount									
\$84.39									
Nonpriority amount									
\$0.00									
2.6697. Priority creditor's name and mailing address TORRES, FLORES BRISEIDA E 4815 VALOR WAY MADISON WI 53718 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$114.56</td> </tr> </table>	Total claim	\$114.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$114.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$114.56	Nonpriority amount	\$0.00
Total claim									
\$114.56									
Priority amount									
\$114.56									
Nonpriority amount									
\$0.00									
2.6698. Priority creditor's name and mailing address TORRES, JESSICA 1440 NE 223RD AVE #106 WOOD VILLAGE OR 97060 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$342.28</td> </tr> </table>	Total claim	\$342.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$342.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$342.28	Nonpriority amount	\$0.00
Total claim									
\$342.28									
Priority amount									
\$342.28									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6699.	Priority creditor's name and mailing address TORRES, JOSMAIRIM 4102 DINNER LAKE WAY LAKE WALES FL 33859 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$229.27</td> </tr> </table>	Total claim	\$229.27	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$229.27</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$229.27	Nonpriority amount	\$0.00
Total claim										
\$229.27										
Priority amount										
\$229.27										
Nonpriority amount										
\$0.00										
2.6700.	Priority creditor's name and mailing address TORRES, JUDITH 5946 HUDSON WOODS CT LAS VEGAS NV 89156 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$170.62</td> </tr> </table>	Total claim	\$170.62	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$170.62</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$170.62	Nonpriority amount	\$0.00
Total claim										
\$170.62										
Priority amount										
\$170.62										
Nonpriority amount										
\$0.00										
2.6701.	Priority creditor's name and mailing address TORRES, KATIA M 72 FIELDSTREAM DR APT C WATERBURY CT 06704 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$78.07</td> </tr> </table>	Total claim	\$78.07	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$78.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$78.07	Nonpriority amount	\$0.00
Total claim										
\$78.07										
Priority amount										
\$78.07										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6702. Priority creditor's name and mailing address TORRES, KATY 1706 15TH ST #207 KENOSHA WI 53140 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,294.60	Priority amount \$2,294.60 Nonpriority amount \$0.00
2.6703. Priority creditor's name and mailing address TORRES, LISSETTE A 784 JULIAN ST TURLOCK CA 95380-3812 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$691.68	Priority amount \$691.68 Nonpriority amount \$0.00
2.6704. Priority creditor's name and mailing address TORRES, MICHELLE P 549 LINDSAY ANNE CT PLANT CITY FL 33563 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$4,053.66	Priority amount \$4,053.66 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6705. Priority creditor's name and mailing address TORRES, RAMON E CALLE BOHIO F 46 URB CAGUAX CAGUAS PR 00725 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,980.14	Priority amount \$1,980.14 Nonpriority amount \$0.00
2.6706. Priority creditor's name and mailing address TORRES, REBECCA A 1333 FELICIA CT. OXNARD CA 93030 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$316.20	Priority amount \$316.20 Nonpriority amount \$0.00
2.6707. Priority creditor's name and mailing address TORRES, ROBLEDO CARLA C PO BOX 36 ORANGE PARK FL 32067 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$67.09	Priority amount \$67.09 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6708. Priority creditor's name and mailing address TORRES, TATIANA 7913 6TH STREET DOWNEY CA 90241 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$106.20	Priority amount \$106.20 Nonpriority amount \$0.00
2.6709. Priority creditor's name and mailing address TORRES, VALERIA 1504 GRANDCLUB BLVD 1504 FORT PIERCE FL 34982 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$338.66	Priority amount \$338.66 Nonpriority amount \$0.00
2.6710. Priority creditor's name and mailing address TORRES, VANESSA 1041 DESIERTO LUNA ST EL PASO TX 79912-1140 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$353.23	Priority amount \$353.23 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6711. Priority creditor's name and mailing address TORRES, YOLANDA C-SARTUNIA L-4 PARQUE ECUESTRE CAROLINA PR 00985 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,059.69	Priority amount \$3,059.69 Nonpriority amount \$0.00
2.6712. Priority creditor's name and mailing address TORRES-FIGUEROA, ALBA E 11554 W FOXBERRY DR MARANA AZ 85653 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$4,844.60	Priority amount \$4,844.60 Nonpriority amount \$0.00
2.6713. Priority creditor's name and mailing address TORRES-ROMO, LAURA G 2896 GRIFFIN AVE 8 LOS ANGELES CA 90031 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$313.20	Priority amount \$313.20 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6714. Priority creditor's name and mailing address TORREZ, BROOKE M 3711 EMERALD STREET 7 TORRANCE CA 90503 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$235.20	Priority amount \$235.20 Nonpriority amount \$0.00
2.6715. Priority creditor's name and mailing address TORUNO, CLAUDIA 13477 SW 284TH ST HOMESTEAD FL 33033 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,906.36	Priority amount \$2,906.36 Nonpriority amount \$0.00
2.6716. Priority creditor's name and mailing address TOSCANO, MAYRA V 1412 W WASHINGTON AVE. SANTA ANA CA 92706 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$147.00	Priority amount \$147.00 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6717. Priority creditor's name and mailing address TOSTON, CHONTIARERA 8224 OAKSHIRE ST LAS VEGAS NV 89131 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$173.25	Priority amount \$173.25 Nonpriority amount \$0.00
2.6718. Priority creditor's name and mailing address TOSTON-MONROE, JESSICA 24323 JACKSON AVENUE #1212 MURRIETA CA 92562 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$24.00	Priority amount \$24.00 Nonpriority amount \$0.00
2.6719. Priority creditor's name and mailing address TOTH, TRACY E 104 COBBLESTONE TRL DANBURY CT 06810-8449 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$7,626.90	Priority amount \$7,626.90 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6720. Priority creditor's name and mailing address TOWN OF KINGSTON PO BOX 900 KINGSTON MA 02364-0900 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$54.85	Priority amount \$54.85 Nonpriority amount \$0.00
2.6721. Priority creditor's name and mailing address TOWNS, NYESHA N 2614 BON AIR DR. ORLANDO FL 32818 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$808.26	Priority amount \$808.26 Nonpriority amount \$0.00
2.6722. Priority creditor's name and mailing address TOWNSEND, ANGELENA E 1416 SKYRIDE DRIVE APT D CRYSTAL LAKE IL 60014 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,781.25	Priority amount \$3,781.25 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6723. Priority creditor's name and mailing address TOWNSEND, ASHLEIGH 5700 DORCHESTER WAY IRONDALE AL 35210 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$252.84	Priority amount \$252.84 Nonpriority amount \$0.00
2.6724. Priority creditor's name and mailing address TRACE-BAYLOR, CHELSEA C 11735 VILLAGE HEIGHTS DRIVE WAYNESBORO PA 17268 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$233.32	Priority amount \$233.32 Nonpriority amount \$0.00
2.6725. Priority creditor's name and mailing address TRACY, ANNABELLE 7110 W VIRGINIA AVE APT A201 LAKEWOOD CO 80226 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$536.38	Priority amount \$536.38 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6726. Priority creditor's name and mailing address TRAN, ANDY T 111 ANDREA RD CHELTENHAM PA 19012-1311 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$548.42	Priority amount \$548.42 Nonpriority amount \$0.00
2.6727. Priority creditor's name and mailing address TRAN, JACKLYN 119 NORTH GLENWOOD MIDLAND TX 79703 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$135.60	Priority amount \$135.60 Nonpriority amount \$0.00
2.6728. Priority creditor's name and mailing address TRAN, JANICE M 233 LINDSEY CIRCLE CARENCRO LA 70520 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,259.17	Priority amount \$2,259.17 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6729.	Priority creditor's name and mailing address TRAN, MIA N 850 S PARKSIDE ELMHURST IL 60126 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$131.59</td> </tr> </table>	Total claim	\$131.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$131.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$131.59	Nonpriority amount	\$0.00
Total claim										
\$131.59										
Priority amount										
\$131.59										
Nonpriority amount										
\$0.00										
2.6730.	Priority creditor's name and mailing address TRAN, SILVIE 760 RIVER VIEW DR SAN JOSE CA 95111 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$46.50</td> </tr> </table>	Total claim	\$46.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$46.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$46.50	Nonpriority amount	\$0.00
Total claim										
\$46.50										
Priority amount										
\$46.50										
Nonpriority amount										
\$0.00										
2.6731.	Priority creditor's name and mailing address TRAUD, LAURA B 204 GRINDSTONE DR APEX NC 27502 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$543.67</td> </tr> </table>	Total claim	\$543.67	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$543.67</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$543.67	Nonpriority amount	\$0.00
Total claim										
\$543.67										
Priority amount										
\$543.67										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6732. Priority creditor's name and mailing address TRAYLOR, TALORIA I 201 BLUE GABLE RD. APT. 505 HATTIESBURG MS 39401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$4,014.59</td> </tr> </table>	Total claim	\$4,014.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$4,014.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$4,014.59	Nonpriority amount	\$0.00
Total claim									
\$4,014.59									
Priority amount									
\$4,014.59									
Nonpriority amount									
\$0.00									
2.6733. Priority creditor's name and mailing address TREAMER, CORAL G 1600 CAROLINE ST FREDERICKSBURG VA 22401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$383.22</td> </tr> </table>	Total claim	\$383.22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$383.22</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$383.22	Nonpriority amount	\$0.00
Total claim									
\$383.22									
Priority amount									
\$383.22									
Nonpriority amount									
\$0.00									
2.6734. Priority creditor's name and mailing address TREJO-SIMON, SAMUEL 220 N TORREY PINES DR LAS VEGAS NV 89107-1307 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$392.20</td> </tr> </table>	Total claim	\$392.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$392.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$392.20	Nonpriority amount	\$0.00
Total claim									
\$392.20									
Priority amount									
\$392.20									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6735. Priority creditor's name and mailing address TREMINIO, ANA I 7603 AIMUA CT HOUSTON TX 77083 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$526.37	Priority amount \$526.37 Nonpriority amount \$0.00
2.6736. Priority creditor's name and mailing address TREVINO, LYRISSA D 1414 N 31ST PL PHX AZ 85008 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$110.44	Priority amount \$110.44 Nonpriority amount \$0.00
2.6737. Priority creditor's name and mailing address TREVINO, MALYDIA A 2105 GREEN TREE COVE ROUND ROCK TX 78665 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$632.32	Priority amount \$632.32 Nonpriority amount \$0.00

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2.6738. Priority creditor's name and mailing address TREVINO, MARIA I 837COLUMBIA AVE LANCASTER PA 17603 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$271.01	Priority amount \$271.01 Nonpriority amount \$0.00
2.6739. Priority creditor's name and mailing address TRINIDAD, NANCY 4121 E. HOLLAND AVE. FRESNO CA 93726 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$633.59	Priority amount \$633.59 Nonpriority amount \$0.00
2.6740. Priority creditor's name and mailing address TRINIDAD, SANTIAGO DAGNES M 108 FILLMORE ST. M PROVIDENCE RI 02908 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$64.37	Priority amount \$64.37 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6741. Priority creditor's name and mailing address TROCHE, LEILANI A 56 NORTH FIRST ST 2ND FL MERIDEN CT 06451 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$436.05	Priority amount \$436.05 Nonpriority amount \$0.00
2.6742. Priority creditor's name and mailing address TROOST, AMANDA B 105 YORKSHIRE DR YORKTOWN VA 23693 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$101.47	Priority amount \$101.47 Nonpriority amount \$0.00
2.6743. Priority creditor's name and mailing address TROSCLAIR, ANGELEE A 3104 KENTA DR MARRERO LA 70072 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$776.83	Priority amount \$776.83 Nonpriority amount \$0.00

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2.6744. Priority creditor's name and mailing address TROTMAN, DANIELLE 705 COMMONS COURT EAST STROUDSBURG PA 18301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$589.82</td> </tr> </table>	Total claim	\$589.82	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$589.82</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$589.82	Nonpriority amount	\$0.00
Total claim									
\$589.82									
Priority amount									
\$589.82									
Nonpriority amount									
\$0.00									
2.6745. Priority creditor's name and mailing address TROTMAN, MICHELLE S 240 CROWN STREET APT# 4F BROOKLYN NY 11225 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$334.05</td> </tr> </table>	Total claim	\$334.05	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$334.05</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$334.05	Nonpriority amount	\$0.00
Total claim									
\$334.05									
Priority amount									
\$334.05									
Nonpriority amount									
\$0.00									
2.6746. Priority creditor's name and mailing address TROWBRIDGE, JANE L 1806 NE 85TH TERRACE KANSAS CITY MO 64155 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$505.77</td> </tr> </table>	Total claim	\$505.77	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$505.77</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$505.77	Nonpriority amount	\$0.00
Total claim									
\$505.77									
Priority amount									
\$505.77									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6747. Priority creditor's name and mailing address TRUEHEART, ERIELLE A 11 HIGHGATE AVE BUFFALO NY 14214 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$202.24	Priority amount \$202.24 Nonpriority amount \$0.00
2.6748. Priority creditor's name and mailing address TRUITT, DANIEL 2505 TONI AVE SPRINGDALE AR 72762 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$768.95	Priority amount \$768.95 Nonpriority amount \$0.00
2.6749. Priority creditor's name and mailing address TRUJILLO, BRIANNE S 3680 ROLLE STREET LOS ANGELES CA 90031 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$179.64	Priority amount \$179.64 Nonpriority amount \$0.00

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2.6750. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
TRULL, TIFFANY C 23 LINLEW DR APT 17 DERRY NH 03038		\$3,118.13	\$3,118.13
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.6751. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
TRULOVE, MORGAN J 1231 E OMAHA ST APT B2 BROKEN ARROW OK 74012		\$65.19	\$65.19
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.6752. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
TSANGARIS, JENNIFER 507 GENEVA AVE. STRUTHERS OH 44471		\$6,678.38	\$6,678.38
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

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2.6753. Priority creditor's name and mailing address TUAPANTE, TATIANA M 55 WILLIAM ST APT 2 SOUTH RIVER NJ 08882 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$45.75	Priority amount \$45.75 Nonpriority amount \$0.00
2.6754. Priority creditor's name and mailing address TUBBS, SHALONZIA 1002 4TH AVENUE SELMA AL 36701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$188.02	Priority amount \$188.02 Nonpriority amount \$0.00
2.6755. Priority creditor's name and mailing address TUBMAN, MARICA 242 AMELIA DR W MARTINEZ GA 30907 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$133.81	Priority amount \$133.81 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6756. Priority creditor's name and mailing address TUCKER, AMBER M 3906 GRAMMONT ST MONROE LA 71203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$312.99</td> </tr> </table>	Total claim	\$312.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$312.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$312.99	Nonpriority amount	\$0.00
Total claim									
\$312.99									
Priority amount									
\$312.99									
Nonpriority amount									
\$0.00									
2.6757. Priority creditor's name and mailing address TUCKER, KENDRA M 506 HUGER ST COLUMBIA SC 29201 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$177.65</td> </tr> </table>	Total claim	\$177.65	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$177.65</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$177.65	Nonpriority amount	\$0.00
Total claim									
\$177.65									
Priority amount									
\$177.65									
Nonpriority amount									
\$0.00									
2.6758. Priority creditor's name and mailing address TUCKER, MYA R 5244 LANSLOWNE WAY PALMETTO FL 34221 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$51.92</td> </tr> </table>	Total claim	\$51.92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$51.92</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$51.92	Nonpriority amount	\$0.00
Total claim									
\$51.92									
Priority amount									
\$51.92									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6759.	Priority creditor's name and mailing address TUDA, LILIANA 663 GOLDEN EAGLE CHAPARRAL NM 88081 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$203.74</td></tr></table>	Total claim	\$203.74	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$203.74</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$203.74	Nonpriority amount	\$0.00
Total claim										
\$203.74										
Priority amount										
\$203.74										
Nonpriority amount										
\$0.00										
2.6760.	Priority creditor's name and mailing address TUDOR, REBECCA 110 N MAIN ST 4 BERLIN MD 21811 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$132.11</td></tr></table>	Total claim	\$132.11	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$132.11</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$132.11	Nonpriority amount	\$0.00
Total claim										
\$132.11										
Priority amount										
\$132.11										
Nonpriority amount										
\$0.00										
2.6761.	Priority creditor's name and mailing address TUFFOUR, SABRINA A 912 SOMERSET ST APT 5 NEW BRUNSWICK NJ 08901 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$169.03</td></tr></table>	Total claim	\$169.03	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$169.03</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$169.03	Nonpriority amount	\$0.00
Total claim										
\$169.03										
Priority amount										
\$169.03										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6762. Priority creditor's name and mailing address TUGGLE, KIARA S 8619 CHESTERFIELD DR SOUTHAVEN MS 38671 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$93.94</td> </tr> </table>	Total claim	\$93.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$93.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$93.94	Nonpriority amount	\$0.00
Total claim									
\$93.94									
Priority amount									
\$93.94									
Nonpriority amount									
\$0.00									
2.6763. Priority creditor's name and mailing address TULLOCH, ARIN 10014 PALERMO CIRCLE 302 BRANDON FL 33619 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$86.55</td> </tr> </table>	Total claim	\$86.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$86.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$86.55	Nonpriority amount	\$0.00
Total claim									
\$86.55									
Priority amount									
\$86.55									
Nonpriority amount									
\$0.00									
2.6764. Priority creditor's name and mailing address TURBEK-HEAL, SYDNEY 6075 PIERCE STREET ARVADA CO 80003 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$578.26</td> </tr> </table>	Total claim	\$578.26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$578.26</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$578.26	Nonpriority amount	\$0.00
Total claim									
\$578.26									
Priority amount									
\$578.26									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6765. Priority creditor's name and mailing address TURLA, ALINA 1345 10TH AVE EAST APT 1406 TUSCALOSSA AL 35404 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$221.92	Priority amount \$221.92 Nonpriority amount \$0.00
2.6766. Priority creditor's name and mailing address TURNBOW, TAYLOR M 4317 MINERAL AVE SW BIRMINGHAM AL 35221 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$129.36	Priority amount \$129.36 Nonpriority amount \$0.00
2.6767. Priority creditor's name and mailing address TURNER, DYMOND 2236 SHERMAN AVE PANAMA CITY FL 32405 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$103.71	Priority amount \$103.71 Nonpriority amount \$0.00

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2.6768.	Priority creditor's name and mailing address TURNER, JALEESA N 2845 ZELDA RD. APT G5 MONTGOMERY AL 36106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th>Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,012.06</td> </tr> </table>	Total claim	\$1,012.06	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th>Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,012.06</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th>Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,012.06	Nonpriority amount	\$0.00
Total claim										
\$1,012.06										
Priority amount										
\$1,012.06										
Nonpriority amount										
\$0.00										
2.6769.	Priority creditor's name and mailing address TURNER, TATYANA 414 EMILY LANE WINCHESTER VA 22602 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th>Total claim</th> </tr> <tr> <td style="text-align: center;">\$204.03</td> </tr> </table>	Total claim	\$204.03	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th>Priority amount</th> </tr> <tr> <td style="text-align: center;">\$204.03</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th>Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$204.03	Nonpriority amount	\$0.00
Total claim										
\$204.03										
Priority amount										
\$204.03										
Nonpriority amount										
\$0.00										
2.6770.	Priority creditor's name and mailing address TURNER, WINTER C 443 E WILBUR AVE MILWAUKEE WI 53207 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th>Total claim</th> </tr> <tr> <td style="text-align: center;">\$126.57</td> </tr> </table>	Total claim	\$126.57	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th>Priority amount</th> </tr> <tr> <td style="text-align: center;">\$126.57</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th>Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$126.57	Nonpriority amount	\$0.00
Total claim										
\$126.57										
Priority amount										
\$126.57										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6771. Priority creditor's name and mailing address TURNER-MUSE, TAYANA D 36221 GRAND RIVER AVENUE APT 2 204 FARMINGTON MI 48335 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$717.68	Priority amount \$717.68 Nonpriority amount \$0.00
2.6772. Priority creditor's name and mailing address TUTT, ADRIANNA W 311 WEST SYLVANIA AVE APT 239B NEPTUNE NJ 07753 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$200.10	Priority amount \$200.10 Nonpriority amount \$0.00
2.6773. Priority creditor's name and mailing address TUTT, LAPREA N 2835 ASHLAND AVE BALTIMORE MD 21205 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$302.50	Priority amount \$302.50 Nonpriority amount \$0.00

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2.6774. Priority creditor's name and mailing address TWARDOWSKA, MAGDA 89 CANAAN CT UNIT 27 BUILDI STRATFORD CT 06614 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$176.75	Priority amount \$176.75 Nonpriority amount \$0.00
2.6775. Priority creditor's name and mailing address TWILLIE, ERIN 35305 CORNER DR SLIDELL LA 70460 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$177.06	Priority amount \$177.06 Nonpriority amount \$0.00
2.6776. Priority creditor's name and mailing address TYLER, ASHLEIGH 321 FIREWEED LANE FORT COLLINS CO 80524 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$78.26	Priority amount \$78.26 Nonpriority amount \$0.00

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2.6777. Priority creditor's name and mailing address TYLER, BRIANNA J 1651 POST RD 208 SAN MARCOS TX 78666 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$87.04	Priority amount \$87.04 Nonpriority amount \$0.00
2.6778. Priority creditor's name and mailing address TYLER, JAIYDA E 5001 WAINWRIGHT AVE LANSING MI 48911 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$83.25	Priority amount \$83.25 Nonpriority amount \$0.00
2.6779. Priority creditor's name and mailing address TYLER, KREMIA A 1416 RALEIGH DR COLUMBIA MO 65202 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$679.74	Priority amount \$679.74 Nonpriority amount \$0.00

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2.6780. Priority creditor's name and mailing address TYLER, LOREN A 403 GENOVA DR APT 37A FAYETTEVILLE NC 28303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,223.82	Priority amount \$1,223.82 Nonpriority amount \$0.00
2.6781. Priority creditor's name and mailing address TYLER, MORGHAN D 510 SPARTA LN 412 SPARTANBURG SC 29303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$56.01	Priority amount \$56.01 Nonpriority amount \$0.00
2.6782. Priority creditor's name and mailing address TYLER, WHITNEY 9905 ALEXIA DR INDIANAPOLIS IN 46236 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$644.64	Priority amount \$644.64 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6783. Priority creditor's name and mailing address TYREE, TYRA M 2402 TREELODGE PARKWAY ATLANTA GA 30350 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$111.57</td> </tr> </table>	Total claim	\$111.57	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$111.57</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$111.57	Nonpriority amount	\$0.00
Total claim									
\$111.57									
Priority amount									
\$111.57									
Nonpriority amount									
\$0.00									
2.6784. Priority creditor's name and mailing address TYSON, GABRIELLE 415 REBECCA AVE DOTHAN AL 36303 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$150.36</td> </tr> </table>	Total claim	\$150.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$150.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$150.36	Nonpriority amount	\$0.00
Total claim									
\$150.36									
Priority amount									
\$150.36									
Nonpriority amount									
\$0.00									
2.6785. Priority creditor's name and mailing address TZIC, MARIELA S 4908 S BROADWAY LOS ANGELES CA 90037 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,341.82</td> </tr> </table>	Total claim	\$1,341.82	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,341.82</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,341.82	Nonpriority amount	\$0.00
Total claim									
\$1,341.82									
Priority amount									
\$1,341.82									
Nonpriority amount									
\$0.00									

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2.6786.	Priority creditor's name and mailing address TZINTZUN, ANDREA M 1068 ONDINE CT SAN JOSE CA 95132-3136 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,570.00</td> </tr> </table>	Total claim	\$3,570.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,570.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$3,570.00	Nonpriority amount	\$0.00
Total claim										
\$3,570.00										
Priority amount										
\$3,570.00										
Nonpriority amount										
\$0.00										
2.6787.	Priority creditor's name and mailing address UGARTE, RETOLAZA ANDREA 208 ESTELLA AVE LAS VEGAS NV 89107 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$78.79</td> </tr> </table>	Total claim	\$78.79	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$78.79</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$78.79	Nonpriority amount	\$0.00
Total claim										
\$78.79										
Priority amount										
\$78.79										
Nonpriority amount										
\$0.00										
2.6788.	Priority creditor's name and mailing address UGARTE, ZENAIDA 5959 CASA DEL REY CIR ORLANDO FL 32809-5302 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$135.65</td> </tr> </table>	Total claim	\$135.65	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$135.65</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$135.65	Nonpriority amount	\$0.00
Total claim										
\$135.65										
Priority amount										
\$135.65										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6789.	Priority creditor's name and mailing address ULATE, ARIANNA N 13 BAHIA PASS LOOP Ocala FL 34472 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$255.49</td> </tr> </table>	Total claim	\$255.49	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$255.49</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$255.49	Nonpriority amount	\$0.00
Total claim										
\$255.49										
Priority amount										
\$255.49										
Nonpriority amount										
\$0.00										
2.6790.	Priority creditor's name and mailing address ULLOA, JENNIFER J 4211 W COUNTRY AVE VISALIA CA 93291 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$745.80</td> </tr> </table>	Total claim	\$745.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$745.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$745.80	Nonpriority amount	\$0.00
Total claim										
\$745.80										
Priority amount										
\$745.80										
Nonpriority amount										
\$0.00										
2.6791.	Priority creditor's name and mailing address UMANA, EMERALD A 13 FIESTA DR CENTEREACH NY 11720 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$150.96</td> </tr> </table>	Total claim	\$150.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$150.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$150.96	Nonpriority amount	\$0.00
Total claim										
\$150.96										
Priority amount										
\$150.96										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6792. Priority creditor's name and mailing address UNANUE, IMANOL B CALLE AMBAR #55 GURABO PR 00778 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$100.63</td> </tr> </table>	Total claim	\$100.63	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$100.63</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$100.63	Nonpriority amount	\$0.00
Total claim									
\$100.63									
Priority amount									
\$100.63									
Nonpriority amount									
\$0.00									
2.6793. Priority creditor's name and mailing address UNDERWOOD, MYONNA L 32236 ELLEN PLACE WAYNE MI 48184 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$113.96</td> </tr> </table>	Total claim	\$113.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$113.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$113.96	Nonpriority amount	\$0.00
Total claim									
\$113.96									
Priority amount									
\$113.96									
Nonpriority amount									
\$0.00									
2.6794. Priority creditor's name and mailing address UQUILLAS, SIDNEY 45 MURRAY ST 1ST FL BINGHAMTON NY 13905 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$275.50</td> </tr> </table>	Total claim	\$275.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$275.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$275.50	Nonpriority amount	\$0.00
Total claim									
\$275.50									
Priority amount									
\$275.50									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6795. Priority creditor's name and mailing address URBINA, JEYDRI 1315 OAKWOOD AVE RALEIGH NC 27610 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$228.74</td> </tr> </table>	Total claim	\$228.74	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$228.74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$228.74	Nonpriority amount	\$0.00
Total claim									
\$228.74									
Priority amount									
\$228.74									
Nonpriority amount									
\$0.00									
2.6796. Priority creditor's name and mailing address URCUYO, MADELINE N 2809 BARKSDALE DR PLANO TX 75025 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$90.63</td> </tr> </table>	Total claim	\$90.63	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$90.63</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$90.63	Nonpriority amount	\$0.00
Total claim									
\$90.63									
Priority amount									
\$90.63									
Nonpriority amount									
\$0.00									
2.6797. Priority creditor's name and mailing address URENA, MILLIE J 8220 MARA VISTA CT ORLANDO FL 32827 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$102.43</td> </tr> </table>	Total claim	\$102.43	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$102.43</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$102.43	Nonpriority amount	\$0.00
Total claim									
\$102.43									
Priority amount									
\$102.43									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6798.	Priority creditor's name and mailing address URENO, ELIZETTE Y 4105 COLBY ST. FREMONT CA 94538 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$72.00</td></tr></table>	Total claim	\$72.00	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$72.00</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$72.00	Nonpriority amount	\$0.00
Total claim										
\$72.00										
Priority amount										
\$72.00										
Nonpriority amount										
\$0.00										
2.6799.	Priority creditor's name and mailing address URETA, KAREN F 565 E. RUE ROYALE ST. APT 34 COVINA CA 91723 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$412.76</td></tr></table>	Total claim	\$412.76	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$412.76</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$412.76	Nonpriority amount	\$0.00
Total claim										
\$412.76										
Priority amount										
\$412.76										
Nonpriority amount										
\$0.00										
2.6800.	Priority creditor's name and mailing address URIBE, ANGELICA M 2 VILLAGE LANE DALY CITY CA 94015 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$109.44</td></tr></table>	Total claim	\$109.44	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$109.44</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$109.44	Nonpriority amount	\$0.00
Total claim										
\$109.44										
Priority amount										
\$109.44										
Nonpriority amount										
\$0.00										

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2.6801. Priority creditor's name and mailing address URQUIZU, MELISSA 4935 AMERICANA DR APT #110 ANNANDALE VA 22003 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$115.40	Priority amount \$115.40 Nonpriority amount \$0.00
2.6802. Priority creditor's name and mailing address URRUTIA, NADYA R 1513 BRETON CT HUGHSON CA 95326 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$109.80	Priority amount \$109.80 Nonpriority amount \$0.00
2.6803. Priority creditor's name and mailing address UTTERBACK, KENDALL 2311 SOUTH ROYCE STREET SIOUX CITY IA 51106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$32.34	Priority amount \$32.34 Nonpriority amount \$0.00

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2.6804. Priority creditor's name and mailing address UTZ, EMILY A 4869 MUIR AVENUE SAN DIEGO CA 92107 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,391.74	Priority amount \$3,391.74 Nonpriority amount \$0.00
2.6805. Priority creditor's name and mailing address VACHON. MAURICE 6430 RENWICK CIRCLE TAMPA FL 33647 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$6,235.00	Priority amount \$6,235.00 Nonpriority amount \$0.00
2.6806. Priority creditor's name and mailing address VADEN, MARYAL L 114 RIM ROCK PL C NORTH LITTLE ROCK AR 72116 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$119.31	Priority amount \$119.31 Nonpriority amount \$0.00

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2.6807. Priority creditor's name and mailing address VALADEZ, ANA C 30034 WHEMBLY CIRCLE MENIFEE CA 92584 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,869.04	Priority amount \$2,869.04 Nonpriority amount \$0.00
2.6808. Priority creditor's name and mailing address VALADEZ, CRISTINA 1511 SILVER ST SIOUX CITY IA 51103 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$37.12	Priority amount \$37.12 Nonpriority amount \$0.00
2.6809. Priority creditor's name and mailing address VALDEZ, ALINA C 4 LOCKBRIDGE ST PAWTUCKET RI 02860 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$641.06	Priority amount \$641.06 Nonpriority amount \$0.00

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2.6810. Priority creditor's name and mailing address VALDEZ, FLORES ARACELI 4324 HUERFANO AVE. SAN DIEGO CA 92117 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$502.99	Priority amount \$502.99 Nonpriority amount \$0.00
2.6811. Priority creditor's name and mailing address VALDEZ, HERRERA INDIRA 602 SALAZAR AVE BAKERSFIELD CA 93307 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$299.64	Priority amount \$299.64 Nonpriority amount \$0.00
2.6812. Priority creditor's name and mailing address VALDEZ, JANET 3636 MINNEHAHA AVE APT 7 MINNEAPOLIS MN 55406 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$367.11	Priority amount \$367.11 Nonpriority amount \$0.00

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2.6813. Priority creditor's name and mailing address VALDIVIA, MARIA 4949 W.GRACE.ST CHICAGO IL 60641 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$101.75	Priority amount \$101.75 Nonpriority amount \$0.00
2.6814. Priority creditor's name and mailing address VALENCIA, GARCIA PAOLA 901 E FREEMAN PL #1 TUCSON AZ 85719 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$129.58	Priority amount \$129.58 Nonpriority amount \$0.00
2.6815. Priority creditor's name and mailing address VALENCIANO, ALEXA A 301 S. GRANDIN AVE AZUSA CA 91702 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$193.20	Priority amount \$193.20 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6816. Priority creditor's name and mailing address VALENZUELA, ANGELICA 6639 E BROADWAY BLVD 153 TUCSON AZ 85710 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$82.17	Priority amount \$82.17 Nonpriority amount \$0.00
2.6817. Priority creditor's name and mailing address VALENZUELA, ASHLEY 67200 GARBINO RD CATHEDRAL CITY CA 92234 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$170.40	Priority amount \$170.40 Nonpriority amount \$0.00
2.6818. Priority creditor's name and mailing address VALENZUELA, SHIRLEY B 531 GRANT ST CALEXICO CA 92231 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,173.16	Priority amount \$1,173.16 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6819. Priority creditor's name and mailing address VALERIO, MARINA C 753 WEST SANTA PAULA STREET SANTA PAULA CA 93060 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$224.64</td> </tr> </table>	Total claim	\$224.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$224.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$224.64	Nonpriority amount	\$0.00
Total claim									
\$224.64									
Priority amount									
\$224.64									
Nonpriority amount									
\$0.00									
2.6820. Priority creditor's name and mailing address VALLEJO, BIANCA 4546 N. DRAKE AVE CHICAGO IL 60625 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$283.03</td> </tr> </table>	Total claim	\$283.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$283.03</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$283.03	Nonpriority amount	\$0.00
Total claim									
\$283.03									
Priority amount									
\$283.03									
Nonpriority amount									
\$0.00									
2.6821. Priority creditor's name and mailing address VALLEJO, GONZALEZ JULISSA 6113 ASHBURTON DR. SAN JOSE CA 95123 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$151.95</td> </tr> </table>	Total claim	\$151.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$151.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$151.95	Nonpriority amount	\$0.00
Total claim									
\$151.95									
Priority amount									
\$151.95									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6822. Priority creditor's name and mailing address VALLEJO, KARELY 1325 SANTA RITA E APT 257 CHULA VISTA CA 91913 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$615.52	Priority amount \$615.52 Nonpriority amount \$0.00
2.6823. Priority creditor's name and mailing address VALLEJO, REBEKAH R 7500 HACHITA CT. BAKERSFIELD CA 93309 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$79.56	Priority amount \$79.56 Nonpriority amount \$0.00
2.6824. Priority creditor's name and mailing address VALLEJO, WENDY Y 6551 ANNIE OAKLEY DR APT 617 HENDERSON NV 89014 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$25.33	Priority amount \$25.33 Nonpriority amount \$0.00

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2.6825. Priority creditor's name and mailing address VALLES-GUERRERO, ALEXANDRA P.O. BOX 1153 FRAZIER PARK CA 93225 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$280.20	Priority amount \$280.20 Nonpriority amount \$0.00
2.6826. Priority creditor's name and mailing address VALOSICH, PATRICIA 132 RISDON RD 1 MOUNT HOLLY NJ 08060 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$22.83	Priority amount \$22.83 Nonpriority amount \$0.00
2.6827. Priority creditor's name and mailing address VALYAN-MORRIS, EBONI N 1708 LAUDERDALE MANOR DR FT LAUDERDALE FL 33311 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,627.99	Priority amount \$1,627.99 Nonpriority amount \$0.00

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2.6828. Priority creditor's name and mailing address VAN, DUSEN KERSTEN 2838 S 116TH E AVE B TULSA OK 74129 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$501.17	Priority amount \$501.17 Nonpriority amount \$0.00
2.6829. Priority creditor's name and mailing address VAN, WAGNER MOLLY 400 N HOLLYWOOD WAY BURBANK CA 91505 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$176.64	Priority amount \$176.64 Nonpriority amount \$0.00
2.6830. Priority creditor's name and mailing address VANCE, AARYE M 981 UPPER MEADOWS PL HENDERSON NV 89052 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$364.22	Priority amount \$364.22 Nonpriority amount \$0.00

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2.6831. Priority creditor's name and mailing address VANCE, REAGAN 4259 KLEIN MEADOWS NEW BRAUNFELS TX 78130 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$3,641.50</td> </tr> </table>	Total claim	\$3,641.50	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$3,641.50</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$3,641.50	Nonpriority amount	\$0.00
Total claim									
\$3,641.50									
Priority amount									
\$3,641.50									
Nonpriority amount									
\$0.00									
2.6832. Priority creditor's name and mailing address VANDERVELDE, KRISTINA M 1809 SEVEN PINES RD. APT 5 SPRINGFIELD IL 62704 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$130.51</td> </tr> </table>	Total claim	\$130.51	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$130.51</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$130.51	Nonpriority amount	\$0.00
Total claim									
\$130.51									
Priority amount									
\$130.51									
Nonpriority amount									
\$0.00									
2.6833. Priority creditor's name and mailing address VANDRIESSCHE, KIMBERLY A 5422 GOETZ COURT BAY CITY MI 48706 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$2,993.93</td> </tr> </table>	Total claim	\$2,993.93	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$2,993.93</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$2,993.93	Nonpriority amount	\$0.00
Total claim									
\$2,993.93									
Priority amount									
\$2,993.93									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6834.	Priority creditor's name and mailing address VANEGAS, ELISA C 1707 IDAHO STREET FAIRFIELD CA 94533 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$151.56</td> </tr> </table>	Total claim	\$151.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$151.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$151.56	Nonpriority amount	\$0.00
Total claim										
\$151.56										
Priority amount										
\$151.56										
Nonpriority amount										
\$0.00										
2.6835.	Priority creditor's name and mailing address VANG, LEONA 7420 WHISPERWILLOW DRIVE SACRAMENTO CA 95828 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$620.66</td> </tr> </table>	Total claim	\$620.66	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$620.66</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$620.66	Nonpriority amount	\$0.00
Total claim										
\$620.66										
Priority amount										
\$620.66										
Nonpriority amount										
\$0.00										
2.6836.	Priority creditor's name and mailing address VANG, VICTORIA R 1707 TEAKWOOD DRIVE WYLIE TX 75098 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$579.70</td> </tr> </table>	Total claim	\$579.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$579.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$579.70	Nonpriority amount	\$0.00
Total claim										
\$579.70										
Priority amount										
\$579.70										
Nonpriority amount										
\$0.00										

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2.6837. Priority creditor's name and mailing address VANG, ZOUANG 3422 STEIN BLVD APT 5 EAU CLAIRE WI 54701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$40.01</td> </tr> </table>	Total claim	\$40.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$40.01</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$40.01	Nonpriority amount	\$0.00
Total claim									
\$40.01									
Priority amount									
\$40.01									
Nonpriority amount									
\$0.00									
2.6838. Priority creditor's name and mailing address VANHORN, KYLE 6 BEVERLY PLACE NORTH BRUNSWICK NJ 08902 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,819.20</td> </tr> </table>	Total claim	\$3,819.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,819.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,819.20	Nonpriority amount	\$0.00
Total claim									
\$3,819.20									
Priority amount									
\$3,819.20									
Nonpriority amount									
\$0.00									
2.6839. Priority creditor's name and mailing address VANN, SYDNEY D 5201 CROGANS WAY ROAD COUNCIL BLUFFS IA 51501 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$33.30</td> </tr> </table>	Total claim	\$33.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$33.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$33.30	Nonpriority amount	\$0.00
Total claim									
\$33.30									
Priority amount									
\$33.30									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6840.	Priority creditor's name and mailing address VANNASIN, PHONETHIDA 1163 DONNER DR FLORENCE KY 41042 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$188.16</td> </tr> </table>	Total claim	\$188.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$188.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$188.16	Nonpriority amount	\$0.00
Total claim										
\$188.16										
Priority amount										
\$188.16										
Nonpriority amount										
\$0.00										
2.6841.	Priority creditor's name and mailing address VANSCHAICK, KYLI E 1906 NW 59TH TERR. TOPEKA KS 66618 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$535.30</td> </tr> </table>	Total claim	\$535.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$535.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$535.30	Nonpriority amount	\$0.00
Total claim										
\$535.30										
Priority amount										
\$535.30										
Nonpriority amount										
\$0.00										
2.6842.	Priority creditor's name and mailing address VANTERPOOL, ANSHERNEA S 638 SAGO LN ORLANDO FL 32811 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$166.18</td> </tr> </table>	Total claim	\$166.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$166.18</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$166.18	Nonpriority amount	\$0.00
Total claim										
\$166.18										
Priority amount										
\$166.18										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6843. Priority creditor's name and mailing address VARELA, EUNICE 294 PALACIOS REALES CALLE MINIVE K TOA ALTA PR 00953 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$169.94</td> </tr> </table>	Total claim	\$169.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$169.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$169.94	Nonpriority amount	\$0.00
Total claim									
\$169.94									
Priority amount									
\$169.94									
Nonpriority amount									
\$0.00									
2.6844. Priority creditor's name and mailing address VARGAS, ALESSANDRA M 27531 OPEN CREST DRIVE SAUGUS CA 91350 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$186.84</td> </tr> </table>	Total claim	\$186.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$186.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$186.84	Nonpriority amount	\$0.00
Total claim									
\$186.84									
Priority amount									
\$186.84									
Nonpriority amount									
\$0.00									
2.6845. Priority creditor's name and mailing address VARGAS, ALEXUS 3534 S. 55TH CT. CICERO IL 60804 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$224.07</td> </tr> </table>	Total claim	\$224.07	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$224.07</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$224.07	Nonpriority amount	\$0.00
Total claim									
\$224.07									
Priority amount									
\$224.07									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6846. Priority creditor's name and mailing address VARGAS, ANGEL 2158 S. 19TH ST MILWAUKEE WI 53215 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$179.18</td> </tr> </table>	Total claim	\$179.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$179.18</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$179.18	Nonpriority amount	\$0.00
Total claim									
\$179.18									
Priority amount									
\$179.18									
Nonpriority amount									
\$0.00									
2.6847. Priority creditor's name and mailing address VARGAS, ANNISA N 8272 LONGDEN CIRCLE CITRUS HEIGHTS CA 95610 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$190.56</td> </tr> </table>	Total claim	\$190.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$190.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$190.56	Nonpriority amount	\$0.00
Total claim									
\$190.56									
Priority amount									
\$190.56									
Nonpriority amount									
\$0.00									
2.6848. Priority creditor's name and mailing address VARGAS, CRYSTAL Y 1123 N. FRINK ST. PEORIA IL 61606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$92.24</td> </tr> </table>	Total claim	\$92.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$92.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$92.24	Nonpriority amount	\$0.00
Total claim									
\$92.24									
Priority amount									
\$92.24									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6849. Priority creditor's name and mailing address VARGAS, IVANA 447 S SCHUTZ 134 EL PASO TX 79907 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$195.36</td> </tr> </table>	Total claim	\$195.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$195.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$195.36	Nonpriority amount	\$0.00
Total claim									
\$195.36									
Priority amount									
\$195.36									
Nonpriority amount									
\$0.00									
2.6850. Priority creditor's name and mailing address VARGAS, MARIAH 8117 HARRISON AVENUE MUNSTER IN 46321 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$150.22</td> </tr> </table>	Total claim	\$150.22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$150.22</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$150.22	Nonpriority amount	\$0.00
Total claim									
\$150.22									
Priority amount									
\$150.22									
Nonpriority amount									
\$0.00									
2.6851. Priority creditor's name and mailing address VARGAS, ROMERO VERONICA 3313 HARPERS FERRY DR STOCKTON CA 95219 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$154.80</td> </tr> </table>	Total claim	\$154.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$154.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$154.80	Nonpriority amount	\$0.00
Total claim									
\$154.80									
Priority amount									
\$154.80									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6852. Priority creditor's name and mailing address VARGAS, STEPHANIE M 4017 CONNECTICUT AVE KENNER LA 70065 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$127.30</td> </tr> </table>	Total claim	\$127.30	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$127.30</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$127.30	Nonpriority amount	\$0.00
Total claim									
\$127.30									
Priority amount									
\$127.30									
Nonpriority amount									
\$0.00									
2.6853. Priority creditor's name and mailing address VARGAS, SUAREZ CARLA A 32 LORRAINE ST PAWTUCKET RI 02860 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$249.96</td> </tr> </table>	Total claim	\$249.96	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$249.96</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$249.96	Nonpriority amount	\$0.00
Total claim									
\$249.96									
Priority amount									
\$249.96									
Nonpriority amount									
\$0.00									
2.6854. Priority creditor's name and mailing address VARGAS, YESICA Y 7 JOAN DR AMERICAN CANYON CA 94503 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$106.20</td> </tr> </table>	Total claim	\$106.20	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$106.20</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$106.20	Nonpriority amount	\$0.00
Total claim									
\$106.20									
Priority amount									
\$106.20									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6855.	Priority creditor's name and mailing address VARNER, CHARLI 177 HOLLY ST UNIT 2 WESTON WV 26452 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,930.62</td> </tr> </table>	Total claim	\$1,930.62	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,930.62</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,930.62	Nonpriority amount	\$0.00
Total claim										
\$1,930.62										
Priority amount										
\$1,930.62										
Nonpriority amount										
\$0.00										
2.6856.	Priority creditor's name and mailing address VARNER, JASMINE 7307 MIDFIELD DRIVE CHATTANOOGA TN 37421 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$62.85</td> </tr> </table>	Total claim	\$62.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$62.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$62.85	Nonpriority amount	\$0.00
Total claim										
\$62.85										
Priority amount										
\$62.85										
Nonpriority amount										
\$0.00										
2.6857.	Priority creditor's name and mailing address VARNER, QUENTIN T 7730 FALLING NEEDLE VIEW #306 COLORADO SPRINGS CO 80924 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$130.21</td> </tr> </table>	Total claim	\$130.21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$130.21</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$130.21	Nonpriority amount	\$0.00
Total claim										
\$130.21										
Priority amount										
\$130.21										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6858. Priority creditor's name and mailing address VASQUEZ, ADRIANA J 7742 PIPERS LANE SAN ANTONIO TX 78251 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$134.65	Priority amount \$134.65 Nonpriority amount \$0.00
2.6859. Priority creditor's name and mailing address VASQUEZ, APRIL M 6605 FELDSPAR ST HOUSTON TX 77092 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$70.21	Priority amount \$70.21 Nonpriority amount \$0.00
2.6860. Priority creditor's name and mailing address VASQUEZ, BERTHA M 1140 PATRICIA LN OSAGE BEACH MO 65065 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$283.54	Priority amount \$283.54 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6861. Priority creditor's name and mailing address VASQUEZ, CRYSTAL I 855 CLARK AVE APT 21D ANTHONY NM 88021 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$435.76	Priority amount \$435.76 Nonpriority amount \$0.00
2.6862. Priority creditor's name and mailing address VASQUEZ, JENIFER 36 VANDERBILT AVENUE STATEN ISLAND NY 10304 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$69.30	Priority amount \$69.30 Nonpriority amount \$0.00
2.6863. Priority creditor's name and mailing address VASQUEZ, MARTINEZ TRACY 1320 E CRANBERRY AVE HAZLETON PA 18201 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$168.06	Priority amount \$168.06 Nonpriority amount \$0.00

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2.6864. Priority creditor's name and mailing address VASQUEZ, PEREZ BARBARA 320 S CALLISCH AVE APT 105 105 FRESNO CA 93721 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$152.40	Priority amount \$152.40 Nonpriority amount \$0.00
2.6865. Priority creditor's name and mailing address VAUGHN, JILL K 411 KIRBY DR LANTANA TX 76226 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$4,275.09	Priority amount \$4,275.09 Nonpriority amount \$0.00
2.6866. Priority creditor's name and mailing address VAUGHN, NAKIA R 8125 SHELDON ROAD #207 ELK GROVE CA 95758 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$317.64	Priority amount \$317.64 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6867. Priority creditor's name and mailing address VAZKAELA, ANU BRIGID 1 ALOHA TOWER DRIVE 2408 HONOLULU HI 96813 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$260.08	Priority amount \$260.08 Nonpriority amount \$0.00
2.6868. Priority creditor's name and mailing address VAZQUEZ, ALICIA M 124 GATEWOOD BAY CIBOLO TX 78108 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$554.73	Priority amount \$554.73 Nonpriority amount \$0.00
2.6869. Priority creditor's name and mailing address VAZQUEZ, ANNY 59-14 159TH ST FLUSHING NY 11365 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$12,198.59	Priority amount \$12,198.59 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6870. Priority creditor's name and mailing address VAZQUEZ, EVELYN 9240 DOWNEY AVE DOWNEY CA 90240 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$71.28</td> </tr> </table>	Total claim	\$71.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$71.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$71.28	Nonpriority amount	\$0.00
Total claim									
\$71.28									
Priority amount									
\$71.28									
Nonpriority amount									
\$0.00									
2.6871. Priority creditor's name and mailing address VAZQUEZ, FLAVIA E 4626 E. DWIGHT WAY FRESNO CA 93702 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$79.80</td> </tr> </table>	Total claim	\$79.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$79.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$79.80	Nonpriority amount	\$0.00
Total claim									
\$79.80									
Priority amount									
\$79.80									
Nonpriority amount									
\$0.00									
2.6872. Priority creditor's name and mailing address VAZQUEZ, LOUIE A 4101 N CAMBRAY DR FAYETTEVILLE AR 72703-5063 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,792.44</td> </tr> </table>	Total claim	\$1,792.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,792.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,792.44	Nonpriority amount	\$0.00
Total claim									
\$1,792.44									
Priority amount									
\$1,792.44									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6873. Priority creditor's name and mailing address VAZQUEZ, MIRALYS 1700 MINDANAO DR APT 1509 JACKSONVILLE FL 32246 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$81.39</td> </tr> </table>	Total claim	\$81.39	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$81.39</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$81.39	Nonpriority amount	\$0.00
Total claim									
\$81.39									
Priority amount									
\$81.39									
Nonpriority amount									
\$0.00									
2.6874. Priority creditor's name and mailing address VAZQUEZ, SONIA J 7517 SAND LAKE POINTE LOOP 208 ORLANDO FL 32809 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$80.33</td> </tr> </table>	Total claim	\$80.33	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$80.33</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$80.33	Nonpriority amount	\$0.00
Total claim									
\$80.33									
Priority amount									
\$80.33									
Nonpriority amount									
\$0.00									
2.6875. Priority creditor's name and mailing address VAZQUEZ, STEPHANIE 1028 SW 53RD STREET OKLAHOMA CITY OK 73109 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$76.64</td> </tr> </table>	Total claim	\$76.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$76.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$76.64	Nonpriority amount	\$0.00
Total claim									
\$76.64									
Priority amount									
\$76.64									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6876. Priority creditor's name and mailing address VAZQUEZ, YAJAILIN 2512 1ST AVE EAST PALMETTO FL 34221 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$714.94	Priority amount \$714.94 Nonpriority amount \$0.00
2.6877. Priority creditor's name and mailing address VEASLEY, JASMINE L 94-1007 HANINA STREET WAIPAHU HI 96797 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$93.53	Priority amount \$93.53 Nonpriority amount \$0.00
2.6878. Priority creditor's name and mailing address VEGA, ALEJANDRA 1525 S 59 AVE CICERO IL 60804 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$257.95	Priority amount \$257.95 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6879. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
VEGA, JOANNA 3010 CASA LOMA SAN BERNARDINO CA 92404		\$138.00	\$138.00
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.6880. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
VEGA, MARISSA 1323 PROMONTORY DR. PINGREE GROVE IL 60140		\$125.48	\$125.48
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.6881. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
VEGA, RUBY 3404 S 2ND PL ROGERS AR 72758		\$167.15	\$167.15
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6882. Priority creditor's name and mailing address VEIGL, KAITLIN 129 THUNDER RD HOLBROOK NY 11741 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$193.68	Priority amount \$193.68 Nonpriority amount \$0.00
2.6883. Priority creditor's name and mailing address VELA, JACQUELINE E 8301 PINEY BRANCH RD SILVER SPRING MD 20910 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$445.90	Priority amount \$445.90 Nonpriority amount \$0.00
2.6884. Priority creditor's name and mailing address VELADOR, DAVIN E 184 ROSEBUD AVENUE HOLLISTER CA 95023 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$333.00	Priority amount \$333.00 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6885. Priority creditor's name and mailing address VELARDE, GLADYSS J 5759 S AVENIDA SERBA TUCSON AZ 85706 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$332.42	Priority amount \$332.42 Nonpriority amount \$0.00
2.6886. Priority creditor's name and mailing address VELASCO, NATALIE R 9312 VISTA COLINA DR. BAKERSFIELD CA 93306 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$672.72	Priority amount \$672.72 Nonpriority amount \$0.00
2.6887. Priority creditor's name and mailing address VELASQUEZ, ELIZABETH 7220 DOGLEG PORT RICHEY FL 34668 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$657.46	Priority amount \$657.46 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6888. Priority creditor's name and mailing address VELASQUEZ, OLIVIA A 3401 COYOTE LN PUEBLO CO 81005 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$439.93	Priority amount \$439.93 Nonpriority amount \$0.00
2.6889. Priority creditor's name and mailing address VELASQUEZ, PACHECO MARIA N 8933 NW 107TH CT UNIT 201 DORAL FL 33178 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$608.36	Priority amount \$608.36 Nonpriority amount \$0.00
2.6890. Priority creditor's name and mailing address VELASQUEZ, SASHA S 10214 DEMPSEY AVENUE NORTH HILLS CA 91343 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$151.72	Priority amount \$151.72 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6891.	Priority creditor's name and mailing address VELAZQUEZ, NELISSA A 436 BRIDGEFORD CROSSING DAVENP DAVENPORT FL 33837 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$406.81</td> </tr> </table>	Total claim	\$406.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$406.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$406.81	Nonpriority amount	\$0.00
Total claim										
\$406.81										
Priority amount										
\$406.81										
Nonpriority amount										
\$0.00										
2.6892.	Priority creditor's name and mailing address VELAZQUEZ, SHERLINEE G 1075 MATHIAS LN KYLE TX 78640 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$209.44</td> </tr> </table>	Total claim	\$209.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$209.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$209.44	Nonpriority amount	\$0.00
Total claim										
\$209.44										
Priority amount										
\$209.44										
Nonpriority amount										
\$0.00										
2.6893.	Priority creditor's name and mailing address VELAZQUEZ, VANESSA 211 OAK STREET APT 2R YONKERS NY 10701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,071.70</td> </tr> </table>	Total claim	\$3,071.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,071.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$3,071.70	Nonpriority amount	\$0.00
Total claim										
\$3,071.70										
Priority amount										
\$3,071.70										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6894. Priority creditor's name and mailing address VELAZQUEZ-GUERRA, KATHERINE CALLE REINA DE LAS FLORES #486 VISTAS DE RIO RIO GRANDE PR 00745 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,961.55</td> </tr> </table>	Total claim	\$3,961.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,961.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,961.55	Nonpriority amount	\$0.00
Total claim									
\$3,961.55									
Priority amount									
\$3,961.55									
Nonpriority amount									
\$0.00									
2.6895. Priority creditor's name and mailing address VELDE, DOMINIQUE 2303 N. CHRYSLER DR. TUCSON AZ 85716 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$199.54</td> </tr> </table>	Total claim	\$199.54	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$199.54</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$199.54	Nonpriority amount	\$0.00
Total claim									
\$199.54									
Priority amount									
\$199.54									
Nonpriority amount									
\$0.00									
2.6896. Priority creditor's name and mailing address VELEZ, BEATRIZ 45 LAFAYETTE AVE BEACON NY 12508-1421 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,411.00</td> </tr> </table>	Total claim	\$1,411.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,411.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,411.00	Nonpriority amount	\$0.00
Total claim									
\$1,411.00									
Priority amount									
\$1,411.00									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6897.	Priority creditor's name and mailing address VELEZ, GIOVANNY A CALLE 28 AK 9 VILLAS DE RIO RIO GRANDE PR 00745 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$180.39</td> </tr> </table>	Total claim	\$180.39	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$180.39</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$180.39	Nonpriority amount	\$0.00
Total claim										
\$180.39										
Priority amount										
\$180.39										
Nonpriority amount										
\$0.00										
2.6898.	Priority creditor's name and mailing address VELEZ, LANCE 79 SMITH HILL ROAD AIRMONT NY 10952 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,328.81</td> </tr> </table>	Total claim	\$1,328.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,328.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,328.81	Nonpriority amount	\$0.00
Total claim										
\$1,328.81										
Priority amount										
\$1,328.81										
Nonpriority amount										
\$0.00										
2.6899.	Priority creditor's name and mailing address VELEZ, THALIA A 2707 RIEDLING DRIVE A3 LOUISVILLE KY 40206 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$665.28</td> </tr> </table>	Total claim	\$665.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$665.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$665.28	Nonpriority amount	\$0.00
Total claim										
\$665.28										
Priority amount										
\$665.28										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6900.	Priority creditor's name and mailing address VELLA, ANNA 10971 BEECHWOOD RDG HERNANDO MS 38632 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$135.02</td></tr></table>	Total claim	\$135.02	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$135.02</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$135.02	Nonpriority amount	\$0.00
Total claim										
\$135.02										
Priority amount										
\$135.02										
Nonpriority amount										
\$0.00										
2.6901.	Priority creditor's name and mailing address VENABLE, CASHAUNA 961 ATLANTIC AVE APT 627 COLUMBUS OH 43229 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$327.03</td></tr></table>	Total claim	\$327.03	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$327.03</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$327.03	Nonpriority amount	\$0.00
Total claim										
\$327.03										
Priority amount										
\$327.03										
Nonpriority amount										
\$0.00										
2.6902.	Priority creditor's name and mailing address VENEGAS, NATALIA 4083 N US HIGHWAY 1 LOT 35 FORT PIERCE FL 34946 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$354.90</td></tr></table>	Total claim	\$354.90	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$354.90</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$354.90	Nonpriority amount	\$0.00
Total claim										
\$354.90										
Priority amount										
\$354.90										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6903. Priority creditor's name and mailing address VENEZIA, DANIELLE 140 WILLARD AVE FARMINGDALE NY 11735 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$4,881.86</td> </tr> </table>	Total claim	\$4,881.86	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$4,881.86</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$4,881.86	Nonpriority amount	\$0.00
Total claim									
\$4,881.86									
Priority amount									
\$4,881.86									
Nonpriority amount									
\$0.00									
2.6904. Priority creditor's name and mailing address VENSON, JOURDAN M 3876 NATHAN KORNMAN DR. HARVEY LA 70058 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$163.63</td> </tr> </table>	Total claim	\$163.63	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$163.63</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$163.63	Nonpriority amount	\$0.00
Total claim									
\$163.63									
Priority amount									
\$163.63									
Nonpriority amount									
\$0.00									
2.6905. Priority creditor's name and mailing address VENTURENO, APRIL 3831 DAISY DR. LAFAYETTE IN 47905 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$38.73</td> </tr> </table>	Total claim	\$38.73	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$38.73</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$38.73	Nonpriority amount	\$0.00
Total claim									
\$38.73									
Priority amount									
\$38.73									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6906.	Priority creditor's name and mailing address VERA, JESSICA N 1692 COPPER PENNY DR CHULA VISTA CA 91915 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$622.44</td> </tr> </table>	Total claim	\$622.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$622.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$622.44	Nonpriority amount	\$0.00
Total claim										
\$622.44										
Priority amount										
\$622.44										
Nonpriority amount										
\$0.00										
2.6907.	Priority creditor's name and mailing address VERA-COMMISSIONG, EBONY M 506 E NEW YORK AVENUE 2 BROOKLYN NY 11225 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$136.95</td> </tr> </table>	Total claim	\$136.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$136.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$136.95	Nonpriority amount	\$0.00
Total claim										
\$136.95										
Priority amount										
\$136.95										
Nonpriority amount										
\$0.00										
2.6908.	Priority creditor's name and mailing address VERBLE, GABRIANNA P 112 MIDAS STEELVILLE MO 65565 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$39.99</td> </tr> </table>	Total claim	\$39.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$39.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$39.99	Nonpriority amount	\$0.00
Total claim										
\$39.99										
Priority amount										
\$39.99										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6909.	Priority creditor's name and mailing address VERBRIGGHE, MORGAN R 1202 N 19TH STREET ESCANABA MI 49829 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$196.94</td> </tr> </table>	Total claim	\$196.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$196.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$196.94	Nonpriority amount	\$0.00
Total claim										
\$196.94										
Priority amount										
\$196.94										
Nonpriority amount										
\$0.00										
2.6910.	Priority creditor's name and mailing address VERDUZCO, MARIA 626 JOSEPHINE ST. EDNA TX 77957 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$251.01</td> </tr> </table>	Total claim	\$251.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$251.01</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$251.01	Nonpriority amount	\$0.00
Total claim										
\$251.01										
Priority amount										
\$251.01										
Nonpriority amount										
\$0.00										
2.6911.	Priority creditor's name and mailing address VERDUZCO, NINA 206 OAK ST N CHASKA MN 55318 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$508.16</td> </tr> </table>	Total claim	\$508.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$508.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$508.16	Nonpriority amount	\$0.00
Total claim										
\$508.16										
Priority amount										
\$508.16										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6912. Priority creditor's name and mailing address VERE, TASHINGA 1500 COLONIAL AVE BRISTOL PA 19007 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$707.40</td> </tr> </table>	Total claim	\$707.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$707.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$707.40	Nonpriority amount	\$0.00
Total claim									
\$707.40									
Priority amount									
\$707.40									
Nonpriority amount									
\$0.00									
2.6913. Priority creditor's name and mailing address VERRETT, SHAWNA 800 BEHRMAN HIGHWAY UNIT B TERRYTOWN LA 70056 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,988.76</td> </tr> </table>	Total claim	\$1,988.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,988.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,988.76	Nonpriority amount	\$0.00
Total claim									
\$1,988.76									
Priority amount									
\$1,988.76									
Nonpriority amount									
\$0.00									
2.6914. Priority creditor's name and mailing address VERWULST, MARY C 1871 CLARKSON PARMA TL RD HILTON NY 14468 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$135.75</td> </tr> </table>	Total claim	\$135.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$135.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$135.75	Nonpriority amount	\$0.00
Total claim									
\$135.75									
Priority amount									
\$135.75									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6915. Priority creditor's name and mailing address VESTINOS, FOTINI E 3037 BAYSHORE POINTE DR TAMPA FL 33611 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$280.70	Priority amount \$280.70 Nonpriority amount \$0.00
2.6916. Priority creditor's name and mailing address VETTER, SERENA L 1934 BLAINE AVE RACINE WI 53405 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$161.17	Priority amount \$161.17 Nonpriority amount \$0.00
2.6917. Priority creditor's name and mailing address VIANDS, TERRY L 6004 TWIN HILLS DRIVE JOSHUA TX 76058 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$8,401.01	Priority amount \$8,401.01 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6918. Priority creditor's name and mailing address VICTORIO, JESSICA I 2227 CABO BAHIA CHULA VISTA CA 91914 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$254.04</td> </tr> </table>	Total claim	\$254.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$254.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$254.04	Nonpriority amount	\$0.00
Total claim									
\$254.04									
Priority amount									
\$254.04									
Nonpriority amount									
\$0.00									
2.6919. Priority creditor's name and mailing address VIDANA-ORTIZ, PATRICIA V 271 ALPINE AVE CHULA VISTA CA 91910 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$645.74</td> </tr> </table>	Total claim	\$645.74	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$645.74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$645.74	Nonpriority amount	\$0.00
Total claim									
\$645.74									
Priority amount									
\$645.74									
Nonpriority amount									
\$0.00									
2.6920. Priority creditor's name and mailing address VIDOVA, MILKA 3547 OAKCREST PL. CROWN POINT IN 46307 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$43.18</td> </tr> </table>	Total claim	\$43.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$43.18</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$43.18	Nonpriority amount	\$0.00
Total claim									
\$43.18									
Priority amount									
\$43.18									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6921.	Priority creditor's name and mailing address VIEIRA, INDIRA G 718 WEEDEN ST 2R PAWTUCKET RI 02860-1678 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$66.36</td></tr></table>	Total claim	\$66.36	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$66.36</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$66.36	Nonpriority amount	\$0.00
Total claim										
\$66.36										
Priority amount										
\$66.36										
Nonpriority amount										
\$0.00										
2.6922.	Priority creditor's name and mailing address VIELMA, JENNIFER 3840 PORTLAND AVE S MINNEAPOLIS MN 55407 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$372.49</td></tr></table>	Total claim	\$372.49	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$372.49</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$372.49	Nonpriority amount	\$0.00
Total claim										
\$372.49										
Priority amount										
\$372.49										
Nonpriority amount										
\$0.00										
2.6923.	Priority creditor's name and mailing address VIERA, KAREN S 134 HOWARD AVENUE ROOSEVELT NY 11575 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$248.40</td></tr></table>	Total claim	\$248.40	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$248.40</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$248.40	Nonpriority amount	\$0.00
Total claim										
\$248.40										
Priority amount										
\$248.40										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6924. Priority creditor's name and mailing address VIGIL, ALYSIA C 1128 LAWLER RANCH PRKWY SUISUN CITY CA 94585 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,042.28</td> </tr> </table>	Total claim	\$2,042.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,042.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,042.28	Nonpriority amount	\$0.00
Total claim									
\$2,042.28									
Priority amount									
\$2,042.28									
Nonpriority amount									
\$0.00									
2.6925. Priority creditor's name and mailing address VIGIL, ASHLEYRAE J 707 SOUTH MCCOY DRIVE PUEBLO CO 81007 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$180.26</td> </tr> </table>	Total claim	\$180.26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$180.26</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$180.26	Nonpriority amount	\$0.00
Total claim									
\$180.26									
Priority amount									
\$180.26									
Nonpriority amount									
\$0.00									
2.6926. Priority creditor's name and mailing address VIGIL, LARISSA 1901 W 12TH ST 120 PUEBLO CO 81003 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$185.59</td> </tr> </table>	Total claim	\$185.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$185.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$185.59	Nonpriority amount	\$0.00
Total claim									
\$185.59									
Priority amount									
\$185.59									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6927. Priority creditor's name and mailing address VILCHEZ, XIOMARA M 103-35 41ST AVE APT 3 CORONA NY 11368 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,736.82	Priority amount \$1,736.82 Nonpriority amount \$0.00
2.6928. Priority creditor's name and mailing address VILLA, DELIZ A 1852 BROADWAYPL NE ALBUQUERQUE NM 87102 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$130.54	Priority amount \$130.54 Nonpriority amount \$0.00
2.6929. Priority creditor's name and mailing address VILLA, TORRES PRISCILLA 1418 STROZIER AVE SOUTH EL MONTE CA 91733-3230 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$491.18	Priority amount \$491.18 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6930. Priority creditor's name and mailing address VILLADA, LOPEZ MARIELA 66833 YUCCA DRIVE DESERT HOT SPRINGS CA 92240 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$1,601.58</td> </tr> </table>	Total claim	\$1,601.58	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$1,601.58</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$1,601.58	Nonpriority amount	\$0.00
Total claim									
\$1,601.58									
Priority amount									
\$1,601.58									
Nonpriority amount									
\$0.00									
2.6931. Priority creditor's name and mailing address VILLAGOMEZ, JAEALYN M 2106 JOSEPH DRIVE COPPERAS COVE TX 76522 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$110.40</td> </tr> </table>	Total claim	\$110.40	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$110.40</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$110.40	Nonpriority amount	\$0.00
Total claim									
\$110.40									
Priority amount									
\$110.40									
Nonpriority amount									
\$0.00									
2.6932. Priority creditor's name and mailing address VILLALOBOS, IDALIA P 601 E 16TH ST FREDERICK MD 21701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$84.74</td> </tr> </table>	Total claim	\$84.74	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$84.74</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$84.74	Nonpriority amount	\$0.00
Total claim									
\$84.74									
Priority amount									
\$84.74									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6933. Priority creditor's name and mailing address VILLALOBOS, LORENA 15891 BRYANT RD RIVERSIDE CA 92504 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$307.80</td> </tr> </table>	Total claim	\$307.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$307.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$307.80	Nonpriority amount	\$0.00
Total claim									
\$307.80									
Priority amount									
\$307.80									
Nonpriority amount									
\$0.00									
2.6934. Priority creditor's name and mailing address VILLALOBOS, NANCY 4142 ORLEANS ST DENVER CO 80249 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$77.25</td> </tr> </table>	Total claim	\$77.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$77.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$77.25	Nonpriority amount	\$0.00
Total claim									
\$77.25									
Priority amount									
\$77.25									
Nonpriority amount									
\$0.00									
2.6935. Priority creditor's name and mailing address VILLALOBOS, NICOLE 1250 N IMPERIAL AVE. 13 BRAWLEY CA 92227 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$212.16</td> </tr> </table>	Total claim	\$212.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$212.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$212.16	Nonpriority amount	\$0.00
Total claim									
\$212.16									
Priority amount									
\$212.16									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6936.	Priority creditor's name and mailing address VILLALOBOS, PALOMA M 1531 PACKARD AVE RACINE WI 53403 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$107.09</td> </tr> </table>	Total claim	\$107.09	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$107.09</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$107.09	Nonpriority amount	\$0.00
Total claim										
\$107.09										
Priority amount										
\$107.09										
Nonpriority amount										
\$0.00										
2.6937.	Priority creditor's name and mailing address VILLANUEVA, MARIAH Y 10422 18TH AVE SOUTH SEATTLE WA 98168 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$103.56</td> </tr> </table>	Total claim	\$103.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$103.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$103.56	Nonpriority amount	\$0.00
Total claim										
\$103.56										
Priority amount										
\$103.56										
Nonpriority amount										
\$0.00										
2.6938.	Priority creditor's name and mailing address VILLANUEVA, PRISCILLA 2830 BALLESTEROS LN TUSTIN CA 92782 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$140.40</td> </tr> </table>	Total claim	\$140.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$140.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$140.40	Nonpriority amount	\$0.00
Total claim										
\$140.40										
Priority amount										
\$140.40										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6939.	Priority creditor's name and mailing address VILLARREAL, ALEXIS E 1348 VIRGINIA STREET RACINE WI 53405 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$126.15</td> </tr> </table>	Total claim	\$126.15	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$126.15</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$126.15	Nonpriority amount	\$0.00
Total claim										
\$126.15										
Priority amount										
\$126.15										
Nonpriority amount										
\$0.00										
2.6940.	Priority creditor's name and mailing address VILLARREAL, PERALES CLAUDIA E 1550 BLALOCK RD 188 HOUSTON TX 77080 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$61.75</td> </tr> </table>	Total claim	\$61.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$61.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$61.75	Nonpriority amount	\$0.00
Total claim										
\$61.75										
Priority amount										
\$61.75										
Nonpriority amount										
\$0.00										
2.6941.	Priority creditor's name and mailing address VILLEGAS, NALLELY 10 EROBI LN IOWA CITY IA 52240 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$58.06</td> </tr> </table>	Total claim	\$58.06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$58.06</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$58.06	Nonpriority amount	\$0.00
Total claim										
\$58.06										
Priority amount										
\$58.06										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6942.	Priority creditor's name and mailing address VILLIBORD, STACY 6837 STANDISH DR HYATTSVILLE MD 20784 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$151.70</td> </tr> </table>	Total claim	\$151.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$151.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$151.70	Nonpriority amount	\$0.00
Total claim										
\$151.70										
Priority amount										
\$151.70										
Nonpriority amount										
\$0.00										
2.6943.	Priority creditor's name and mailing address VINCENT, AMANDA D 650 CARDINAL HILL RD. WINFIELD MO 63389-3345 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,833.97</td> </tr> </table>	Total claim	\$2,833.97	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,833.97</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,833.97	Nonpriority amount	\$0.00
Total claim										
\$2,833.97										
Priority amount										
\$2,833.97										
Nonpriority amount										
\$0.00										
2.6944.	Priority creditor's name and mailing address VINCENT, DIAVIAN I 2317 BELMONT AVENUE ELMONT NY 11003 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$92.40</td> </tr> </table>	Total claim	\$92.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$92.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$92.40	Nonpriority amount	\$0.00
Total claim										
\$92.40										
Priority amount										
\$92.40										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6945. Priority creditor's name and mailing address VINCENT, NAOMI 1731 W THIRD ST SANTA ROSA CA 95401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,563.04	Priority amount \$1,563.04 Nonpriority amount \$0.00
2.6946. Priority creditor's name and mailing address VINSON, GENOVIA A 1300 3RD AVE S 408B BIRMINGHAM AL 35233 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$429.50	Priority amount \$429.50 Nonpriority amount \$0.00
2.6947. Priority creditor's name and mailing address VIVEROS, ANGELA A 19 WHITE GATE DR APT I WAPPINGERS FALLS NY 12590 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$142.31	Priority amount \$142.31 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6948. Priority creditor's name and mailing address VIVIA, ROMERO DIANA 351 WASHINGTON ST. HAVERHILL MA 01832 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$319.77</td> </tr> </table>	Total claim	\$319.77	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$319.77</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$319.77	Nonpriority amount	\$0.00
Total claim									
\$319.77									
Priority amount									
\$319.77									
Nonpriority amount									
\$0.00									
2.6949. Priority creditor's name and mailing address VIXAMA, ERMA L 5401 CROSS CREEK DR. 205 ORLANDO FL 32839 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$108.62</td> </tr> </table>	Total claim	\$108.62	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$108.62</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$108.62	Nonpriority amount	\$0.00
Total claim									
\$108.62									
Priority amount									
\$108.62									
Nonpriority amount									
\$0.00									
2.6950. Priority creditor's name and mailing address VIZCARRA, TAYLOR J 22326 PICO ST GRAND TERRACE CA 92313 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$113.76</td> </tr> </table>	Total claim	\$113.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$113.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$113.76	Nonpriority amount	\$0.00
Total claim									
\$113.76									
Priority amount									
\$113.76									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6951.	Priority creditor's name and mailing address VOGT, MEAGAN E 7224 JAMAICA RD MIAMISBURG OH 45342 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$250.69</td> </tr> </table>	Total claim	\$250.69	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$250.69</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$250.69	Nonpriority amount	\$0.00
Total claim										
\$250.69										
Priority amount										
\$250.69										
Nonpriority amount										
\$0.00										
2.6952.	Priority creditor's name and mailing address VONMARBOD, SHAUNA 1029 PARK DRIVE APT 21 INDIAN HARBOUR BEA FL 32937 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$180.37</td> </tr> </table>	Total claim	\$180.37	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$180.37</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$180.37	Nonpriority amount	\$0.00
Total claim										
\$180.37										
Priority amount										
\$180.37										
Nonpriority amount										
\$0.00										
2.6953.	Priority creditor's name and mailing address VORIS, MADISON N 3711 E MITCHELL DR PHOENIX AZ 85018 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$74.03</td> </tr> </table>	Total claim	\$74.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$74.03</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$74.03	Nonpriority amount	\$0.00
Total claim										
\$74.03										
Priority amount										
\$74.03										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6954.	Priority creditor's name and mailing address VOS, AMY 1581 SUNVIEW ST. MUSKEGON MI 49445 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$214.12</td> </tr> </table>	Total claim	\$214.12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$214.12</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$214.12	Nonpriority amount	\$0.00
Total claim										
\$214.12										
Priority amount										
\$214.12										
Nonpriority amount										
\$0.00										
2.6955.	Priority creditor's name and mailing address VUE, NKAOXEE 8310 GLOBE DR APT 524 MADISON WI 53717 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$110.20</td> </tr> </table>	Total claim	\$110.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$110.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$110.20	Nonpriority amount	\$0.00
Total claim										
\$110.20										
Priority amount										
\$110.20										
Nonpriority amount										
\$0.00										
2.6956.	Priority creditor's name and mailing address VUKOVICH, KAITLYN S 6482 RED FOX RD REYNOLDSBURG OH 43068 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$215.46</td> </tr> </table>	Total claim	\$215.46	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$215.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$215.46	Nonpriority amount	\$0.00
Total claim										
\$215.46										
Priority amount										
\$215.46										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6957. Priority creditor's name and mailing address WADE, MAYA 4030 PERRYSVILLE AVE PITTSBURGH PA 15214 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$105.30</td> </tr> </table>	Total claim	\$105.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$105.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$105.30	Nonpriority amount	\$0.00
Total claim									
\$105.30									
Priority amount									
\$105.30									
Nonpriority amount									
\$0.00									
2.6958. Priority creditor's name and mailing address WADE, TARAH D 214 GLENWOOD AVE 304 EAST ORANGE NJ 07017 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$193.55</td> </tr> </table>	Total claim	\$193.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$193.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$193.55	Nonpriority amount	\$0.00
Total claim									
\$193.55									
Priority amount									
\$193.55									
Nonpriority amount									
\$0.00									
2.6959. Priority creditor's name and mailing address WAGNER, MARGARET M 534 WALKER CIRCLE HARLEYSVILLE PA 19438 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$495.54</td> </tr> </table>	Total claim	\$495.54	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$495.54</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$495.54	Nonpriority amount	\$0.00
Total claim									
\$495.54									
Priority amount									
\$495.54									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6960.	Priority creditor's name and mailing address WAI, ONIKEH H 202 PARK AVENUE 210 GAITHERSBURG MD 20877 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$105.23</td> </tr> </table>	Total claim	\$105.23	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$105.23</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$105.23	Nonpriority amount	\$0.00
Total claim										
\$105.23										
Priority amount										
\$105.23										
Nonpriority amount										
\$0.00										
2.6961.	Priority creditor's name and mailing address WALCOTT, ELIZABETH R 9800 STATE HWY 246 SPENCER IN 47460 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$107.81</td> </tr> </table>	Total claim	\$107.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$107.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$107.81	Nonpriority amount	\$0.00
Total claim										
\$107.81										
Priority amount										
\$107.81										
Nonpriority amount										
\$0.00										
2.6962.	Priority creditor's name and mailing address WALDEN, RENEE N 403 SHELWOOD CIRCLE APT K ASHEVILLE NC 28804 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,801.59</td> </tr> </table>	Total claim	\$3,801.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,801.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$3,801.59	Nonpriority amount	\$0.00
Total claim										
\$3,801.59										
Priority amount										
\$3,801.59										
Nonpriority amount										
\$0.00										

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2.6963. Priority creditor's name and mailing address WALDEN, THRESSIA R 7356 W ROLLER RIDGE SELIGMAN MO 65745 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$42.55</td> </tr> </table>	Total claim	\$42.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$42.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$42.55	Nonpriority amount	\$0.00
Total claim									
\$42.55									
Priority amount									
\$42.55									
Nonpriority amount									
\$0.00									
2.6964. Priority creditor's name and mailing address WALKER, ALLYNN 811 WEST FAIRVIEW AVE DAYTON OH 45406 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$183.67</td> </tr> </table>	Total claim	\$183.67	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$183.67</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$183.67	Nonpriority amount	\$0.00
Total claim									
\$183.67									
Priority amount									
\$183.67									
Nonpriority amount									
\$0.00									
2.6965. Priority creditor's name and mailing address WALKER, ANNE 9818 PALOMINO DRIVE ROGERS AR 72758 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$635.03</td> </tr> </table>	Total claim	\$635.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$635.03</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$635.03	Nonpriority amount	\$0.00
Total claim									
\$635.03									
Priority amount									
\$635.03									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6966. Priority creditor's name and mailing address WALKER, CANDYCE M 15580 GEORGE ONEAL RD APT 414 BATON ROUGE LA 70817 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,786.17	Priority amount \$2,786.17 Nonpriority amount \$0.00
2.6967. Priority creditor's name and mailing address WALKER, CORENTHIA M 826 PLAYGROUND RD CHARLESTON SC 29407 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,798.48	Priority amount \$2,798.48 Nonpriority amount \$0.00
2.6968. Priority creditor's name and mailing address WALKER, CORENTHIA M 826 PLAYGROUND RD CHARLESTON SC 29407 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,539.20	Priority amount \$3,539.20 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6969.	Priority creditor's name and mailing address WALKER, DANIELLE Y 901 EAST 72ND STREET APT 2D TACOMA WA 98404 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$2,422.25</td></tr></table>	Total claim	\$2,422.25	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$2,422.25</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$2,422.25	Nonpriority amount	\$0.00
Total claim										
\$2,422.25										
Priority amount										
\$2,422.25										
Nonpriority amount										
\$0.00										
2.6970.	Priority creditor's name and mailing address WALKER, DEJAZ S 237 PALMER AE 1 SYRACUSE NY 13207 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$272.40</td></tr></table>	Total claim	\$272.40	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$272.40</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$272.40	Nonpriority amount	\$0.00
Total claim										
\$272.40										
Priority amount										
\$272.40										
Nonpriority amount										
\$0.00										
2.6971.	Priority creditor's name and mailing address WALKER, JENNIFER M 3137 KERRYBROOK DR. MURFREESBORO TN 37129 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$31.24</td></tr></table>	Total claim	\$31.24	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$31.24</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$31.24	Nonpriority amount	\$0.00
Total claim										
\$31.24										
Priority amount										
\$31.24										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6972. Priority creditor's name and mailing address WALKER, JESSICA 202 WAYNESBORO WAY DOTHAN AL 36305 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$241.89	Priority amount \$241.89 Nonpriority amount \$0.00
2.6973. Priority creditor's name and mailing address WALKER, JILLIAN 4505 S HARDY DR APT 1155 TEMPE AZ 85283 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$562.04	Priority amount \$562.04 Nonpriority amount \$0.00
2.6974. Priority creditor's name and mailing address WALKER, MADISON 4883 CIRCLE DRIVE NORTHAMPTON PA 18067 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$102.08	Priority amount \$102.08 Nonpriority amount \$0.00

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2.6975. Priority creditor's name and mailing address WALKER, MARQUITTA T 816 SUNFLOWER DRIVE LAUREL MS 39440 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,979.43	Priority amount \$1,979.43 Nonpriority amount \$0.00
2.6976. Priority creditor's name and mailing address WALKER, MERI G 16646 PEBBLE CREEK LN. PLAINFIELD IL 60586 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$57.75	Priority amount \$57.75 Nonpriority amount \$0.00
2.6977. Priority creditor's name and mailing address WALKER, SHAVONNA S 7240 SIXTY FOOT RD 7 PITTSVILLE MD 21850 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$524.73	Priority amount \$524.73 Nonpriority amount \$0.00

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2.6978. Priority creditor's name and mailing address WALKER, STACIA M 762 E. HUNTERS RUN DR. MARION IN 46953 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$540.20</td> </tr> </table>	Total claim	\$540.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$540.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$540.20	Nonpriority amount	\$0.00
Total claim									
\$540.20									
Priority amount									
\$540.20									
Nonpriority amount									
\$0.00									
2.6979. Priority creditor's name and mailing address WALKER, TAKERIAH 1532 N TERRACE WICHITA KS 67208 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$29.62</td> </tr> </table>	Total claim	\$29.62	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$29.62</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$29.62	Nonpriority amount	\$0.00
Total claim									
\$29.62									
Priority amount									
\$29.62									
Nonpriority amount									
\$0.00									
2.6980. Priority creditor's name and mailing address WALKER, TAKIERRA 3310 NW 208TH ST OPA LOCKA FL 33056-1361 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$728.09</td> </tr> </table>	Total claim	\$728.09	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$728.09</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$728.09	Nonpriority amount	\$0.00
Total claim									
\$728.09									
Priority amount									
\$728.09									
Nonpriority amount									
\$0.00									

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2.6981.	Priority creditor's name and mailing address WALLACE, JORDAN R 7410 10TH AVE. N. SAINT PETERSBURG FL 33710 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$34.43</td> </tr> </table>	Total claim	\$34.43	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$34.43</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$34.43	Nonpriority amount	\$0.00
Total claim										
\$34.43										
Priority amount										
\$34.43										
Nonpriority amount										
\$0.00										
2.6982.	Priority creditor's name and mailing address WALLACE, MADISON L 110 WILLIAMSBURG RD LANSING MI 48917 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$83.62</td> </tr> </table>	Total claim	\$83.62	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$83.62</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$83.62	Nonpriority amount	\$0.00
Total claim										
\$83.62										
Priority amount										
\$83.62										
Nonpriority amount										
\$0.00										
2.6983.	Priority creditor's name and mailing address WALLACE, TORSICA T 2840 ROBINSON ST APT 330 JACKSON MS 39209 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$757.35</td> </tr> </table>	Total claim	\$757.35	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$757.35</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$757.35	Nonpriority amount	\$0.00
Total claim										
\$757.35										
Priority amount										
\$757.35										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6984. Priority creditor's name and mailing address WALLACE, ZACHALIZE 7032 EFFINGHAM SQ INDIANAPOLIS IN 46260 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$114.48	Priority amount \$114.48 Nonpriority amount \$0.00
2.6985. Priority creditor's name and mailing address WALLACE, ZHERAWNICA S 6541 SWIFT CREEK RD LITHONIA GA 30058 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$66.37	Priority amount \$66.37 Nonpriority amount \$0.00
2.6986. Priority creditor's name and mailing address WALLACK, MADISON E 7459 SOUTH STATE STREET LOWVILLE NY 13367 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$138.75	Priority amount \$138.75 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6987. Priority creditor's name and mailing address WALLER, RAYSHAIA N 6413 ROCKSHIRE STREET ALEXANDRIA VA 22315 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$193.82	Priority amount \$193.82 Nonpriority amount \$0.00
2.6988. Priority creditor's name and mailing address WALLS, BRITTANY M 753 7TH ST SE HICKORY NC 28602 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$119.96	Priority amount \$119.96 Nonpriority amount \$0.00
2.6989. Priority creditor's name and mailing address WALSH, ALLISON M 20 HAWTHORN DRIVE SUCCASUNNA NJ 07876 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$265.95	Priority amount \$265.95 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6990.	Priority creditor's name and mailing address WALSH, CARYN S 9954 SOUTH CANTERBURY ROAD PHILADELPHIA PA 19114 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$80.41</td> </tr> </table>	Total claim	\$80.41	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$80.41</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$80.41	Nonpriority amount	\$0.00
Total claim										
\$80.41										
Priority amount										
\$80.41										
Nonpriority amount										
\$0.00										
2.6991.	Priority creditor's name and mailing address WALSTROM, MAGGIE L 407 2ND STREET SOUTH BUFFALO MN 55313 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$267.40</td> </tr> </table>	Total claim	\$267.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$267.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$267.40	Nonpriority amount	\$0.00
Total claim										
\$267.40										
Priority amount										
\$267.40										
Nonpriority amount										
\$0.00										
2.6992.	Priority creditor's name and mailing address WALTERS, BROOKE D 605 NORTH FIRST STREET JOHNSTOWN CO 80534 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$44.40</td> </tr> </table>	Total claim	\$44.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$44.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$44.40	Nonpriority amount	\$0.00
Total claim										
\$44.40										
Priority amount										
\$44.40										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6993.	Priority creditor's name and mailing address WALTERS, JALYN C 4811 PINTAIL CT NE LACEY WA 98516 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$170.64</td> </tr> </table>	Total claim	\$170.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$170.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$170.64	Nonpriority amount	\$0.00
Total claim										
\$170.64										
Priority amount										
\$170.64										
Nonpriority amount										
\$0.00										
2.6994.	Priority creditor's name and mailing address WALTERS, KAILEY S 3073 DAWSON LN SW ATLANTA GA 30331 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$121.35</td> </tr> </table>	Total claim	\$121.35	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$121.35</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$121.35	Nonpriority amount	\$0.00
Total claim										
\$121.35										
Priority amount										
\$121.35										
Nonpriority amount										
\$0.00										
2.6995.	Priority creditor's name and mailing address WALTON, LACEY A 2180 ORR LN EUGENE OR 97405 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$49.45</td> </tr> </table>	Total claim	\$49.45	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$49.45</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$49.45	Nonpriority amount	\$0.00
Total claim										
\$49.45										
Priority amount										
\$49.45										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6996.	Priority creditor's name and mailing address WALTON, PORSCHA L 1218 5TH AVE SW HICKORY NC 28602-2405 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,703.28</td> </tr> </table>	Total claim	\$2,703.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,703.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,703.28	Nonpriority amount	\$0.00
Total claim										
\$2,703.28										
Priority amount										
\$2,703.28										
Nonpriority amount										
\$0.00										
2.6997.	Priority creditor's name and mailing address WALTON, SHANNON 3215 KNIGHT ST. 243 SHREVEPORT LA 71105 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$150.99</td> </tr> </table>	Total claim	\$150.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$150.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$150.99	Nonpriority amount	\$0.00
Total claim										
\$150.99										
Priority amount										
\$150.99										
Nonpriority amount										
\$0.00										
2.6998.	Priority creditor's name and mailing address WAMBUI, EDEL 4720 BENT ELM SAN ANTONIO TX 78259 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$37.63</td> </tr> </table>	Total claim	\$37.63	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$37.63</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$37.63	Nonpriority amount	\$0.00
Total claim										
\$37.63										
Priority amount										
\$37.63										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.6999. Priority creditor's name and mailing address WARD, EBONEE C 1443 BRIGHTSIDE DRIVE APT. 1834A BATON ROUGE LA 70820 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$642.52	Priority amount \$642.52 Nonpriority amount \$0.00
2.7000. Priority creditor's name and mailing address WARD, JENNIFER 10498 121ST AVENUE LARGO FL 33773 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$479.36	Priority amount \$479.36 Nonpriority amount \$0.00
2.7001. Priority creditor's name and mailing address WARD, KELSY A 3503 OLD HOPPER RD CAPE GIRARDEAU MO 63701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$465.85	Priority amount \$465.85 Nonpriority amount \$0.00

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2.7002.	Priority creditor's name and mailing address WARD, MAYA D 771 PENINSULA OVERLOOK HAMPTON GA 30228 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$105.40</td></tr></table>	Total claim	\$105.40	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$105.40</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$105.40	Nonpriority amount	\$0.00
Total claim										
\$105.40										
Priority amount										
\$105.40										
Nonpriority amount										
\$0.00										
2.7003.	Priority creditor's name and mailing address WARD, MICHAEL A 4511 WEST KEIM DRIVE GLENDALE AZ 85301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$215.16</td></tr></table>	Total claim	\$215.16	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$215.16</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$215.16	Nonpriority amount	\$0.00
Total claim										
\$215.16										
Priority amount										
\$215.16										
Nonpriority amount										
\$0.00										
2.7004.	Priority creditor's name and mailing address WARD, PANDORA 1129 N WHITCOMB AVE A INDIANAPOLIS IN 46224 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$589.49</td></tr></table>	Total claim	\$589.49	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$589.49</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$589.49	Nonpriority amount	\$0.00
Total claim										
\$589.49										
Priority amount										
\$589.49										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7005.	Priority creditor's name and mailing address WARD, SABRINA K 11423 SAINT LAWRENCE DR. BATON ROUGE LA 70811 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$128.03</td> </tr> </table>	Total claim	\$128.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$128.03</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$128.03	Nonpriority amount	\$0.00
Total claim										
\$128.03										
Priority amount										
\$128.03										
Nonpriority amount										
\$0.00										
2.7006.	Priority creditor's name and mailing address WARE, BRANDICE J 1271 BEDROCK DR ORANGE PARK FL 32065-5236 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$229.61</td> </tr> </table>	Total claim	\$229.61	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$229.61</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$229.61	Nonpriority amount	\$0.00
Total claim										
\$229.61										
Priority amount										
\$229.61										
Nonpriority amount										
\$0.00										
2.7007.	Priority creditor's name and mailing address WARNELL, AMAYA R 49 WENDOVER CT SHELBYVILLE KY 40065 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$112.05</td> </tr> </table>	Total claim	\$112.05	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$112.05</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$112.05	Nonpriority amount	\$0.00
Total claim										
\$112.05										
Priority amount										
\$112.05										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7008.	Priority creditor's name and mailing address WARNER, ASIA S 1990 ERIE LANE HOFFMAN ESTATES IL 60169 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$367.95</td> </tr> </table>	Total claim	\$367.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$367.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$367.95	Nonpriority amount	\$0.00
Total claim										
\$367.95										
Priority amount										
\$367.95										
Nonpriority amount										
\$0.00										
2.7009.	Priority creditor's name and mailing address WARNER, SHALISA R 6190 PARKDALE DR COLUMBUS OH 43229 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$175.36</td> </tr> </table>	Total claim	\$175.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$175.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$175.36	Nonpriority amount	\$0.00
Total claim										
\$175.36										
Priority amount										
\$175.36										
Nonpriority amount										
\$0.00										
2.7010.	Priority creditor's name and mailing address WARNETSKY, TIFFANY R 209 CHESTNUT ST ARCHBALD PA 18403 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$133.76</td> </tr> </table>	Total claim	\$133.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$133.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$133.76	Nonpriority amount	\$0.00
Total claim										
\$133.76										
Priority amount										
\$133.76										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7011.	Priority creditor's name and mailing address WARRA, MONICA A 19421 LAUREL DR LIVONIA MI 48154 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$86.45</td></tr></table>	Total claim	\$86.45	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$86.45</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$86.45	Nonpriority amount	\$0.00
Total claim										
\$86.45										
Priority amount										
\$86.45										
Nonpriority amount										
\$0.00										
2.7012.	Priority creditor's name and mailing address WARREN, DARISHA L 7625 DORSHIRE DR C SOUTHAVEN MS 38671 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$209.40</td></tr></table>	Total claim	\$209.40	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$209.40</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$209.40	Nonpriority amount	\$0.00
Total claim										
\$209.40										
Priority amount										
\$209.40										
Nonpriority amount										
\$0.00										
2.7013.	Priority creditor's name and mailing address WARREN, JAMIE L 10627 GREER DRIVE RICHLAND MI 49083 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$196.54</td></tr></table>	Total claim	\$196.54	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$196.54</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$196.54	Nonpriority amount	\$0.00
Total claim										
\$196.54										
Priority amount										
\$196.54										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7014. Priority creditor's name and mailing address WARREN, LANIJA 5302 MALCOLM ST PHILADELPHIA PA 19143 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$29.94</td> </tr> </table>	Total claim	\$29.94	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$29.94</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$29.94	Nonpriority amount	\$0.00
Total claim									
\$29.94									
Priority amount									
\$29.94									
Nonpriority amount									
\$0.00									
2.7015. Priority creditor's name and mailing address WARREN, SERENITY 16 TREMONT TERRACE IRVINGTON NJ 07111 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$70.88</td> </tr> </table>	Total claim	\$70.88	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$70.88</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$70.88	Nonpriority amount	\$0.00
Total claim									
\$70.88									
Priority amount									
\$70.88									
Nonpriority amount									
\$0.00									
2.7016. Priority creditor's name and mailing address WASHBURN, ASHLEY 1643 NEWGATE LANE HOWELL MI 48843 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$78.26</td> </tr> </table>	Total claim	\$78.26	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$78.26</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$78.26	Nonpriority amount	\$0.00
Total claim									
\$78.26									
Priority amount									
\$78.26									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7017. Priority creditor's name and mailing address WASHINGTON COUNTY TRUSTEE PO BOX 215 JONESBOROUGH TN 37659 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$574.91	Priority amount \$574.91 Nonpriority amount \$0.00
2.7018. Priority creditor's name and mailing address WASHINGTON, DESTINY D P.O. BOX 473 FORT MILL SC 29716 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$36.53	Priority amount \$36.53 Nonpriority amount \$0.00
2.7019. Priority creditor's name and mailing address WASHINGTON, MIAH P 10502 WALLACE AVE KANSAS CITY MO 64134 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$176.99	Priority amount \$176.99 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7020.	Priority creditor's name and mailing address WASHINGTON, SADIYAH M 2188 RIVER PARK CT. AUGUSTA GA 30907 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$471.14</td></tr></table>	Total claim	\$471.14	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$471.14</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$471.14	Nonpriority amount	\$0.00
Total claim										
\$471.14										
Priority amount										
\$471.14										
Nonpriority amount										
\$0.00										
2.7021.	Priority creditor's name and mailing address WASHINGTON, TRINARRIA P 1715 BERRYHILL ROAD CORDOVA TN 38016 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$216.05</td></tr></table>	Total claim	\$216.05	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$216.05</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$216.05	Nonpriority amount	\$0.00
Total claim										
\$216.05										
Priority amount										
\$216.05										
Nonpriority amount										
\$0.00										
2.7022.	Priority creditor's name and mailing address WASZAK, ISABELLE G 501 N CAPITOL AVENUE 1119 INDIANAPOLIS IN 46204 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$241.91</td></tr></table>	Total claim	\$241.91	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$241.91</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$241.91	Nonpriority amount	\$0.00
Total claim										
\$241.91										
Priority amount										
\$241.91										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7023. Priority creditor's name and mailing address WATERS, REAGAN E 2012 S 5TH SPRINGFIELD IL 62703 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$66.92</td> </tr> </table>	Total claim	\$66.92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$66.92</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$66.92	Nonpriority amount	\$0.00
Total claim									
\$66.92									
Priority amount									
\$66.92									
Nonpriority amount									
\$0.00									
2.7024. Priority creditor's name and mailing address WATKINS, ADRIANNA M 12205 WALNUT POINT HAGERSTOWN MD 21740 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$180.29</td> </tr> </table>	Total claim	\$180.29	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$180.29</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$180.29	Nonpriority amount	\$0.00
Total claim									
\$180.29									
Priority amount									
\$180.29									
Nonpriority amount									
\$0.00									
2.7025. Priority creditor's name and mailing address WATKINS, AJA C 171 LAKEVIEW CIRCLE BROWNSVILLE TN 38012 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$135.24</td> </tr> </table>	Total claim	\$135.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$135.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$135.24	Nonpriority amount	\$0.00
Total claim									
\$135.24									
Priority amount									
\$135.24									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7026. Priority creditor's name and mailing address WATKINS, ASHLEY N 1804 FRANKLIN STREET LITTLE ROCK AR 72204 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$152.17	Priority amount \$152.17 Nonpriority amount \$0.00
2.7027. Priority creditor's name and mailing address WATKINS, ERICA 50369 OAKVIEW DRIVE NEW BALTIMORE MI 48047 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$265.47	Priority amount \$265.47 Nonpriority amount \$0.00
2.7028. Priority creditor's name and mailing address WATKINS, JAIME 113 DOVER BLUFF DR ORANGE PARK FL 32073 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$94.33	Priority amount \$94.33 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7029.	Priority creditor's name and mailing address WATKINS, JAYLA 1314 CHINOOK TRAIL APT 9 FRANKFORT KY 40601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$200.70</td> </tr> </table>	Total claim	\$200.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$200.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$200.70	Nonpriority amount	\$0.00
Total claim										
\$200.70										
Priority amount										
\$200.70										
Nonpriority amount										
\$0.00										
2.7030.	Priority creditor's name and mailing address WATSON, AMORA K 1734 INDIA HOOK RD 203 ROCK HILL SC 29732 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$252.66</td> </tr> </table>	Total claim	\$252.66	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$252.66</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$252.66	Nonpriority amount	\$0.00
Total claim										
\$252.66										
Priority amount										
\$252.66										
Nonpriority amount										
\$0.00										
2.7031.	Priority creditor's name and mailing address WATSON, KATANA 512 VICTORIA DRIVE COATESVILLE PA 19320 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$103.05</td> </tr> </table>	Total claim	\$103.05	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$103.05</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$103.05	Nonpriority amount	\$0.00
Total claim										
\$103.05										
Priority amount										
\$103.05										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7032.	Priority creditor's name and mailing address WATSON, MEGAN B 203 LANDVIEW DR. DOTHAN AL 36301 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,410.95</td> </tr> </table>	Total claim	\$2,410.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,410.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,410.95	Nonpriority amount	\$0.00
Total claim										
\$2,410.95										
Priority amount										
\$2,410.95										
Nonpriority amount										
\$0.00										
2.7033.	Priority creditor's name and mailing address WATTS, KAYLA 118 E 10TH STREET COVINGTON KY 41011 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$59.39</td> </tr> </table>	Total claim	\$59.39	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$59.39</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$59.39	Nonpriority amount	\$0.00
Total claim										
\$59.39										
Priority amount										
\$59.39										
Nonpriority amount										
\$0.00										
2.7034.	Priority creditor's name and mailing address WATTS, SYDNIE A 1161 STATE HIGHWAY B ROGERSVILLE MO 65742 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$30.10</td> </tr> </table>	Total claim	\$30.10	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$30.10</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$30.10	Nonpriority amount	\$0.00
Total claim										
\$30.10										
Priority amount										
\$30.10										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7035. Priority creditor's name and mailing address WAY, ANNICE 6491 HWY 341 PONTOTOC MS 38863 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,280.71</td> </tr> </table>	Total claim	\$1,280.71	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,280.71</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,280.71	Nonpriority amount	\$0.00
Total claim									
\$1,280.71									
Priority amount									
\$1,280.71									
Nonpriority amount									
\$0.00									
2.7036. Priority creditor's name and mailing address WAY, ANNICE 6491 HWY 341 PONTOTOC MS 38863 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,754.32</td> </tr> </table>	Total claim	\$1,754.32	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,754.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,754.32	Nonpriority amount	\$0.00
Total claim									
\$1,754.32									
Priority amount									
\$1,754.32									
Nonpriority amount									
\$0.00									
2.7037. Priority creditor's name and mailing address WAYNE. SHARON R. 9026 E PARAISO DR SCOTTSDALE AZ 85255 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$160.08</td> </tr> </table>	Total claim	\$160.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$160.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$160.08	Nonpriority amount	\$0.00
Total claim									
\$160.08									
Priority amount									
\$160.08									
Nonpriority amount									
\$0.00									

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2.7038.	Priority creditor's name and mailing address WEASLER, SHAYQUESSA 167 PINE ST APT 1 MANCHESTER NH 03103 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$170.00</td> </tr> </table>	Total claim	\$170.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$170.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$170.00	Nonpriority amount	\$0.00
Total claim										
\$170.00										
Priority amount										
\$170.00										
Nonpriority amount										
\$0.00										
2.7039.	Priority creditor's name and mailing address WEAVER, SHALYNN 4925 GLENCROSS DRIVE DAYTON OH 45406 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$171.43</td> </tr> </table>	Total claim	\$171.43	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$171.43</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$171.43	Nonpriority amount	\$0.00
Total claim										
\$171.43										
Priority amount										
\$171.43										
Nonpriority amount										
\$0.00										
2.7040.	Priority creditor's name and mailing address WEAVER, SHELBY L 221 EISENHOWER DR APT 146 BILOXI MS 39531 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$28.67</td> </tr> </table>	Total claim	\$28.67	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$28.67</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$28.67	Nonpriority amount	\$0.00
Total claim										
\$28.67										
Priority amount										
\$28.67										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7041. Priority creditor's name and mailing address WEAVER, VANESSA L 549 S 99TH PL MESA AZ 85208 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$197.45	Priority amount \$197.45 Nonpriority amount \$0.00
2.7042. Priority creditor's name and mailing address WEAVER, YAMILEX K 11047 NW 8 CT PLANATION FL 33324 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$206.93	Priority amount \$206.93 Nonpriority amount \$0.00
2.7043. Priority creditor's name and mailing address WEBB, MORRIGAN C 1440 PARADISE POINT DR #17 NAVARRE FL 32566 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$217.56	Priority amount \$217.56 Nonpriority amount \$0.00

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2.7044. Priority creditor's name and mailing address WEBER, ALYSSA 5050 3RD AVE W APT A BRADENTON FL 34209 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$42.72	Priority amount \$42.72 Nonpriority amount \$0.00
2.7045. Priority creditor's name and mailing address WEBSTER, JANZEL 2201 COBBLESTONE BLVD STOCKBRIDGE GA 30281 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$121.28	Priority amount \$121.28 Nonpriority amount \$0.00
2.7046. Priority creditor's name and mailing address WEDDERBURN, KARENA M 2566 W TENNESSEE ST APT. 11321 TALLAHASSE FL 32304 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$135.53	Priority amount \$135.53 Nonpriority amount \$0.00

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2.7047. Priority creditor's name and mailing address WEGEMER, KAYLEE 1029 W. 25TH ST ERIE PA 16502 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,222.39	Priority amount \$1,222.39 Nonpriority amount \$0.00
2.7048. Priority creditor's name and mailing address WEIESNBACH, ALEXIS J 55 COUNTRY CLUB DR CAMDENTON MO 65020 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$593.17	Priority amount \$593.17 Nonpriority amount \$0.00
2.7049. Priority creditor's name and mailing address WEIGHTMAN, SANDY R 1021 ENGLISH AVE TURLOCK CA 95380 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$228.84	Priority amount \$228.84 Nonpriority amount \$0.00

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2.7050.	Priority creditor's name and mailing address WEINER, RANDI R 675 EAST STREET ROAD APT 1216 WARMINSTER PA 18974 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,981.42</td> </tr> </table>	Total claim	\$2,981.42	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,981.42</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,981.42	Nonpriority amount	\$0.00
Total claim										
\$2,981.42										
Priority amount										
\$2,981.42										
Nonpriority amount										
\$0.00										
2.7051.	Priority creditor's name and mailing address WEINERT, TAMERA L 19819 10TH PL W LYNNWOOD WA 98036 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$147.00</td> </tr> </table>	Total claim	\$147.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$147.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$147.00	Nonpriority amount	\$0.00
Total claim										
\$147.00										
Priority amount										
\$147.00										
Nonpriority amount										
\$0.00										
2.7052.	Priority creditor's name and mailing address WEISS, KEIRYN E 1199 MOJAVE TRAIL GREEN BAY WI 54313 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$114.76</td> </tr> </table>	Total claim	\$114.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$114.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$114.76	Nonpriority amount	\$0.00
Total claim										
\$114.76										
Priority amount										
\$114.76										
Nonpriority amount										
\$0.00										

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2.7053. Priority creditor's name and mailing address WELCH, DESTANI L 4217 VILLAGE LN 41 WEST DES MOINES IA 50266 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$635.38	Priority amount \$635.38 Nonpriority amount \$0.00
2.7054. Priority creditor's name and mailing address WELDON, CAITLYN 64 GLENEIDA BLVD MAHOPAC NY 10541 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$217.20	Priority amount \$217.20 Nonpriority amount \$0.00
2.7055. Priority creditor's name and mailing address WELFORD, MADISON P 3565 MILL GREEN RD STREET MD 21154 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$230.28	Priority amount \$230.28 Nonpriority amount \$0.00

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2.7056. Priority creditor's name and mailing address WELLMAN, KAYLA M 3241 WEST ST BRIDES CIR ORLANDO FL 32812 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$301.43	Priority amount \$301.43 Nonpriority amount \$0.00
2.7057. Priority creditor's name and mailing address WELLS, MADISON R 1450 WILDWOOD LAKES BLVD B202 NAPLES FL 34104 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,382.77	Priority amount \$3,382.77 Nonpriority amount \$0.00
2.7058. Priority creditor's name and mailing address WELLS, MARY 418 HWY 318 FRANKLIN LA 70538 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$174.56	Priority amount \$174.56 Nonpriority amount \$0.00

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2.7059.	Priority creditor's name and mailing address WENZLOFF, SARAH F 2700 CANTERFIELD PKWY E 110 WEST DUNDEE IL 60118 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$789.05</td></tr></table>	Total claim	\$789.05	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$789.05</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$789.05	Nonpriority amount	\$0.00
Total claim										
\$789.05										
Priority amount										
\$789.05										
Nonpriority amount										
\$0.00										
2.7060.	Priority creditor's name and mailing address WERFT, STACEY J 11801 YORK STREET #1526 NORTHGLENN CO 80233 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$1,146.25</td></tr></table>	Total claim	\$1,146.25	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$1,146.25</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,146.25	Nonpriority amount	\$0.00
Total claim										
\$1,146.25										
Priority amount										
\$1,146.25										
Nonpriority amount										
\$0.00										
2.7061.	Priority creditor's name and mailing address WERNER, HANNAH M 21 OAKHILL AVENUE GREENSBURG PA 15601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$4,112.74</td></tr></table>	Total claim	\$4,112.74	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$4,112.74</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$4,112.74	Nonpriority amount	\$0.00
Total claim										
\$4,112.74										
Priority amount										
\$4,112.74										
Nonpriority amount										
\$0.00										

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2.7062. Priority creditor's name and mailing address WERON, HAILEY J 4797 PATTON PL BOISE ID 83704 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$665.91	Priority amount \$665.91 Nonpriority amount \$0.00
2.7063. Priority creditor's name and mailing address WERTZ, VICTORIA L 1717 HUNTER RIDGE DR SPRINGFIELD IL 62704 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$12.79	Priority amount \$12.79 Nonpriority amount \$0.00
2.7064. Priority creditor's name and mailing address WESSON, CATHERINE E 11269 N RIVER VUE CIR BILOXI MS 39532 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,829.44	Priority amount \$2,829.44 Nonpriority amount \$0.00

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2.7065.	Priority creditor's name and mailing address WEST, BRIANNA S 6221 S HULEN FORT WORTH TX 76133 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$547.90</td></tr></table>	Total claim	\$547.90	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$547.90</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$547.90	Nonpriority amount	\$0.00
Total claim										
\$547.90										
Priority amount										
\$547.90										
Nonpriority amount										
\$0.00										
2.7066.	Priority creditor's name and mailing address WEST, JASMINE L 17601 DAYTON ST. VICTORVILLE CA 92395 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$144.12</td></tr></table>	Total claim	\$144.12	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$144.12</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$144.12	Nonpriority amount	\$0.00
Total claim										
\$144.12										
Priority amount										
\$144.12										
Nonpriority amount										
\$0.00										
2.7067.	Priority creditor's name and mailing address WESTRA, ANNIE M 1710 DOLORES RIVER DRIVE WINDSOR CO 80550 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$34.97</td></tr></table>	Total claim	\$34.97	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$34.97</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$34.97	Nonpriority amount	\$0.00
Total claim										
\$34.97										
Priority amount										
\$34.97										
Nonpriority amount										
\$0.00										

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2.7068. Priority creditor's name and mailing address WETHERELL, TAYLOR A 1000 LONGFELLOW BLVD LAKELAND FL 33801 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$175.04	Priority amount \$175.04 Nonpriority amount \$0.00
2.7069. Priority creditor's name and mailing address WETZEL, DEJA M 2206 GATEWAY OAKS DR. #173 SACRAMENTO CA 95833 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$465.87	Priority amount \$465.87 Nonpriority amount \$0.00
2.7070. Priority creditor's name and mailing address WEYMOUTH, ROCHELLE 303 WEST STRAIN STREET FORT BRANCH IN 47648 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$149.35	Priority amount \$149.35 Nonpriority amount \$0.00

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2.7071. Priority creditor's name and mailing address WHALEN, JULIA D 116 MEADOWVIEW CT JACKSONVILLE NC 28546 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$650.29	Priority amount \$650.29 Nonpriority amount \$0.00
2.7072. Priority creditor's name and mailing address WHALEN, PAMILA L 4724 S. SIXTH STREET LOUISVILLE KY 40214 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$46.35	Priority amount \$46.35 Nonpriority amount \$0.00
2.7073. Priority creditor's name and mailing address WHARTON, LANDYN J 312 BIRCH ST ELLSWORTH AFB MI 57706 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$129.40	Priority amount \$129.40 Nonpriority amount \$0.00

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2.7074. Priority creditor's name and mailing address WHEELER, ELIZABETH A 7620 RAINBOW CREEK DR FORT WORTH TX 76123 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,344.68	Priority amount \$3,344.68 Nonpriority amount \$0.00
2.7075. Priority creditor's name and mailing address WHEELER, HANNAH K 2502 COOPERS POST LN SUGAR LAND TX 77478 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$126.72	Priority amount \$126.72 Nonpriority amount \$0.00
2.7076. Priority creditor's name and mailing address WHEELER, JOLENE R 1010 SPARROW LANSING MI 48910 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$37.93	Priority amount \$37.93 Nonpriority amount \$0.00

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2.7077. Priority creditor's name and mailing address WHEELER, LA SHONDA L 231 COLEMAN ST BRIDGEPORT CT 06604 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$76.81	Priority amount \$76.81 Nonpriority amount \$0.00
2.7078. Priority creditor's name and mailing address WHEELER, MADELINE C 874 E. BLUE HERON ST. MERIDIAN ID 83646 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$71.77	Priority amount \$71.77 Nonpriority amount \$0.00
2.7079. Priority creditor's name and mailing address WHEELER, TAYLOR A 2185 7TH AVE APT 4C NEW YORK NY 10027 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$543.75	Priority amount \$543.75 Nonpriority amount \$0.00

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2.7080.	Priority creditor's name and mailing address WHELAN, REBECCA M 207 JUNIPER RIDGE DR WATERBURY CT 06708 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$1,500.52</td></tr></table>	Total claim	\$1,500.52	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$1,500.52</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,500.52	Nonpriority amount	\$0.00
Total claim										
\$1,500.52										
Priority amount										
\$1,500.52										
Nonpriority amount										
\$0.00										
2.7081.	Priority creditor's name and mailing address WHITACRE, ALLYSON M 3930 NORRISVILLE ROAD JARRETTSVILLE MD 21084 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$179.78</td></tr></table>	Total claim	\$179.78	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$179.78</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$179.78	Nonpriority amount	\$0.00
Total claim										
\$179.78										
Priority amount										
\$179.78										
Nonpriority amount										
\$0.00										
2.7082.	Priority creditor's name and mailing address WHITCOMB, CLEO I 145 W WASHINGTON ST GREENVIEW IL 62642-9524 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$2,222.59</td></tr></table>	Total claim	\$2,222.59	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$2,222.59</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$2,222.59	Nonpriority amount	\$0.00
Total claim										
\$2,222.59										
Priority amount										
\$2,222.59										
Nonpriority amount										
\$0.00										

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2.7083.	Priority creditor's name and mailing address WHITE, ADRIENNE A 100 MCKEOUGH AVE 2004 SARALAND AL 36571 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,265.85</td> </tr> </table>	Total claim	\$1,265.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,265.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,265.85	Nonpriority amount	\$0.00
Total claim										
\$1,265.85										
Priority amount										
\$1,265.85										
Nonpriority amount										
\$0.00										
2.7084.	Priority creditor's name and mailing address WHITE, ALISSA 6104 FRESH GARDEN DR KNOXVILLE TN 37918 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$128.11</td> </tr> </table>	Total claim	\$128.11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$128.11</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$128.11	Nonpriority amount	\$0.00
Total claim										
\$128.11										
Priority amount										
\$128.11										
Nonpriority amount										
\$0.00										
2.7085.	Priority creditor's name and mailing address WHITE, BETHANY F 274 WOOD VALLEY LANE LOUISVILLE KY 40299 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$223.65</td> </tr> </table>	Total claim	\$223.65	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$223.65</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$223.65	Nonpriority amount	\$0.00
Total claim										
\$223.65										
Priority amount										
\$223.65										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7086.	Priority creditor's name and mailing address WHITE, BROOKE-LYNN L 524 SOUTH APRILIA AVENUE COMPTON CA 90220 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$195.60</td> </tr> </table>	Total claim	\$195.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$195.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$195.60	Nonpriority amount	\$0.00
Total claim										
\$195.60										
Priority amount										
\$195.60										
Nonpriority amount										
\$0.00										
2.7087.	Priority creditor's name and mailing address WHITE, DANYEL L 5501 RIDGEWOOD LANE NLR AR 72118 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$40.05</td> </tr> </table>	Total claim	\$40.05	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$40.05</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$40.05	Nonpriority amount	\$0.00
Total claim										
\$40.05										
Priority amount										
\$40.05										
Nonpriority amount										
\$0.00										
2.7088.	Priority creditor's name and mailing address WHITE, IMARI 620 MCKINLEY ST RM 158 LAFAYETTE LA 70504 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$272.68</td> </tr> </table>	Total claim	\$272.68	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$272.68</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$272.68	Nonpriority amount	\$0.00
Total claim										
\$272.68										
Priority amount										
\$272.68										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7089.	Priority creditor's name and mailing address WHITE, KHYA M 445 FREDRICA AVE JACKSON MS 39209 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$94.61</td> </tr> </table>	Total claim	\$94.61	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$94.61</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$94.61	Nonpriority amount	\$0.00
Total claim										
\$94.61										
Priority amount										
\$94.61										
Nonpriority amount										
\$0.00										
2.7090.	Priority creditor's name and mailing address WHITE, MACKENZEE 213 BENHAM DR. MILLSTADY IL 62260 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$100.53</td> </tr> </table>	Total claim	\$100.53	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$100.53</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$100.53	Nonpriority amount	\$0.00
Total claim										
\$100.53										
Priority amount										
\$100.53										
Nonpriority amount										
\$0.00										
2.7091.	Priority creditor's name and mailing address WHITE, MADISON M 5701 GIDDYUP LN. FORT WORTH TX 76179 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$328.15</td> </tr> </table>	Total claim	\$328.15	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$328.15</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$328.15	Nonpriority amount	\$0.00
Total claim										
\$328.15										
Priority amount										
\$328.15										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7092.	Priority creditor's name and mailing address WHITE, MAKENNA 6619 SUGAR RIDGE DRIVE ROANOKE VA 24018 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$188.23</td> </tr> </table>	Total claim	\$188.23	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$188.23</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$188.23	Nonpriority amount	\$0.00
Total claim										
\$188.23										
Priority amount										
\$188.23										
Nonpriority amount										
\$0.00										
2.7093.	Priority creditor's name and mailing address WHITE, MARI J 3273 LEMANS LN MEMPHIS TN 38119 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$109.26</td> </tr> </table>	Total claim	\$109.26	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$109.26</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$109.26	Nonpriority amount	\$0.00
Total claim										
\$109.26										
Priority amount										
\$109.26										
Nonpriority amount										
\$0.00										
2.7094.	Priority creditor's name and mailing address WHITE, MIA 1414 SW 27TH ST. 3 TOPEKA KS 66611 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$30.87</td> </tr> </table>	Total claim	\$30.87	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$30.87</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">\$0.00</td> </tr> </table>	Priority amount	\$30.87	Nonpriority amount	\$0.00
Total claim										
\$30.87										
Priority amount										
\$30.87										
Nonpriority amount										
\$0.00										

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2.7095.	Priority creditor's name and mailing address WHITE, MICHELLE R 1032 SONORA CT. SAME SANTA ROSA CA 95401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$80.88</td> </tr> </table>	Total claim	\$80.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$80.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$80.88	Nonpriority amount	\$0.00
Total claim										
\$80.88										
Priority amount										
\$80.88										
Nonpriority amount										
\$0.00										
2.7096.	Priority creditor's name and mailing address WHITE, NEYANNI 13161 SYCAMORE STREET VACHERIE LA 70090 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$101.14</td> </tr> </table>	Total claim	\$101.14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$101.14</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$101.14	Nonpriority amount	\$0.00
Total claim										
\$101.14										
Priority amount										
\$101.14										
Nonpriority amount										
\$0.00										
2.7097.	Priority creditor's name and mailing address WHITE, QUANECIA 5018 E EL MONTE WAY 105 FRESNO CA 93727 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$75.36</td> </tr> </table>	Total claim	\$75.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$75.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$75.36	Nonpriority amount	\$0.00
Total claim										
\$75.36										
Priority amount										
\$75.36										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7098. Priority creditor's name and mailing address WHITE, ROXANNE M 6828 NE JACKSONVILLE RD ANTHONY FL 34479 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,263.14</td> </tr> </table>	Total claim	\$2,263.14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,263.14</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,263.14	Nonpriority amount	\$0.00
Total claim									
\$2,263.14									
Priority amount									
\$2,263.14									
Nonpriority amount									
\$0.00									
2.7099. Priority creditor's name and mailing address WHITE, SOPHIA 2011 N KEITH CIR WICHITA KS 67212 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$449.74</td> </tr> </table>	Total claim	\$449.74	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$449.74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$449.74	Nonpriority amount	\$0.00
Total claim									
\$449.74									
Priority amount									
\$449.74									
Nonpriority amount									
\$0.00									
2.7100. Priority creditor's name and mailing address WHITE, TAYLOR 11440 WESTMONT CT. WALDORF MD 20602 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$350.64</td> </tr> </table>	Total claim	\$350.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$350.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$350.64	Nonpriority amount	\$0.00
Total claim									
\$350.64									
Priority amount									
\$350.64									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7101. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
WHITE, TERESA J 4941 BLACKBIRD TRAIL MIDLOTHIAN TX 76065		\$2,412.12	\$2,412.12
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.7102. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
WHITEHEAD, MIKAELA 20 WAYNE DRIVE POUGHKEEPSIE NY 12601		\$212.57	\$212.57
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.7103. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
WHITENER, MANDY 3045 16TH STREET NE HICKORY NC 28601		\$270.47	\$270.47
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

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2.7104. Priority creditor's name and mailing address WHITFIELD, ASHEA' M 2785 SEVEN OAKS RD WAYNESBORO GA 30830-5198 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$416.10	Priority amount \$416.10 Nonpriority amount \$0.00
2.7105. Priority creditor's name and mailing address WHITING, HANNAH L 1706 DUNRAVEN RD BLOOMINGTON IL 61704 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$234.61	Priority amount \$234.61 Nonpriority amount \$0.00
2.7106. Priority creditor's name and mailing address WHITLEY, TASHI 2508 CHAMBERS ST N LAS VEGAS NV 89030 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$533.35	Priority amount \$533.35 Nonpriority amount \$0.00

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2.7107.	Priority creditor's name and mailing address WHITLOCK, AMANDA R 1534 BRIARFIELD RD HAMPTON VA 23666 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$78.28</td></tr></table>	Total claim	\$78.28	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$78.28</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$78.28	Nonpriority amount	\$0.00
Total claim										
\$78.28										
Priority amount										
\$78.28										
Nonpriority amount										
\$0.00										
2.7108.	Priority creditor's name and mailing address WHITMORE, JAMETRICE T 4045 TREADWAY RD APT 2309 BEAUMONT TX 77706 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$76.42</td></tr></table>	Total claim	\$76.42	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$76.42</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$76.42	Nonpriority amount	\$0.00
Total claim										
\$76.42										
Priority amount										
\$76.42										
Nonpriority amount										
\$0.00										
2.7109.	Priority creditor's name and mailing address WHITTLE, JALISA F 28 FEINER PL IRVINGTON NJ 07111-1702 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$36.02</td></tr></table>	Total claim	\$36.02	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$36.02</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$36.02	Nonpriority amount	\$0.00
Total claim										
\$36.02										
Priority amount										
\$36.02										
Nonpriority amount										
\$0.00										

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2.7110. Priority creditor's name and mailing address WHYTE, DEVONSHAE 6005 DOGWOOD CIR TAMARAC FL 33319 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$167.26	Priority amount \$167.26 Nonpriority amount \$0.00
2.7111. Priority creditor's name and mailing address WIBLY, KAITLYNNE S 10 HIGHLAND STRUTHERS OH 44471 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$467.40	Priority amount \$467.40 Nonpriority amount \$0.00
2.7112. Priority creditor's name and mailing address WICKS, MARKIE M 3421 SEVEN SPRINGS BLVD NEW PORT RICHEY FL 34655-3134 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,676.18	Priority amount \$2,676.18 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7113. Priority creditor's name and mailing address WICKSTROM, JACEY R 5267 383RD STREET NORTH BRANCH MN 55056 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$142.09	Priority amount \$142.09 Nonpriority amount \$0.00
2.7114. Priority creditor's name and mailing address WIDENER, CASSANDRA 111 E MICHIGAN ST FORTVILLE IN 46040 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$554.13	Priority amount \$554.13 Nonpriority amount \$0.00
2.7115. Priority creditor's name and mailing address WIEDER, ASHLEIGH 54 ANDREWS AVE BUFFALO NY 14225 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$271.95	Priority amount \$271.95 Nonpriority amount \$0.00

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2.7116. Priority creditor's name and mailing address WIELANDT, DELILAH R 743 BEECH ST POTTSTOWN PA 19464-5719 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$680.76	Priority amount \$680.76 Nonpriority amount \$0.00
2.7117. Priority creditor's name and mailing address WIGGINS, QUEON J 521 MASSACHUSETTS AVENUE 1 BOSTON MA 02118 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,341.60	Priority amount \$1,341.60 Nonpriority amount \$0.00
2.7118. Priority creditor's name and mailing address WIGHTMAN, MEGAN L 1416 SUDENE AVE FULLERTON CA 92831 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$242.16	Priority amount \$242.16 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7119.	Priority creditor's name and mailing address WIKGREN, BRIANNA 1 BREWSTER RD. FAIRFAX VT 05454 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$560.98</td> </tr> </table>	Total claim	\$560.98	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$560.98</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$560.98	Nonpriority amount	\$0.00
Total claim										
\$560.98										
Priority amount										
\$560.98										
Nonpriority amount										
\$0.00										
2.7120.	Priority creditor's name and mailing address WILCOX, JALYNN D 3922 CREST DR HEPHIZBAH GA 30815 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$129.59</td> </tr> </table>	Total claim	\$129.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$129.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$129.59	Nonpriority amount	\$0.00
Total claim										
\$129.59										
Priority amount										
\$129.59										
Nonpriority amount										
\$0.00										
2.7121.	Priority creditor's name and mailing address WILCOX, KAITLYN M 5710 E TROPICANA AVE UNIT 2223 LAS VEGAS NV 89122 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$405.39</td> </tr> </table>	Total claim	\$405.39	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$405.39</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$405.39	Nonpriority amount	\$0.00
Total claim										
\$405.39										
Priority amount										
\$405.39										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7122.	Priority creditor's name and mailing address WILES, FAITH D 4737 COURTNEY LN APT C RALEIGH NC 27616 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,573.96</td> </tr> </table>	Total claim	\$1,573.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,573.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,573.96	Nonpriority amount	\$0.00
Total claim										
\$1,573.96										
Priority amount										
\$1,573.96										
Nonpriority amount										
\$0.00										
2.7123.	Priority creditor's name and mailing address WILEY, RANESHA 7214 CRISP RAYTOWN MO 64133 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$63.21</td> </tr> </table>	Total claim	\$63.21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$63.21</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$63.21	Nonpriority amount	\$0.00
Total claim										
\$63.21										
Priority amount										
\$63.21										
Nonpriority amount										
\$0.00										
2.7124.	Priority creditor's name and mailing address WILEY, TYA R 3110 N CRANBERRY WICHITA KS 67226 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$151.48</td> </tr> </table>	Total claim	\$151.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$151.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$151.48	Nonpriority amount	\$0.00
Total claim										
\$151.48										
Priority amount										
\$151.48										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7125. Priority creditor's name and mailing address WILLCUTT, PEYTON S 507 GARRETT DR 507 ATHENS AL 35611 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$24.43	Priority amount \$24.43 Nonpriority amount \$0.00
2.7126. Priority creditor's name and mailing address WILLETT, ANNA G 3776 KAWKAWLIN RIVER DRIVE BAY CITY MI 48706 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$80.38	Priority amount \$80.38 Nonpriority amount \$0.00
2.7127. Priority creditor's name and mailing address WILLIAMS, ANNA J 1013 FRANELM RD LOUISVILLE KY 40214 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$58.79	Priority amount \$58.79 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7128. Priority creditor's name and mailing address WILLIAMS, ANNMARIE 4657 32ND ST #5 SAN DIEGO CA 92116 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$5,795.11</td> </tr> </table>	Total claim	\$5,795.11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$5,795.11</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$5,795.11	Nonpriority amount	\$0.00
Total claim									
\$5,795.11									
Priority amount									
\$5,795.11									
Nonpriority amount									
\$0.00									
2.7129. Priority creditor's name and mailing address WILLIAMS, AZZIE R 227 GATEWOOD DR APT F8 F8 LANSING MI 48917 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$76.11</td> </tr> </table>	Total claim	\$76.11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$76.11</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$76.11	Nonpriority amount	\$0.00
Total claim									
\$76.11									
Priority amount									
\$76.11									
Nonpriority amount									
\$0.00									
2.7130. Priority creditor's name and mailing address WILLIAMS, BETHANY S 1997 HARRISON ST 12 NEENAH WI 54956 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,550.00</td> </tr> </table>	Total claim	\$1,550.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,550.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,550.00	Nonpriority amount	\$0.00
Total claim									
\$1,550.00									
Priority amount									
\$1,550.00									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7131.	Priority creditor's name and mailing address WILLIAMS, BREANN T 924 E TECUMSEH ST 4021 E VIRGIN TULSA OK 74106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$67.27</td></tr></table>	Total claim	\$67.27	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$67.27</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$67.27	Nonpriority amount	\$0.00
Total claim										
\$67.27										
Priority amount										
\$67.27										
Nonpriority amount										
\$0.00										
2.7132.	Priority creditor's name and mailing address WILLIAMS, BRIANNA N 9200 SMOKE HOLLOW RD KERNERSVILLE NC 27284 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$104.29</td></tr></table>	Total claim	\$104.29	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$104.29</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$104.29	Nonpriority amount	\$0.00
Total claim										
\$104.29										
Priority amount										
\$104.29										
Nonpriority amount										
\$0.00										
2.7133.	Priority creditor's name and mailing address WILLIAMS, BRIONNA C 325 E BRADLEY AVE APT. 126 EL CAJON CA 92021 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$153.24</td></tr></table>	Total claim	\$153.24	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$153.24</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$153.24	Nonpriority amount	\$0.00
Total claim										
\$153.24										
Priority amount										
\$153.24										
Nonpriority amount										
\$0.00										

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2.7134. Priority creditor's name and mailing address WILLIAMS, BRITTANY 3101 SEMINARY COVE MEMPHIS TN 38115 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,426.11	Priority amount \$1,426.11 Nonpriority amount \$0.00
2.7135. Priority creditor's name and mailing address WILLIAMS, CAMILLE 457 SHORE ACRES RD 2A ARNOLD MD 21012 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$110.45	Priority amount \$110.45 Nonpriority amount \$0.00
2.7136. Priority creditor's name and mailing address WILLIAMS, CASSIUS T 4 LIBBY LANE LITTLE ROCK AR 72206 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$201.38	Priority amount \$201.38 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7137. Priority creditor's name and mailing address WILLIAMS, CHIYANNA A 949 WOODALE CIRCLE COLUMBIA SC 29203 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$453.00</td> </tr> </table>	Total claim	\$453.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$453.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$453.00	Nonpriority amount	\$0.00
Total claim									
\$453.00									
Priority amount									
\$453.00									
Nonpriority amount									
\$0.00									
2.7138. Priority creditor's name and mailing address WILLIAMS, CORRIN 6 MANCHESTER COURT WENONAH NJ 08090 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$39.83</td> </tr> </table>	Total claim	\$39.83	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$39.83</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$39.83	Nonpriority amount	\$0.00
Total claim									
\$39.83									
Priority amount									
\$39.83									
Nonpriority amount									
\$0.00									
2.7139. Priority creditor's name and mailing address WILLIAMS, CRYSTAL A 158 STEGMAN ST JERSEY CITY NJ 07305 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$85.23</td> </tr> </table>	Total claim	\$85.23	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$85.23</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$85.23	Nonpriority amount	\$0.00
Total claim									
\$85.23									
Priority amount									
\$85.23									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7140. Priority creditor's name and mailing address WILLIAMS, DANE A 7960 EASTRIDGE DR. LA MESA CA 91941 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$562.72	Priority amount \$562.72 Nonpriority amount \$0.00
2.7141. Priority creditor's name and mailing address WILLIAMS, DAYZONO 804 B BROOK CT ANNAPOLIS MD 21401 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$117.67	Priority amount \$117.67 Nonpriority amount \$0.00
2.7142. Priority creditor's name and mailing address WILLIAMS, DEBORAH 3106 N 4TH COURT Ocala FL 34479 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$76.73	Priority amount \$76.73 Nonpriority amount \$0.00

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2.7143. Priority creditor's name and mailing address WILLIAMS, DEJA A 134-29 243RD ST ROSEDALE NY 11422 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$146.16	Priority amount \$146.16 Nonpriority amount \$0.00
2.7144. Priority creditor's name and mailing address WILLIAMS, GLORIA M 11 BRIAN RD MIDDLEBORO MA 02346 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$699.26	Priority amount \$699.26 Nonpriority amount \$0.00
2.7145. Priority creditor's name and mailing address WILLIAMS, HAILEY 12819 MAPLEVIEW ST APT 54 54 LAKESIDE CA 92040 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$291.00	Priority amount \$291.00 Nonpriority amount \$0.00

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2.7146. Priority creditor's name and mailing address WILLIAMS, HAILEY J 4236 NORTH CORDOBA AVE SPRING VALLEY CA 91977 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$318.26</td> </tr> </table>	Total claim	\$318.26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$318.26</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$318.26	Nonpriority amount	\$0.00
Total claim									
\$318.26									
Priority amount									
\$318.26									
Nonpriority amount									
\$0.00									
2.7147. Priority creditor's name and mailing address WILLIAMS, JAMEILYA S 1305 FOREST DRIVE GULFPORT MS 39507 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$95.70</td> </tr> </table>	Total claim	\$95.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$95.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$95.70	Nonpriority amount	\$0.00
Total claim									
\$95.70									
Priority amount									
\$95.70									
Nonpriority amount									
\$0.00									
2.7148. Priority creditor's name and mailing address WILLIAMS, JAMELA J 689 DIELEN LANE ELMONT NY 11003 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,046.03</td> </tr> </table>	Total claim	\$1,046.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,046.03</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,046.03	Nonpriority amount	\$0.00
Total claim									
\$1,046.03									
Priority amount									
\$1,046.03									
Nonpriority amount									
\$0.00									

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2.7149. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
WILLIAMS, JAYA L 2021 HIGHRIDGE 11 G HUNTSVILLE AL 35802		\$215.47	\$215.47
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.7150. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
WILLIAMS, JAYLIN T 6022 YORKGLEN MANOR LN. HOUSTON TX 77084		\$666.66	\$666.66
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.7151. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
WILLIAMS, JOHNETA M 8 MANOR COURT SICKLERVILLE NJ 08081		\$112.84	\$112.84
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

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2.7152.	Priority creditor's name and mailing address WILLIAMS, KALIYAH S 795 PROGRESS ST. UNIT 1 MACON GA 31201 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$63.80</td></tr></table>	Total claim	\$63.80	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$63.80</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$63.80	Nonpriority amount	\$0.00
Total claim										
\$63.80										
Priority amount										
\$63.80										
Nonpriority amount										
\$0.00										
2.7153.	Priority creditor's name and mailing address WILLIAMS, KAYA 150 W 174TH ST 4E BRONX NY 10453 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$559.50</td></tr></table>	Total claim	\$559.50	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$559.50</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$559.50	Nonpriority amount	\$0.00
Total claim										
\$559.50										
Priority amount										
\$559.50										
Nonpriority amount										
\$0.00										
2.7154.	Priority creditor's name and mailing address WILLIAMS, KE'ARA M 801 E 8TH ST. #4212C CHATTANOOGA TN 37403 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$64.69</td></tr></table>	Total claim	\$64.69	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$64.69</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$64.69	Nonpriority amount	\$0.00
Total claim										
\$64.69										
Priority amount										
\$64.69										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7155. Priority creditor's name and mailing address WILLIAMS, KIANA L 2412 COVERT ST APT 41 PARKERSBURG WV 26101 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$60.20	Priority amount \$60.20 Nonpriority amount \$0.00
2.7156. Priority creditor's name and mailing address WILLIAMS, KYIESHA 36441 JEFFERSON ST APT F27 SLIDELL LA 70458 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$205.07	Priority amount \$205.07 Nonpriority amount \$0.00
2.7157. Priority creditor's name and mailing address WILLIAMS, KYMBERLIE A 471 CLEGHORNE RD COLBERT GA 30628-2026 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,354.16	Priority amount \$3,354.16 Nonpriority amount \$0.00

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2.7158. Priority creditor's name and mailing address WILLIAMS, LOUIS 6045 ARMSTRONG RD ELKTON FL 32033 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$367.26	Priority amount \$367.26 Nonpriority amount \$0.00
2.7159. Priority creditor's name and mailing address WILLIAMS, LYTONIA 534 PLEASANT SIDE DR MONCKS CORNER SC 29461 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$149.06	Priority amount \$149.06 Nonpriority amount \$0.00
2.7160. Priority creditor's name and mailing address WILLIAMS, MAKAIYA R 273 SHADYRIDGE DRIVE MONROEVILLE PA 15146 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$195.02	Priority amount \$195.02 Nonpriority amount \$0.00

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2.7161. Priority creditor's name and mailing address WILLIAMS, MARGARET A 2917 CAMBRIDGE DRIVE WOODBRIDGE VA 22192 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$113.34	Priority amount \$113.34 Nonpriority amount \$0.00
2.7162. Priority creditor's name and mailing address WILLIAMS, MEGAN N 2440 LEGENDARY DR MARTINSVILLE IN 46151 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,168.65	Priority amount \$1,168.65 Nonpriority amount \$0.00
2.7163. Priority creditor's name and mailing address WILLIAMS, RENATA H 1708 14TH ST ALTOONA PA 16601 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$27.55	Priority amount \$27.55 Nonpriority amount \$0.00

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2.7164. Priority creditor's name and mailing address WILLIAMS, RENISHA 300 NW 13ST APT1 BELLE GLADE FL 33430 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$186.38	Priority amount \$186.38 Nonpriority amount \$0.00
2.7165. Priority creditor's name and mailing address WILLIAMS, SAVANNAH K 13301 BIRCH ST APT 722 OVERLAND PARK KS 66209 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$72.32	Priority amount \$72.32 Nonpriority amount \$0.00
2.7166. Priority creditor's name and mailing address WILLIAMS, SHANIELLE 26 HEMLOCK DRIVE HOPEWELL JUNCTION NY 12533 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$87.91	Priority amount \$87.91 Nonpriority amount \$0.00

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2.7167. Priority creditor's name and mailing address WILLIAMS, SHANTA 5806 ARVIS DRIVE LOUISVILLE KY 40258 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$39.31	Priority amount \$39.31 Nonpriority amount \$0.00
2.7168. Priority creditor's name and mailing address WILLIAMS, SHELLANDRA C 7091 HAWKS CROSSING DR. E OLIVE BRANCH MS 38654 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$352.60	Priority amount \$352.60 Nonpriority amount \$0.00
2.7169. Priority creditor's name and mailing address WILLIAMS, SHINITA M 3010 LAUREN PLACE DR UNIT 106 WILMINGTON NC 28405 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$6,997.57	Priority amount \$6,997.57 Nonpriority amount \$0.00

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2.7170. Priority creditor's name and mailing address WILLIAMS, SKYLA L 10342 SEACLIFF LANE NORTH CHESTERFIELD VA 23236 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$254.46	Priority amount \$254.46 Nonpriority amount \$0.00
2.7171. Priority creditor's name and mailing address WILLIAMS, TAYLER R 5095 S FIRST ST 22 MURRELLS INLET SC 29576 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$69.46	Priority amount \$69.46 Nonpriority amount \$0.00
2.7172. Priority creditor's name and mailing address WILLIAMS, TIANA 11098 N BAYOU VIEW DR GONZALES LA 70737 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$173.28	Priority amount \$173.28 Nonpriority amount \$0.00

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2.7173. Priority creditor's name and mailing address WILLIAMS, TIFFANY 717 CHIPLEY AVE GREENWOOD SC 29646-2837 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,933.47	Priority amount \$2,933.47 Nonpriority amount \$0.00
2.7174. Priority creditor's name and mailing address WILLIAMS, TIMOTHY E 456 DONALD BLVD HOLBROOK NY 11741 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,329.44	Priority amount \$1,329.44 Nonpriority amount \$0.00
2.7175. Priority creditor's name and mailing address WILLIAMS, TYLENCIA 1860 PATERSON STREET RAHWAY NJ 07065 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$5,000.33	Priority amount \$5,000.33 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7176. Priority creditor's name and mailing address WILLIAMS, WESLEIGH 3144 URSULA ST AURORA CO 80011 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$266.26	Priority amount \$266.26 Nonpriority amount \$0.00
2.7177. Priority creditor's name and mailing address WILLIAMS, ZARIA 226 EAST 80TH STREET SHREVEPORT LA 71106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$89.18	Priority amount \$89.18 Nonpriority amount \$0.00
2.7178. Priority creditor's name and mailing address WILLIAMSON COUNTY LARRY GADDES PCAC, CTA 904 SOUTH MAIN STREET GEORGETOWN TX 78626-5829 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TAXES Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$5,358.78	Priority amount \$5,358.78 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7179. Priority creditor's name and mailing address WILLIAMSON, HAYLEY M 8743 ROSWELL RIDGE HELOTES TX 78023 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$152.32	Priority amount \$152.32 Nonpriority amount \$0.00
2.7180. Priority creditor's name and mailing address WILLIAMSON, KYLEE M P.O. BOX 574 WAVERLY WV 26184 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$561.11	Priority amount \$561.11 Nonpriority amount \$0.00
2.7181. Priority creditor's name and mailing address WILLIAMSON, MELISSA A 1694 THE HIDEOUT LAKE ARIEL PA 18436 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$4,991.84	Priority amount \$4,991.84 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7182. Priority creditor's name and mailing address WILLIS, AMANDA S 1606 VILLAGE MARKET BLVD. SE APT. 101 LEESBURG VA 20175 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$211.47	Priority amount \$211.47 Nonpriority amount \$0.00
2.7183. Priority creditor's name and mailing address WILLIS, ASHLEY C 2850 ROYALLVALLEY WAY O'FALLON MO 63368 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$242.30	Priority amount \$242.30 Nonpriority amount \$0.00
2.7184. Priority creditor's name and mailing address WILLIS, AUBREE D 1950 THIBODO RD 205 VISTA CA 92081 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$123.24	Priority amount \$123.24 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7185. Priority creditor's name and mailing address WILLIS, KYNDALL 1110 ASKHAM DRIVE CARY NC 27511 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$40.75	Priority amount \$40.75 Nonpriority amount \$0.00
2.7186. Priority creditor's name and mailing address WILLIS, MONICA T 20034 CRESCENT CREEK DR KATY TX 77449-7494 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$5,175.00	Priority amount \$5,175.00 Nonpriority amount \$0.00
2.7187. Priority creditor's name and mailing address WILLS, BRIANNA N 1066 PALMA VERDE PL APOPKA FL 32712 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$334.43	Priority amount \$334.43 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7188.	Priority creditor's name and mailing address WILSON, ALAYNA M 6908 COLESHIRE DR DALLAS TX 75232 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$158.39</td> </tr> </table>	Total claim	\$158.39	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$158.39</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$158.39	Nonpriority amount	\$0.00
Total claim										
\$158.39										
Priority amount										
\$158.39										
Nonpriority amount										
\$0.00										
2.7189.	Priority creditor's name and mailing address WILSON, ALICIA D 5612 REMMELL AVE BALTIMORE MD 21206 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$148.21</td> </tr> </table>	Total claim	\$148.21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$148.21</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$148.21	Nonpriority amount	\$0.00
Total claim										
\$148.21										
Priority amount										
\$148.21										
Nonpriority amount										
\$0.00										
2.7190.	Priority creditor's name and mailing address WILSON, ANGEL 85 BEAVERDAM LN COVINGTON GA 30016 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$541.30</td> </tr> </table>	Total claim	\$541.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$541.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$541.30	Nonpriority amount	\$0.00
Total claim										
\$541.30										
Priority amount										
\$541.30										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7191.	Priority creditor's name and mailing address WILSON, ANGEL S 2380 BERWICK BLVD B COLUMBUS OH 43209 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$90.90</td> </tr> </table>	Total claim	\$90.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$90.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$90.90	Nonpriority amount	\$0.00
Total claim										
\$90.90										
Priority amount										
\$90.90										
Nonpriority amount										
\$0.00										
2.7192.	Priority creditor's name and mailing address WILSON, ASHLEY N 28494 N AMETRINE WAY SAN TAN VALLEY AZ 85143 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$989.93</td> </tr> </table>	Total claim	\$989.93	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$989.93</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$989.93	Nonpriority amount	\$0.00
Total claim										
\$989.93										
Priority amount										
\$989.93										
Nonpriority amount										
\$0.00										
2.7193.	Priority creditor's name and mailing address WILSON, DIANE V 418 THOMASTON AVE SUMMERVILLE SC 29485 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$109.43</td> </tr> </table>	Total claim	\$109.43	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$109.43</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$109.43	Nonpriority amount	\$0.00
Total claim										
\$109.43										
Priority amount										
\$109.43										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7194. Priority creditor's name and mailing address WILSON, FRANNI D 109 CRADDOCK AVENUE 1105 SAN MARCOS TX 78666 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$368.72	Priority amount \$368.72 Nonpriority amount \$0.00
2.7195. Priority creditor's name and mailing address WILSON, JADA R 2409 PAPAYA ROAD EDGEWOOD MD 21040 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$133.02	Priority amount \$133.02 Nonpriority amount \$0.00
2.7196. Priority creditor's name and mailing address WILSON, JAYLEN 5318 WERLING DR FORT WAYNE IN 46806 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$69.00	Priority amount \$69.00 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7197. Priority creditor's name and mailing address WILSON, JULIUS L 8 MADISON AVE ROCHELLE PARK NJ 07662 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$589.65	Priority amount \$589.65 Nonpriority amount \$0.00
2.7198. Priority creditor's name and mailing address WILSON, KE'AIRA D 5720 COPPER CREEK COURT APT 13 CHARLOTTE NC 28227 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$633.76	Priority amount \$633.76 Nonpriority amount \$0.00
2.7199. Priority creditor's name and mailing address WILSON, LAUREN M 743 DOYLE AVE REDLANDS CA 92374 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$371.40	Priority amount \$371.40 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7200.	Priority creditor's name and mailing address WILSON, MAKENZI R 415 E BEAR BLVD. B105 SPRINGFIELD MO 65806 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$35.09</td> </tr> </table>	Total claim	\$35.09	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$35.09</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$35.09	Nonpriority amount	\$0.00
Total claim										
\$35.09										
Priority amount										
\$35.09										
Nonpriority amount										
\$0.00										
2.7201.	Priority creditor's name and mailing address WILSON, PRISCILLA D 1136 THORNDALE ST GREEN BAY WI 54304 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,533.61</td> </tr> </table>	Total claim	\$3,533.61	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,533.61</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$3,533.61	Nonpriority amount	\$0.00
Total claim										
\$3,533.61										
Priority amount										
\$3,533.61										
Nonpriority amount										
\$0.00										
2.7202.	Priority creditor's name and mailing address WILSON, ZOE S 5137 FERN TOLEDO OH 43613 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$362.45</td> </tr> </table>	Total claim	\$362.45	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$362.45</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$362.45	Nonpriority amount	\$0.00
Total claim										
\$362.45										
Priority amount										
\$362.45										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7203. Priority creditor's name and mailing address WINGROVE, SAMANTHA M 155 WINGROVE DRIVE LITTLE HOCKING OH 45742 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$48.95</td> </tr> </table>	Total claim	\$48.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$48.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$48.95	Nonpriority amount	\$0.00
Total claim									
\$48.95									
Priority amount									
\$48.95									
Nonpriority amount									
\$0.00									
2.7204. Priority creditor's name and mailing address WINN, INDIA E 4200 54TH AVE. S. SAINT PETERSBURG FL 33711 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$233.92</td> </tr> </table>	Total claim	\$233.92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$233.92</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$233.92	Nonpriority amount	\$0.00
Total claim									
\$233.92									
Priority amount									
\$233.92									
Nonpriority amount									
\$0.00									
2.7205. Priority creditor's name and mailing address WINSTON, ALLIYAH 32320 10TH PL S FEDERAL WAY WA 98003 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$103.20</td> </tr> </table>	Total claim	\$103.20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$103.20</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$103.20	Nonpriority amount	\$0.00
Total claim									
\$103.20									
Priority amount									
\$103.20									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7206. Priority creditor's name and mailing address WINTER, KATHRYN E 26 MILLERS CREEK LANE SLIDELL LA 70458 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$524.67	Priority amount \$524.67 Nonpriority amount \$0.00
2.7207. Priority creditor's name and mailing address WINTER, SERENA 12659 W. AUDI CT. BOISE ID 83713 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$537.50	Priority amount \$537.50 Nonpriority amount \$0.00
2.7208. Priority creditor's name and mailing address WINTERS, DOMINIQUE 1934 W FLORENCE AVE 1 LOS ANGELES CA 90047 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$80.83	Priority amount \$80.83 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7209.	Priority creditor's name and mailing address WINTERS, TARAYSHA J 2918 N STERLING AVE PEORIA IL 61604 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$109.89</td> </tr> </table>	Total claim	\$109.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$109.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$109.89	Nonpriority amount	\$0.00
Total claim										
\$109.89										
Priority amount										
\$109.89										
Nonpriority amount										
\$0.00										
2.7210.	Priority creditor's name and mailing address WIRT, KALI S 9409 EAST MARION STREET WICHITA KS 67210 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$138.77</td> </tr> </table>	Total claim	\$138.77	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$138.77</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$138.77	Nonpriority amount	\$0.00
Total claim										
\$138.77										
Priority amount										
\$138.77										
Nonpriority amount										
\$0.00										
2.7211.	Priority creditor's name and mailing address WISE, LABRIA M 402 PARKVIEW CT, UNIT C SALISBURY MD 21804 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$538.61</td> </tr> </table>	Total claim	\$538.61	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$538.61</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$538.61	Nonpriority amount	\$0.00
Total claim										
\$538.61										
Priority amount										
\$538.61										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7212.	Priority creditor's name and mailing address WISE, MARIAH 7816 CIRCLE FRONT CT EVANSVILLE IN 47715 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,113.30</td> </tr> </table>	Total claim	\$3,113.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,113.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,113.30	Nonpriority amount	\$0.00
Total claim										
\$3,113.30										
Priority amount										
\$3,113.30										
Nonpriority amount										
\$0.00										
2.7213.	Priority creditor's name and mailing address WISE, STEPHANIE L 9547 TAPOK DR APT 402 MANASSAS VA 20110 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,407.93</td> </tr> </table>	Total claim	\$2,407.93	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,407.93</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,407.93	Nonpriority amount	\$0.00
Total claim										
\$2,407.93										
Priority amount										
\$2,407.93										
Nonpriority amount										
\$0.00										
2.7214.	Priority creditor's name and mailing address WISEMAN, MOLLY G 6215 MORGANFORD SAINT LOUIS MO 63116 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$253.01</td> </tr> </table>	Total claim	\$253.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$253.01</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$253.01	Nonpriority amount	\$0.00
Total claim										
\$253.01										
Priority amount										
\$253.01										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7215. Priority creditor's name and mailing address WISWELL, HOLLY H 1511 WELLS AVE BAKERSFIELD CA 93308 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$84.84	Priority amount \$84.84 Nonpriority amount \$0.00
2.7216. Priority creditor's name and mailing address WITCHER, EAHGI P 3231 CARR ST FLINT MI 48506 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,935.59	Priority amount \$3,935.59 Nonpriority amount \$0.00
2.7217. Priority creditor's name and mailing address WITHERELL, ASHLEY A 1022 ERIE ST WATERTOWN NY 13601-1106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,182.22	Priority amount \$1,182.22 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7218. Priority creditor's name and mailing address WITHEROW, REBECCA 5200 WINDHAVEN PKWY 4104 LEWISVILLE TX 75056 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$24.73	Priority amount \$24.73 Nonpriority amount \$0.00
2.7219. Priority creditor's name and mailing address WITHERSPOON, TAYLOR 10502 TABA COVE CT FAIRFAX VA 22030 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$77.03	Priority amount \$77.03 Nonpriority amount \$0.00
2.7220. Priority creditor's name and mailing address WITT, ALAINA M 6764 LAKEVIEW BLVD 17113 WESTLAND MI 48185 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$304.09	Priority amount \$304.09 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7221. Priority creditor's name and mailing address WITT, AMAREA 1389 BEECH STREET SAINT PAUL MN 55106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$47.03	Priority amount \$47.03 Nonpriority amount \$0.00
2.7222. Priority creditor's name and mailing address WOEHLER, MAGGIE M 3123 LODGEPOLE DR. 3123 LODGEPOLE WHITELAND IN 46184 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$139.20	Priority amount \$139.20 Nonpriority amount \$0.00
2.7223. Priority creditor's name and mailing address WOELTJE, STEPHANIE M 318 N SPRIGG ST 101 CAPE GIRARDEAU MO 63701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$47.30	Priority amount \$47.30 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.7224. Priority creditor's name and mailing address**WOESTMAN, CHELSEA A
733 N 17TH ST RM 130D
LINCOLN NE 68508**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$77.96

Priority amount

\$77.96

Nonpriority amount

\$0.00

2.7225. Priority creditor's name and mailing addressWOJTOWICZ, HEATHER
1858 HERITAGE DRIVE
JAMISON PA 18929**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$130.38

Priority amount

\$130.38

Nonpriority amount

\$0.00

2.7226. Priority creditor's name and mailing addressWOLDEMARIAM, ANI W
10422 HEADLY CT
FAIRFAX VA 22032**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$163.00

Priority amount

\$163.00

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.7227. Priority creditor's name and mailing address**WOLDEN, TRACEY J
30 CARTER LANE
NEW EGYPT NJ 08533**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$274.17

Priority amount

\$274.17

Nonpriority amount

\$0.00

2.7228. Priority creditor's name and mailing addressWOLDESEMAYAI, TESFANESHE
196 MARTINE AVE
APT 2A
WHITE PLAINS NY 10601-3462**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$198.00

Priority amount

\$198.00

Nonpriority amount

\$0.00

2.7229. Priority creditor's name and mailing addressWOLF-CASTRO, TATIANA
4170 S AIRY HILL DR
ST. GEORGE UT 84790**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$90.13

Priority amount

\$90.13

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7230.	Priority creditor's name and mailing address WOLFE, MIRANDA M 842 COUNTRY CLUB DRIVE 11 MORGANTOWN WV 26505 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$106.14</td> </tr> </table>	Total claim	\$106.14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$106.14</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$106.14	Nonpriority amount	\$0.00
Total claim										
\$106.14										
Priority amount										
\$106.14										
Nonpriority amount										
\$0.00										
2.7231.	Priority creditor's name and mailing address WOLFE-CARTER, KELLI 231 ELM STREET OXFORD MS 38655 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$7,076.83</td> </tr> </table>	Total claim	\$7,076.83	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$7,076.83</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$7,076.83	Nonpriority amount	\$0.00
Total claim										
\$7,076.83										
Priority amount										
\$7,076.83										
Nonpriority amount										
\$0.00										
2.7232.	Priority creditor's name and mailing address WOLFSON, SARA C 4 CHESTNUT PARK CT. 4 CHESTNUT PAR NEW CITY NY 10956 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$358.53</td> </tr> </table>	Total claim	\$358.53	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$358.53</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$358.53	Nonpriority amount	\$0.00
Total claim										
\$358.53										
Priority amount										
\$358.53										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7233. Priority creditor's name and mailing address WOLMART, ELIZABETH 1240 BURKE AVE 5H BRONX NY 10469 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,031.58</td> </tr> </table>	Total claim	\$1,031.58	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,031.58</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,031.58	Nonpriority amount	\$0.00
Total claim									
\$1,031.58									
Priority amount									
\$1,031.58									
Nonpriority amount									
\$0.00									
2.7234. Priority creditor's name and mailing address WOLSKE, TAYLOR E 7J KINGDOM WAY MECHANICVILLE NY 12118 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$53.28</td> </tr> </table>	Total claim	\$53.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$53.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$53.28	Nonpriority amount	\$0.00
Total claim									
\$53.28									
Priority amount									
\$53.28									
Nonpriority amount									
\$0.00									
2.7235. Priority creditor's name and mailing address WOLSKI, ELISE 2957 MAIN ST CALEDONIA NY 14423 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$89.69</td> </tr> </table>	Total claim	\$89.69	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$89.69</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$89.69	Nonpriority amount	\$0.00
Total claim									
\$89.69									
Priority amount									
\$89.69									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7236. Priority creditor's name and mailing address WOLVERTON, MELANIE 7660 CARLYLE DRIVE RENO NV 89506 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$68.89</td> </tr> </table>	Total claim	\$68.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$68.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$68.89	Nonpriority amount	\$0.00
Total claim									
\$68.89									
Priority amount									
\$68.89									
Nonpriority amount									
\$0.00									
2.7237. Priority creditor's name and mailing address WONG, CAITLYN B 1710 CHAPMAN AVE SW ROANOKE VA 24016 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$74.97</td> </tr> </table>	Total claim	\$74.97	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$74.97</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$74.97	Nonpriority amount	\$0.00
Total claim									
\$74.97									
Priority amount									
\$74.97									
Nonpriority amount									
\$0.00									
2.7238. Priority creditor's name and mailing address WONG, SANDY 5934 AUVER BLVD 102 ORLANDO, FL FL 32807 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$677.57</td> </tr> </table>	Total claim	\$677.57	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$677.57</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$677.57	Nonpriority amount	\$0.00
Total claim									
\$677.57									
Priority amount									
\$677.57									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7239. Priority creditor's name and mailing address WOOD, AMANDA 9500 NE 9TH STREET VANCOUVER WA 98664 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,329.57</td> </tr> </table>	Total claim	\$1,329.57	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,329.57</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,329.57	Nonpriority amount	\$0.00
Total claim									
\$1,329.57									
Priority amount									
\$1,329.57									
Nonpriority amount									
\$0.00									
2.7240. Priority creditor's name and mailing address WOOD, ELLEN E 8432 BRADDOCK WAY COLUMBIA MD 21046 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$48.99</td> </tr> </table>	Total claim	\$48.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$48.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$48.99	Nonpriority amount	\$0.00
Total claim									
\$48.99									
Priority amount									
\$48.99									
Nonpriority amount									
\$0.00									
2.7241. Priority creditor's name and mailing address WOOD, KAITLYN 11550 BROWN SCHOOLHOUSE RD FREEDOM NY 14065 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$43.51</td> </tr> </table>	Total claim	\$43.51	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$43.51</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$43.51	Nonpriority amount	\$0.00
Total claim									
\$43.51									
Priority amount									
\$43.51									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7242. Priority creditor's name and mailing address WOODS, ANGELINA A 7556 S POPLAR POINT DRIVE TRAFALGAR IN 46181 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$66.15	Priority amount \$66.15 Nonpriority amount \$0.00
2.7243. Priority creditor's name and mailing address WOODS, AYSHA G 102 CARLSBAD CT LATROBE PA 15650 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$596.30	Priority amount \$596.30 Nonpriority amount \$0.00
2.7244. Priority creditor's name and mailing address WOODS, IMANI K 301C KENSINGTON PLACE APARTMEN ASHEVILLE NC NC 28803 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$189.86	Priority amount \$189.86 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****2.7245. Priority creditor's name and mailing address**WOODS, JALAYNE A
4330 KELLER RD.
103
HOLT MI 48842**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$323.16

Priority amount

\$323.16

Nonpriority amount

\$0.00

2.7246. Priority creditor's name and mailing addressWOODS, MELISSA
926 S CENTER ST
APT 2
TERRE HAUTE IN 47807**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$126.87

Priority amount

\$126.87

Nonpriority amount

\$0.00

2.7247. Priority creditor's name and mailing addressWOODS, MONICA
4462 DAVLIND DR
2
HOLT MI 48842**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Total claim

\$156.71

Priority amount

\$156.71

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7248. Priority creditor's name and mailing address WOODS, RACHEL M 1537 E. 85TH PL 2F CHICAGO IL 60619 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$592.64</td> </tr> </table>	Total claim	\$592.64	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$592.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$592.64	Nonpriority amount	\$0.00
Total claim									
\$592.64									
Priority amount									
\$592.64									
Nonpriority amount									
\$0.00									
2.7249. Priority creditor's name and mailing address WOODS, TIFFANY C 1790 N GREGG APT 2 FAYETTEVILLE AR 72703 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$21.00</td> </tr> </table>	Total claim	\$21.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$21.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$21.00	Nonpriority amount	\$0.00
Total claim									
\$21.00									
Priority amount									
\$21.00									
Nonpriority amount									
\$0.00									
2.7250. Priority creditor's name and mailing address WOODWARD, JILIAN A 299 BELLA VISTA LANE MANCHESTER CT 06040 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$115.85</td> </tr> </table>	Total claim	\$115.85	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$115.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$115.85	Nonpriority amount	\$0.00
Total claim									
\$115.85									
Priority amount									
\$115.85									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7251. Priority creditor's name and mailing address WOOTEN, BAILEY L 3938 GRANITE CAPE GIRARDEAU MO 63701 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$462.11	Priority amount \$462.11 Nonpriority amount \$0.00
2.7252. Priority creditor's name and mailing address WORBY, DANIELLE P 118 W CHESTER PK APT C RIDLEY PARK PA 19078 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$133.62	Priority amount \$133.62 Nonpriority amount \$0.00
2.7253. Priority creditor's name and mailing address WORDS, NAKEJA 326 O'BRIEN ST SOUTH BEND IN 46628 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$169.27	Priority amount \$169.27 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7254. Priority creditor's name and mailing address WORKS, MICHELLE N 5600 ENTERPRISE RD APT 4E MYRTLE BEACH SC 29588 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$318.26	Priority amount \$318.26 Nonpriority amount \$0.00
2.7255. Priority creditor's name and mailing address WORRELL, AZANA 8733 ASPINWALL DRIVE CHARLOTTE NC 28216 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$95.18	Priority amount \$95.18 Nonpriority amount \$0.00
2.7256. Priority creditor's name and mailing address WREN, HALEY L 3337 W LISA PEORIA IL 61604 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$29.45	Priority amount \$29.45 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7257. Priority creditor's name and mailing address WRIGHT, ALISA M 16454 NELSON PARK DRIVE APT. 306 CLERMONT FL 34714 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$862.77	Priority amount \$862.77 Nonpriority amount \$0.00
2.7258. Priority creditor's name and mailing address WRIGHT, ALYSSA T 12136 KNIGHTS KROSSING CIRCLE 4-201 A ORLANDO FL 32817 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$134.10	Priority amount \$134.10 Nonpriority amount \$0.00
2.7259. Priority creditor's name and mailing address WRIGHT, CASSANDRA R 7210 CONSTITUTION SQUARE HEIGH 202 COLORADO SPRINGS CO 80915 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,102.35	Priority amount \$2,102.35 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7260. Priority creditor's name and mailing address WRIGHT, FELICIA G 1819 STONEHENGE AVE NW MASSILLON OH 44646 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$682.30	Priority amount \$682.30 Nonpriority amount \$0.00
2.7261. Priority creditor's name and mailing address WRIGHT, IVORY N 32 WILKINSON AVE APT#2 JERSEY CITY NJ 07305 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,589.02	Priority amount \$2,589.02 Nonpriority amount \$0.00
2.7262. Priority creditor's name and mailing address WRIGHT, LAMAR D 10940 PROUTY RD 2 PAINESVILLE OH 44077 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$74.81	Priority amount \$74.81 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7263. Priority creditor's name and mailing address WRIGHT, NAYLA S 16775 DANE COURT W BROOKFIELD WI 53005 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$563.07	Priority amount \$563.07 Nonpriority amount \$0.00
2.7264. Priority creditor's name and mailing address WRIGHT, NICHOLE A 14401 U.S. RT. 11 ADAMS CENTER NY 13606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,395.40	Priority amount \$2,395.40 Nonpriority amount \$0.00
2.7265. Priority creditor's name and mailing address WRIGHT, SERINA 1512 IDAHO AVE ORLANDO FL 32809 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$225.25	Priority amount \$225.25 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7266. Priority creditor's name and mailing address WRIGHT, SHAKYLA R 4133 MARSTON AVE SHREVEPORT LA 71109 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$145.14	Priority amount \$145.14 Nonpriority amount \$0.00
2.7267. Priority creditor's name and mailing address WRIGHT, TYLER E 712 A WEST MADISON ST HOUSTON MS 38851 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$122.23	Priority amount \$122.23 Nonpriority amount \$0.00
2.7268. Priority creditor's name and mailing address WYATT, KENNA 3332 RENWOOD BLVD 204 LOUISVILLE KY 40214 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$2,649.55	Priority amount \$2,649.55 Nonpriority amount \$0.00

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2.7269. Priority creditor's name and mailing address WYCHE, ALEXIONNA A 1856 MAHAFFEY CIRCLE LAKELAND FL 33811 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$79.52</td> </tr> </table>	Total claim	\$79.52	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$79.52</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$79.52	Nonpriority amount	\$0.00
Total claim									
\$79.52									
Priority amount									
\$79.52									
Nonpriority amount									
\$0.00									
2.7270. Priority creditor's name and mailing address WYMAN, RHONDA L 3370 ST.ROSE PARKWAY 1235 HENDERSON NV 89052 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$58.30</td> </tr> </table>	Total claim	\$58.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$58.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$58.30	Nonpriority amount	\$0.00
Total claim									
\$58.30									
Priority amount									
\$58.30									
Nonpriority amount									
\$0.00									
2.7271. Priority creditor's name and mailing address WYNANS, CASSIDY L 1607 MEADOWVIEW DR CORINTH TX 76210 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$65.56</td> </tr> </table>	Total claim	\$65.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$65.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$65.56	Nonpriority amount	\$0.00
Total claim									
\$65.56									
Priority amount									
\$65.56									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7272. Priority creditor's name and mailing address WYNN, EMONEI L 128 GILMORE CR. HASTINGS FL 32145 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$196.44	Priority amount \$196.44 Nonpriority amount \$0.00
2.7273. Priority creditor's name and mailing address WYSOCKI, REBECCA H 419 W. MARTIN LN MILWAUKEE WI 53207 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$139.83	Priority amount \$139.83 Nonpriority amount \$0.00
2.7274. Priority creditor's name and mailing address WYSS, JORDYN A 2800 62ND ST DES MOINES IA 50322 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$654.44	Priority amount \$654.44 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7275. Priority creditor's name and mailing address XIONG, GAONOU 2241 FREMONT AVE E SAINT PAUL MN 55119 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$313.68	Priority amount \$313.68 Nonpriority amount \$0.00
2.7276. Priority creditor's name and mailing address XIONG, JULIE 1601 LEONE AVE SAINT PAUL MN 55106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$5,306.58	Priority amount \$5,306.58 Nonpriority amount \$0.00
2.7277. Priority creditor's name and mailing address XIONG, SUSAN 2075 S. HAYSTON AVE. APT.113 FRESNO CA 93702 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$37.80	Priority amount \$37.80 Nonpriority amount \$0.00

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2.7278. Priority creditor's name and mailing address XIONG, YANG YOUA 226 MAPLE ST SAINT PAUL MN 55106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$326.07</td></tr></table>	Total claim	\$326.07	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$326.07</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$326.07	Nonpriority amount	\$0.00
Total claim									
\$326.07									
Priority amount									
\$326.07									
Nonpriority amount									
\$0.00									
2.7279. Priority creditor's name and mailing address YACOB, SANDRA 4317 LIN-NAN LANE NORTON SHORES MI 49441 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$37.74</td></tr></table>	Total claim	\$37.74	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$37.74</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$37.74	Nonpriority amount	\$0.00
Total claim									
\$37.74									
Priority amount									
\$37.74									
Nonpriority amount									
\$0.00									
2.7280. Priority creditor's name and mailing address YAFFE, ABIGAIL 4 WESTRIDGE PL SEVEN VALLEYS PA 17360 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$119.10</td></tr></table>	Total claim	\$119.10	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$119.10</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$119.10	Nonpriority amount	\$0.00
Total claim									
\$119.10									
Priority amount									
\$119.10									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7281. Priority creditor's name and mailing address YAGER, AMANDA R 1122 REYNOLDS AVENUE TAYLOR PA 18517 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,511.74</td> </tr> </table>	Total claim	\$1,511.74	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,511.74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,511.74	Nonpriority amount	\$0.00
Total claim									
\$1,511.74									
Priority amount									
\$1,511.74									
Nonpriority amount									
\$0.00									
2.7282. Priority creditor's name and mailing address YAHIRO, BRIANNA K 9579 OBSERVER ST LAS VEGAS NV 89123-6274 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$150.14</td> </tr> </table>	Total claim	\$150.14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$150.14</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$150.14	Nonpriority amount	\$0.00
Total claim									
\$150.14									
Priority amount									
\$150.14									
Nonpriority amount									
\$0.00									
2.7283. Priority creditor's name and mailing address YAMADA, LAURA A 225 CHRISTOPHER MICHAEL LN TRACY CA 95377 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$239.16</td> </tr> </table>	Total claim	\$239.16	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$239.16</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$239.16	Nonpriority amount	\$0.00
Total claim									
\$239.16									
Priority amount									
\$239.16									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7284. Priority creditor's name and mailing address YAN, SOPHIA 14 1-2 BADGER STREET NASHUA NH 03060 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$299.70	Priority amount \$299.70 Nonpriority amount \$0.00
2.7285. Priority creditor's name and mailing address YANDELL, FRANCESCA 1047 COLDWELL AVE 2 MODESTO CA 95350 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$220.44	Priority amount \$220.44 Nonpriority amount \$0.00
2.7286. Priority creditor's name and mailing address YANEZ, ELIZABETH 5930 LIVE OAK ST BELL GARDENS CA 90201 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$206.64	Priority amount \$206.64 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**2.7287. **Priority creditor's name and mailing address**

YANG, ALEXANDRIA B
22040 HIGHWAY 45
FAYETTEVILLE AR 72703-9499

Date or dates debt was incurred
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
☐ Yes

Total claim

\$658.62

Priority amount

\$658.62

Nonpriority amount

\$0.00

2.7288. **Priority creditor's name and mailing address**

YANG, ANITA
40 CAMPUS VIEW RD
APT 1
MANKATO MN 56001

Date or dates debt was incurred
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
☐ Yes

Total claim

\$89.03

Priority amount

\$89.03

Nonpriority amount

\$0.00

2.7289. **Priority creditor's name and mailing address**

YANG, GAOHLINTSA
17 LINDER CT
SAINT PAUL MN 55106

Date or dates debt was incurred
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
☐ Yes

Total claim

\$43.68

Priority amount

\$43.68

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7290. Priority creditor's name and mailing address YANG, GAUJOUA 6472 N 53RD ST MILWAUKEE WI 53223 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$63.06	Priority amount \$63.06 Nonpriority amount \$0.00
2.7291. Priority creditor's name and mailing address YANG, MAI NENG 1598 MARYLAND AVE E APT B SAINT PAUL MN 55106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$126.99	Priority amount \$126.99 Nonpriority amount \$0.00
2.7292. Priority creditor's name and mailing address YANG, PAHOUA K 151 NORTH VIEW AVE CRANSTON RI 02920 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$148.37	Priority amount \$148.37 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7293. Priority creditor's name and mailing address YANG, XAI K 992 MINNEHAHA AVE E SAINT PAUL MN 55106 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,336.82</td> </tr> </table>	Total claim	\$1,336.82	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,336.82</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,336.82	Nonpriority amount	\$0.00
Total claim									
\$1,336.82									
Priority amount									
\$1,336.82									
Nonpriority amount									
\$0.00									
2.7294. Priority creditor's name and mailing address YANG, YER 3819 OAK TERRACE WHITE BEAR LAKE MN 55110 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$726.92</td> </tr> </table>	Total claim	\$726.92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$726.92</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$726.92	Nonpriority amount	\$0.00
Total claim									
\$726.92									
Priority amount									
\$726.92									
Nonpriority amount									
\$0.00									
2.7295. Priority creditor's name and mailing address YANG, GAODEE 11240 KINGSBOROUGH TRAIL COTTAGE GROVE MN 55016 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$48.30</td> </tr> </table>	Total claim	\$48.30	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$48.30</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$48.30	Nonpriority amount	\$0.00
Total claim									
\$48.30									
Priority amount									
\$48.30									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7296. Priority creditor's name and mailing address YARBROUGH, DEZAREE J 1600 W LA JOLLA DRIVE APT 1046 TEMPE AZ 85282 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$201.08	Priority amount \$201.08 Nonpriority amount \$0.00
2.7297. Priority creditor's name and mailing address YBARRA, MICHELLE N 145 STONY KNOLL RD EL CAJON CA 92019-2024 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$355.74	Priority amount \$355.74 Nonpriority amount \$0.00
2.7298. Priority creditor's name and mailing address YBARRA, SOLANA G 119 TOWER RD GREENUP KY 41144 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$28.28	Priority amount \$28.28 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7299.	Priority creditor's name and mailing address YEBULA, KABIKA C 6213 SULLINS RD CHARLOTTE NC 28214 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$99.76</td> </tr> </table>	Total claim	\$99.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$99.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$99.76	Nonpriority amount	\$0.00
Total claim										
\$99.76										
Priority amount										
\$99.76										
Nonpriority amount										
\$0.00										
2.7300.	Priority creditor's name and mailing address YEE, ALYSSA K 8887 CHANDLER DR UNIT B SURFSIDE BEACH SC 29575 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$277.32</td> </tr> </table>	Total claim	\$277.32	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$277.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$277.32	Nonpriority amount	\$0.00
Total claim										
\$277.32										
Priority amount										
\$277.32										
Nonpriority amount										
\$0.00										
2.7301.	Priority creditor's name and mailing address YELLOVICH, CHRISTINE 2 TIMBERLINE RD BAYVILLE NJ 08721 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,322.87</td> </tr> </table>	Total claim	\$3,322.87	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,322.87</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$3,322.87	Nonpriority amount	\$0.00
Total claim										
\$3,322.87										
Priority amount										
\$3,322.87										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7302. Priority creditor's name and mailing address YEOMAN, ELLA K 1735 CARLTON AVE MODESTO CA 95350 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$72.24	Priority amount \$72.24 Nonpriority amount \$0.00
2.7303. Priority creditor's name and mailing address YOCKEL, SHANNON 5 NORTH STINSON AVE GLOUCESTER CITY NJ 08030-2510 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,888.47	Priority amount \$1,888.47 Nonpriority amount \$0.00
2.7304. Priority creditor's name and mailing address YONGE, CHRISTY B 28381 LA HWY 16 LOT 14 DENHAM SPRINGS LA 70726 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$1,867.24	Priority amount \$1,867.24 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7305. Priority creditor's name and mailing address YORK, CHRISHALON D 2015 STONE WOOD HEARTLAND TX 75126 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$58.17</td> </tr> </table>	Total claim	\$58.17	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$58.17</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$58.17	Nonpriority amount	\$0.00
Total claim									
\$58.17									
Priority amount									
\$58.17									
Nonpriority amount									
\$0.00									
2.7306. Priority creditor's name and mailing address YORLANG, SONIA A 1515 W CASINO RD C7 EVERETT WA 98204 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$168.24</td> </tr> </table>	Total claim	\$168.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$168.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$168.24	Nonpriority amount	\$0.00
Total claim									
\$168.24									
Priority amount									
\$168.24									
Nonpriority amount									
\$0.00									
2.7307. Priority creditor's name and mailing address YOUNG, ALEXIS 971 MILLCREEK PL SOUTHAVEN MS 38671 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$37.26</td> </tr> </table>	Total claim	\$37.26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$37.26</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$37.26	Nonpriority amount	\$0.00
Total claim									
\$37.26									
Priority amount									
\$37.26									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7308.	Priority creditor's name and mailing address YOUNG, BROOKE E 322 EISENHOWER DR SAINT PETERS MO 63376 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$251.28</td> </tr> </table>	Total claim	\$251.28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$251.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$251.28	Nonpriority amount	\$0.00
Total claim										
\$251.28										
Priority amount										
\$251.28										
Nonpriority amount										
\$0.00										
2.7309.	Priority creditor's name and mailing address YOUNG, CARMEN S 824 MARTIN LUTHER KING JR. BLV RIVIERA BEACH FL 33404 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$141.88</td> </tr> </table>	Total claim	\$141.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$141.88</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$141.88	Nonpriority amount	\$0.00
Total claim										
\$141.88										
Priority amount										
\$141.88										
Nonpriority amount										
\$0.00										
2.7310.	Priority creditor's name and mailing address YOUNG, DANIELLE 4010 NORENE LANE LOUISVILLE KY 40219 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$159.70</td> </tr> </table>	Total claim	\$159.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$159.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$159.70	Nonpriority amount	\$0.00
Total claim										
\$159.70										
Priority amount										
\$159.70										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7311. Priority creditor's name and mailing address YOUNG, DOMINIQUE L 706 DUNN CIRCLE KILLEEN TX 76541 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$727.65	Priority amount \$727.65 Nonpriority amount \$0.00
2.7312. Priority creditor's name and mailing address YOUNG, GABRIYAN A 850 HOOVER VILLAGE DRIVE A INDIANAPOLIS IN 46260 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$130.55	Priority amount \$130.55 Nonpriority amount \$0.00
2.7313. Priority creditor's name and mailing address YOUNG, JAYCIE 2017 BROOK ROAD RICHMOND VA 23220 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$170.30	Priority amount \$170.30 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7314. Priority creditor's name and mailing address YOUNG, JORDAN T 10753 KEATHLEY DR FRISCO TX 75035 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$216.16	Priority amount \$216.16 Nonpriority amount \$0.00
2.7315. Priority creditor's name and mailing address YOUNG, KAITLYN V 4695 E BENNETT LAS VEGAS NV 98121 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$48.92	Priority amount \$48.92 Nonpriority amount \$0.00
2.7316. Priority creditor's name and mailing address YOUNG, KEYANDRA 12512 OXFORD AVE 1 HAWTHORNE CA 90250-4600 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$370.00	Priority amount \$370.00 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7317. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
YOUNG, KYANI 6378 BLUEBELL ST EASTVALE CA 92880		\$150.84	\$150.84
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.7318. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
YOUNG, LEIDY Y 632 BLANDFORD ST ROCKVILLE MD 20850		\$133.96	\$133.96
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

2.7319. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim	Priority amount
YOUNG, MORGAN E 808 VALERIE LANE KNOXVILLE TN 37938		\$466.20	\$466.20
			Nonpriority amount
			\$0.00
Date or dates debt was incurred _____	Basis for the claim: WAGES & PTO		
Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7320. Priority creditor's name and mailing address YUHAS, BRITTANY M 3214 CALUMET DR RALEIGH NC 27610 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$317.21	Priority amount \$317.21 Nonpriority amount \$0.00
2.7321. Priority creditor's name and mailing address ZAIDINSKI, KAILA N 113 WANTAGH AVE LEVITTOWN NY 11756 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$253.20	Priority amount \$253.20 Nonpriority amount \$0.00
2.7322. Priority creditor's name and mailing address ZAINO, MARIAH J 75 HARLEY DRIVE APT 02 WORCESTER MA 01606 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$3,321.25	Priority amount \$3,321.25 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7323. Priority creditor's name and mailing address ZAINULABDIN, SANJA A 8343 KARLOV AVE SKOKIE IL 60076 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$121.77	Priority amount \$121.77 Nonpriority amount \$0.00
2.7324. Priority creditor's name and mailing address ZALLEW, TAMARA 3297 SWEETWATER SPRINGS BLVD. APT. 2 SPRING VALLEY CA 91978 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$76.80	Priority amount \$76.80 Nonpriority amount \$0.00
2.7325. Priority creditor's name and mailing address ZAMBRANO, STEPHANIE A 4866 W TENNESSEE AVENUE DENVER CO 80219 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$247.31	Priority amount \$247.31 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7326. Priority creditor's name and mailing address ZAMBRANO, VERONICA 748 OTTAWA AVENUE SAINT PAUL MN 55107 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$351.22	Priority amount \$351.22 Nonpriority amount \$0.00
2.7327. Priority creditor's name and mailing address ZAMORA, ALICIA 19968 E 41ST AVE DENVER CO 80249 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$166.73	Priority amount \$166.73 Nonpriority amount \$0.00
2.7328. Priority creditor's name and mailing address ZAMORA, ASHLEY 609 TAYLOR ST BAKERFIELD CA 93309 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$172.44	Priority amount \$172.44 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7329.	Priority creditor's name and mailing address ZAMORA, JUANITA 1400 BRETHOUR CT. 15 STERLING VA 20164 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$140.42</td> </tr> </table>	Total claim	\$140.42	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$140.42</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$140.42	Nonpriority amount	\$0.00
Total claim										
\$140.42										
Priority amount										
\$140.42										
Nonpriority amount										
\$0.00										
2.7330.	Priority creditor's name and mailing address ZAMORA, MARIAH N 2837 15TH AVENUE COURT GREELEY CO 80631 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$419.78</td> </tr> </table>	Total claim	\$419.78	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$419.78</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$419.78	Nonpriority amount	\$0.00
Total claim										
\$419.78										
Priority amount										
\$419.78										
Nonpriority amount										
\$0.00										
2.7331.	Priority creditor's name and mailing address ZAPATA, ARIANA 31117 VIA GILBERTO TEMECULA CA 92592 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$229.80</td> </tr> </table>	Total claim	\$229.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$229.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$229.80	Nonpriority amount	\$0.00
Total claim										
\$229.80										
Priority amount										
\$229.80										
Nonpriority amount										
\$0.00										

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7332. Priority creditor's name and mailing address ZARAGOZA, CHRISTY 14622 GRAMERCY PL GARDENA CA 90249 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$40.44</td> </tr> </table>	Total claim	\$40.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$40.44</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$40.44	Nonpriority amount	\$0.00
Total claim									
\$40.44									
Priority amount									
\$40.44									
Nonpriority amount									
\$0.00									
2.7333. Priority creditor's name and mailing address ZARAGOZA, TIANNA L 2028 VIA ALEXANDRA 2028 VIA ALEXA ESCONDIDO CA 92026 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$391.08</td> </tr> </table>	Total claim	\$391.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$391.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$391.08	Nonpriority amount	\$0.00
Total claim									
\$391.08									
Priority amount									
\$391.08									
Nonpriority amount									
\$0.00									
2.7334. Priority creditor's name and mailing address ZARAGOZA, VANESSA 200 ROCKWELL RD JACKSON TN 38305 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$246.96</td> </tr> </table>	Total claim	\$246.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$246.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$246.96	Nonpriority amount	\$0.00
Total claim									
\$246.96									
Priority amount									
\$246.96									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7335. Priority creditor's name and mailing address ZARAGOZA, VICTORIA M 11312 OAKWOOD DR FONTANA CA 92337 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$124.56	Priority amount \$124.56 Nonpriority amount \$0.00
2.7336. Priority creditor's name and mailing address ZAVALA, ANDREA 11 W CENTRAL AVE LOMBARD IL 60148 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$182.90	Priority amount \$182.90 Nonpriority amount \$0.00
2.7337. Priority creditor's name and mailing address ZAVALA, GRABIELA C 46877 BACKWATER DR STERLING VA 20164 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$66.79	Priority amount \$66.79 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7338. Priority creditor's name and mailing address ZAVALA, LOPEZ VIRIDIANA 1133 E G ST ONTARIO CA 91764-3956 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$212.76</td> </tr> </table>	Total claim	\$212.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$212.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$212.76	Nonpriority amount	\$0.00
Total claim									
\$212.76									
Priority amount									
\$212.76									
Nonpriority amount									
\$0.00									
2.7339. Priority creditor's name and mailing address ZAVALA, ROCIO 2707 W RIDGELAND AVE WAUKEGAN IL 60085-2436 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$65.01</td> </tr> </table>	Total claim	\$65.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$65.01</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$65.01	Nonpriority amount	\$0.00
Total claim									
\$65.01									
Priority amount									
\$65.01									
Nonpriority amount									
\$0.00									
2.7340. Priority creditor's name and mailing address ZAVALA-SANCHEZ, CHRISTAL R 8004 LA RIVIERA DR. 25 SACRAMENTO CA 95826 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$140.40</td> </tr> </table>	Total claim	\$140.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$140.40</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$140.40	Nonpriority amount	\$0.00
Total claim									
\$140.40									
Priority amount									
\$140.40									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7341. Priority creditor's name and mailing address ZAVERI, INAARA 5359 GRANITE ST LOVES PARK IL 61111 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$23.76	Priority amount \$23.76 Nonpriority amount \$0.00
2.7342. Priority creditor's name and mailing address ZAZUETA, MICHELE 4260 E 70TH AVE COMMERCE CITY CO 80022 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$220.34	Priority amount \$220.34 Nonpriority amount \$0.00
2.7343. Priority creditor's name and mailing address ZDUNEK, KATIE 529 CHESTNUT STREET APT 216 BOWLING GREEN KY 42101 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$590.14	Priority amount \$590.14 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7344. Priority creditor's name and mailing address ZELAYA, JAZMIN Y 2621 GRAND AVE. HUNTINGTON PARK CA 90255 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$268.56	Priority amount \$268.56 Nonpriority amount \$0.00
2.7345. Priority creditor's name and mailing address ZELAYA, KIMBERLY A 4618 INDIAN RUN FLATWOODS KY 41139 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$110.20	Priority amount \$110.20 Nonpriority amount \$0.00
2.7346. Priority creditor's name and mailing address ZELLNER, ALLYSSA 2045 HILLVIEW DR. GREEN BAY WI 54302 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$218.96	Priority amount \$218.96 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7347. Priority creditor's name and mailing address ZENO, MARJAE K 738 BRITTANY ANN LANE STOCKTON CA 95207 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$190.56	Priority amount \$190.56 Nonpriority amount \$0.00
2.7348. Priority creditor's name and mailing address ZEPF, JAIMEY M 18 EASTVIEW ROAD HOPKINTON MA 01748 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$246.36	Priority amount \$246.36 Nonpriority amount \$0.00
2.7349. Priority creditor's name and mailing address ZERMENO, ALVARO J 290 MILLER ROAD HOLLISTER CA 95023 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$128.64	Priority amount \$128.64 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7350. Priority creditor's name and mailing address ZERMENO, JENIFER D 12121 ADMIRALTY WAY L201 EVERETT WA 98204 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$661.84</td> </tr> </table>	Total claim	\$661.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$661.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$661.84	Nonpriority amount	\$0.00
Total claim									
\$661.84									
Priority amount									
\$661.84									
Nonpriority amount									
\$0.00									
2.7351. Priority creditor's name and mailing address ZHAO, KEVIN 41 ACORN STREET MALDEN MA 02148 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$100.32</td> </tr> </table>	Total claim	\$100.32	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$100.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$100.32	Nonpriority amount	\$0.00
Total claim									
\$100.32									
Priority amount									
\$100.32									
Nonpriority amount									
\$0.00									
2.7352. Priority creditor's name and mailing address ZIMMER, KEELY R 921 IRONWOOD CIRCL GRAND RAPIDS MI 49534 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$414.15</td> </tr> </table>	Total claim	\$414.15	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$414.15</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$414.15	Nonpriority amount	\$0.00
Total claim									
\$414.15									
Priority amount									
\$414.15									
Nonpriority amount									
\$0.00									

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.7353. Priority creditor's name and mailing address ZIMMERMAN, KELSEY M 524 MONTGOMERY AVE. PENNSBURG PA 18073 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$668.40	Priority amount \$668.40 Nonpriority amount \$0.00
2.7354. Priority creditor's name and mailing address ZORRILLA, FRANCHESKA I 66 WESTFIELD STREET APT 12 PROVIDENCE RI 02907 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$384.78	Priority amount \$384.78 Nonpriority amount \$0.00
2.7355. Priority creditor's name and mailing address ZUNIGA, LILLIANA M 436 OAKWOOD DRIVE ALAMO TX 78516 Date or dates debt was incurred Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: WAGES & PTO Is the claim subject to offset? ☐ No ☐ Yes	Total claim \$301.47	Priority amount \$301.47 Nonpriority amount \$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**2.7356. **Priority creditor's name and mailing address**

ZWARTS, ALEXANDRIA C
 3725 CANTERBURY LN
 APT #48
 BELLINGHAM WA 98225

Date or dates debt was incurred

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

As of the petition filing date, the claim is:*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

WAGES & PTO

Is the claim subject to offset?

- ☐ No
☐ Yes

Total claim

\$194.04

Priority amount

\$194.04

Nonpriority amount

\$0.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

- 3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1.	Nonpriority creditor's name and mailing address 1420 N PARHAM ROAD LLC REGENCY SQUARE MALL MALL MANAGEMENT OFFICE 1420 N PARHAM ROAD RICHMOND VA 23229 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$10,183.91
3.2.	Nonpriority creditor's name and mailing address 1-800-GOT -JUNK? DEPT 3419 PO BOX 123419 DALLAS TX 75312-3419 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,608.00
3.3.	Nonpriority creditor's name and mailing address 4832 SIMON PROPERTY GROUP, INC 3788 PAYSHERE CIRCLE CHICAGO IL 60674 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$926.69

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.4.	Nonpriority creditor's name and mailing address A & E PRODUCTS GROUP MAINETTI USA INC. DEPT AT 40190 ATLANTA GA 31192-0190 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,308.00
3.5.	Nonpriority creditor's name and mailing address ABIGAIL STEERE 1193 JAY ST EUGENE OR 97402 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$56.16
3.6.	Nonpriority creditor's name and mailing address ACCO ENGINEERED SYSTEMS INC 6265 SAN FERNANDO RD GLENDALE CA 91201 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$30,975.19

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3.7.	Nonpriority creditor's name and mailing address ACORNS GROW INCORPORATED 5300 CALIFORNIA AVE. IRVINE CA 92617 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$30,443.80
3.8.	Nonpriority creditor's name and mailing address ACXIOM LLC 301 E. DAVE WARD DRIVE CONWAY AR 72032 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$71,498.00
3.9.	Nonpriority creditor's name and mailing address AD ART SIGN COMPANY 150 EXECUTIVE PARK BLVD SUITE # 2100 SAN FRANCISCO CA 94134 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$16,811.06

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3.10.	Nonpriority creditor's name and mailing address ADRIENNE MARCH 5563 TOURNAMENT DR HAYMARKET VA 90169 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$110.16
3.11.	Nonpriority creditor's name and mailing address ADVANCED MECHANICAL SERVICES 2475 REGENT AVE ORLANDO FL 32804 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$7,766.08
3.12.	Nonpriority creditor's name and mailing address ALANNA GALLARDO 2257 SUDBURY CT TRACY CA 95376 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$31.40

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3.13.	Nonpriority creditor's name and mailing address ALEJANDRA LOPEZ 2639 N SPRINGFIELD AVE 1ST CHICAGO IL 60647-1030 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$71.14
3.14.	Nonpriority creditor's name and mailing address ALESSANDRA BOLLING 3573 WILES ROAD APT # 206 COCONUT CREEK FL 33703 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$11.30
3.15.	Nonpriority creditor's name and mailing address ALEX M. LAVOTA N53 W35741 HILLVIEW CT OCONOMOWOC WI 53066 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$26.22

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3.16.	Nonpriority creditor's name and mailing address ALEXANDRA ARCHETTI 24 KATIE COURT EAST HANOVER NJ 07936 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$29.70
3.17.	Nonpriority creditor's name and mailing address ALEXANDRIA REESE 1271 SUMMIT ST. APT M COLUMBUS OH 43202 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$19.25
3.18.	Nonpriority creditor's name and mailing address ALGONQUIN COMMONS MATTHEW MASON AS RECEIVER OF ALGONQUIN COMMONS 320 NORTH MAIN STREET SUITE 200 ANN ARBOR MI 48104 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$4,143.47

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3.19.	Nonpriority creditor's name and mailing address ALISON GOLLADAY 4715 CUERNO VERDE COLORADO CITY CO 81019 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$67.80
3.20.	Nonpriority creditor's name and mailing address ALLIED UNIVERSAL SECURITY P.O.BOX 828854 PHILADELPHIA PA 19182-8854 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$70.00
3.21.	Nonpriority creditor's name and mailing address ALMONT AMBULATORY SURGERY CENTER, LLC FRANCIS J. FLYNN JR. 6220 W. 3RD STREET #115 LOS ANGELES CA 90036 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☒ Unliquidated ☒ Disputed Basis for the claim: LITIGATION Is the claim subject to offset? ☐ No ☐ Yes	Amount of claim UNDETERMINED

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3.22.	Nonpriority creditor's name and mailing address ALPHA DOG ADA SIGN 4321 ANTHONY CT # 7 ROCKLIN CA 95677 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$97.80
3.23.	Nonpriority creditor's name and mailing address AMANDA G. ACOSTA 504 W 1720 N PROVO UT 84604 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$52.44
3.24.	Nonpriority creditor's name and mailing address AMANDA NICHOLS 4934 ASPEN ST FIRESTONE CO 80504 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$27.45

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3.25.	Nonpriority creditor's name and mailing address AMBERLYN GODOY 165 PRINDLE AVE ANSONIA CT 06401 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$2.46
3.26.	Nonpriority creditor's name and mailing address AMENDA DUONG 10256 12TH AVE. SW SEATTLE WA 98146-1401 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$31.83
3.27.	Nonpriority creditor's name and mailing address AMKO DISPLAYS, LLC. 7 PURCELL COURT MOONACHIE NJ 07074 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$15,962.85

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3.28.	Nonpriority creditor's name and mailing address AMY ENRIQUEZ 8350 E YALE AVE H102 DENVER CO 80231-3837 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$9.52
3.29.	Nonpriority creditor's name and mailing address AMY HOULE 163 MEADOW ST NAUGATUCK CT 06770 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$48.96
3.30.	Nonpriority creditor's name and mailing address AMY LANGEWISCH 440 HILLCREST BLVD BALLWIN MO 63021 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$91.60

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3.31.	Nonpriority creditor's name and mailing address AMY SCHWENDEMAN 1046 BAYRIDGE DRIVE LEWIS CENTER OH 43035 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$32.12
3.32.	Nonpriority creditor's name and mailing address ANA VALADEZ 30034 WHEMBLY CIRCLE MENIFEE CA 92584 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$265.96
3.33.	Nonpriority creditor's name and mailing address ANABELL GRAJEDA 436 SECOND STREET MOORPARK CA 93021 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$61.60

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3.34.	Nonpriority creditor's name and mailing address ANAMARIA CRESPO 71 WINDSOR STREET BRIDGEPORT CT 06606 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$33.00
3.35.	Nonpriority creditor's name and mailing address ANASTACIA DAVIS 915 S JACKSON STREET MONTGOMERY AL 36104 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$91.26
3.36.	Nonpriority creditor's name and mailing address ANMOLBEN PATEL 285 N RUTHERFORD BLVD #J104 MURFREESBORO TN 37130 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$127.53

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3.37.	Nonpriority creditor's name and mailing address ANNA WOODYARD 1240 E VICTORY DR SAVANNAH GA 31404 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$83.88
3.38.	Nonpriority creditor's name and mailing address ANNE HUDAK 367 MADISON GARDENS OLD BRIDGE NJ 08857 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$60.98
3.39.	Nonpriority creditor's name and mailing address ANNICE WAY 6491 HWY 341 PONTOTOC MS 38863 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$148.14

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3.40.	Nonpriority creditor's name and mailing address ANTHONY K. AIWOHI 728 HARBOUR TOWN DR. LAKE DALLAS TX 75065 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$53.50
3.41.	Nonpriority creditor's name and mailing address APPLE BLOSSOM MALL 14183 COLLECTIONS CENTER DR. CHICAGO IL 60693 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$495.68
3.42.	Nonpriority creditor's name and mailing address ARCVISION, INC. 1950 CRAIG ROAD SUITE 300 ST LOUIS MO 63146 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$23,800.00

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3.43.	Nonpriority creditor's name and mailing address ARIZONA MILLS, LLC P.O. BOX 402298 ATLANTA GA 30384-2298 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$2.84
3.44.	Nonpriority creditor's name and mailing address ASHLEY CAREY 4135 FILBERT ST WAYNE MI 48184 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$5.35
3.45.	Nonpriority creditor's name and mailing address ASHLEY M. SNODGRASS 418 S. LEBARON MESA AZ 85210-2402 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$182.51

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3.46.	Nonpriority creditor's name and mailing address AT&T P.O. BOX 105262 ATLANTA GA 30348-5262 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$222.29
3.47.	Nonpriority creditor's name and mailing address ATLANTIC CITY ASSOCIATES, LLC. NUMBER THREE, LLC C/O TANGER MANAGEMENT, LLC 3200 NORTHLIN AVE, SUITE 360 GREENSBORO NC 27408 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$8,263.22
3.48.	Nonpriority creditor's name and mailing address AUGUSTA LICENSE AND INSPECTION P.O. BOX 9270 AUGUSTA GA 30916-9270 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$362.00

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3.49.	Nonpriority creditor's name and mailing address AVALARA, INC. 1100 2ND AVE. SUITE 300 SEATTLE WA 98101 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$7,340.00
3.50.	Nonpriority creditor's name and mailing address AYLIN RAMIREZ 43 COOPER STREET PAWTUCKET RI 02860 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$10.80
3.51.	Nonpriority creditor's name and mailing address BAYBROOK MALL LLC P.O. BOX 86 MINNEAPOLIS MN 55486-1851 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$90.00

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3.52.	Nonpriority creditor's name and mailing address BAYSHORE SHOPPING CENTER 8343 DOUGLAS AVENUE SUITE 200 DALLAS TX 75225 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$5,923.80
3.53.	Nonpriority creditor's name and mailing address BAYSHORE TOWN CENTER, LLC C/O STEINER PROPERTIES, LLC P.O. BOX 635025 CINCINNATI OH 45263-5025 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$26.96
3.54.	Nonpriority creditor's name and mailing address BEAR COMMUNICATIONS, INC. P.O. BOX 670354 DALLAS TX 75267-0354 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$9,138.96

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3.55.	Nonpriority creditor's name and mailing address BENSLEM TOWNSHIP FIRE MARSHAL'S OFFICE 2400 BYBERRY ROAD BENSLEM PA 19020 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$175.00
3.56.	Nonpriority creditor's name and mailing address BEST SECURITY INDUSTRIES, INC. 755 NORTHWEST 17TH AVENUE SUITE 101 DEL RAY BEACH FL 33445 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$2,114.21
3.57.	Nonpriority creditor's name and mailing address BLAIR GENERAL MAINTENANCE 9712 SKILLMAN ST DALLAS TX 75243 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$5,820.18

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3.58.	Nonpriority creditor's name and mailing address BLOOMFIELD HOLDINGS LLC PO BOX 205150 DALLAS TX 75320-5150 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$13,504.85
3.59.	Nonpriority creditor's name and mailing address BLUEGRASS OUTLET SHOPPES CMBS, 10275 W HIGGINS ROAD SUITE 560 ROSEMONT IL 60018 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$348.94
3.60.	Nonpriority creditor's name and mailing address BOARD USA 33 BROAD STREET SUITE 502 BOSTON MA 02109 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$21,875.00

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3.61.	Nonpriority creditor's name and mailing address BOROUGH OF PARAMUS BUILDING DEPARTMENT 1 JOCKISH SQUARE PARAMUS NJ 07652 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$975.00
3.62.	Nonpriority creditor's name and mailing address BOROUGH OF TINTON FALLS MUNICIPAL CENTER 556 TINTON AVE TINTON FALLS NJ 07724-3298 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$75.00
3.63.	Nonpriority creditor's name and mailing address BOSTON BARRICADE COMPANY INC 1151 19TH STREET VERO BEACH FL 32960 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$347.75

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3.64.	Nonpriority creditor's name and mailing address BRAGEL INTERNATIONAL, INC. WANG IP LAW GROUP PC TOMMY WANG/JEFF KANG 18645 E GALE AVE SUITE 205 CITY OF INDUSTRY CA 91748	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☒ Unliquidated ☒ Disputed	Amount of claim UNDETERMINED
	Date or dates debt was incurred 	Basis for the claim: LITIGATION	
	Last 4 digits of account number:	Is the claim subject to offset? ☐ No ☐ Yes	
3.65.	Nonpriority creditor's name and mailing address BRANDED GROUP, INC. 222 SOUTH HARBOR BLVD SUITE 500 ANAHEIM CA 92805	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Amount of claim \$26,413.52
	Date or dates debt was incurred VARIOUS	Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE	
	Last 4 digits of account number:	Is the claim subject to offset? ☒ No ☐ Yes	
3.66.	Nonpriority creditor's name and mailing address BRANDON RAINS 185 EAST CAPE ROCK DRIVE CAPE GIRARDEAU MO 63701	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Amount of claim \$74.12
	Date or dates debt was incurred VARIOUS	Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE	
	Last 4 digits of account number:	Is the claim subject to offset? ☒ No ☐ Yes	

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3.67.	Nonpriority creditor's name and mailing address BRASS MILL CENTER MALL LLC P.O. BOX 772851 CHICAGO IL 60677-2851 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☒ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim UNDETERMINED
3.68.	Nonpriority creditor's name and mailing address BRENDA JULES 174 NEW STATE RD. CENTRAL MANCHESTER CT 06042 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$40.00
3.69.	Nonpriority creditor's name and mailing address BRIA LINK 1350 HARVEY MITCHELL PKWY S APT 1525 COLLEGE STATION TX 77840-6247 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$0.21

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3.70.	Nonpriority creditor's name and mailing address BRISSA BERKOVITS 531 OAKVILLE DOLLAR-DES-ORMEAUX, QC H9G 1M3 CANADA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$15.00
3.71.	Nonpriority creditor's name and mailing address BRITTANY GAHMAN 1207 WESTLAKE CIRCLE BELLEVILLE MI 48111 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$48.05
3.72.	Nonpriority creditor's name and mailing address BRITTNEY TURBERVILLE 5434 COTTAGE LANE HOOVER AZ 35226 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$25.70

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3.73.	Nonpriority creditor's name and mailing address BROADSTONE LAND, LLC 340 PADDAIO PARKWAY SUITE 521 FOLSOM CA 95630 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$5,873.43
3.74.	Nonpriority creditor's name and mailing address CANARY MARKETING 2700 CAMINO RAMON SUITE 110 SAN RAMON CA 94539 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$3,471.37
3.75.	Nonpriority creditor's name and mailing address CAN-DO ELECTRIC, INC. 9409 ABRAHAM WAY SANTEE CA 92071 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☐ No ☐ Yes	Amount of claim \$13,212.00

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3.76.	Nonpriority creditor's name and mailing address CANTOR COMMERCIAL REAL ESTATE LENDING LP SDS-12-1532 PO BOX 86 MINNEAPOLIS MN 55486-1532 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$6,948.81
3.77.	Nonpriority creditor's name and mailing address CAPITAL MALL LP 1 EAST WACKER DRIVE SUITE 3600 CHICAGO IL 60601 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$5,731.63
3.78.	Nonpriority creditor's name and mailing address CAPITOL LIGHT P.O. BOX 418453 BOSTON MA 02241-8453 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$69,211.63

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3.79.	Nonpriority creditor's name and mailing address CAPREF BROOKWOOD VILLAGE LLC 8343 DOUGLAS AVE., SUITE # 200 DALLAS TX 75225 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$2,334.86
3.80.	Nonpriority creditor's name and mailing address CAPREF LLOYD II LLC 8343 DOUGLAS AVE SUITE 200 DALLAS TX 75225 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☒ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim UNDETERMINED
3.81.	Nonpriority creditor's name and mailing address CARIBBEAN CONSTRUCTION WASHINGTON AVE F8 GUAYNABO PR 00969 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$2,254.00

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3.82.	Nonpriority creditor's name and mailing address CAROUSEL CENTER COMPANY LP MANUFACTURERS & TRADERS TRUST P.O. BOX 8000 DEPT# 692 BUFFALO NY 14267 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$274.36
3.83.	Nonpriority creditor's name and mailing address CASSANDRA PASCO 221 GRACE STREET GROVE CITY PA 16127 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$29.32
3.84.	Nonpriority creditor's name and mailing address CASTLETON SQUARE/ CASTLETON SQUARE LLC PO BOX 775754 CHICAGO IL 60677-5754 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$99.30

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3.85.	Nonpriority creditor's name and mailing address CENTER FOR ADVANCED PUBLIC AWARENESS, INC. GATES JOHNSON LAW KIMBERLY GATES 2822 MORAGA STREET SAN FRANCISCO CA 94122 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☒ Unliquidated ☒ Disputed Basis for the claim: LITIGATION Is the claim subject to offset? ☐ No ☐ Yes	Amount of claim UNDETERMINED
3.86.	Nonpriority creditor's name and mailing address CESLIE BLASS 1771 E MALORY ST PENSACOLA BEACH FL 32503 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$46.74
3.87.	Nonpriority creditor's name and mailing address CHANTANAE PRICE 14617 LITTLE ANNE DRIVE LITTLE ELM TX 75068-2739 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$62.72

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3.88.	Nonpriority creditor's name and mailing address CHAPEL HILL MALL REALTY 2000 BRITTAIN RD STE 830 AKRON OH 44310-4303 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☒ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim UNDETERMINED
3.89.	Nonpriority creditor's name and mailing address CHARLI VARNER 177 HOLLY STREET UNIT 2 WESTON WV 26452 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$138.57
3.90.	Nonpriority creditor's name and mailing address CHARLOTTE RUSSE ADMINISTRATION, INC. 5910 PACIFIC CENTER BLVD SAN DIEGO CA 92121 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☒ Unliquidated ☐ Disputed Basis for the claim: AMENDED & RESTATED CREDIT AGREEMENT Is the claim subject to offset? ☐ No ☒ Yes	Amount of claim UNDETERMINED

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3.91.	Nonpriority creditor's name and mailing address CHARLOTTE RUSSE HOLDING, INC. 5910 PACIFIC CENTER BLVD SAN DIEGO CA 92121 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☒ Unliquidated ☐ Disputed Basis for the claim: AMENDED & RESTATED CREDIT AGREEMENT Is the claim subject to offset? ☐ No ☒ Yes	Amount of claim UNDETERMINED
3.92.	Nonpriority creditor's name and mailing address CHARLOTTE RUSSE HOLDING, INC. 5910 PACIFIC CENTER BLVD SAN DIEGO CA 92121 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☒ Unliquidated ☐ Disputed Basis for the claim: AMENDED & RESTATED CREDIT AGREEMENT Is the claim subject to offset? ☐ No ☒ Yes	Amount of claim UNDETERMINED
3.93.	Nonpriority creditor's name and mailing address CHARLOTTE RUSSE HOLDING, INC. 5910 PACIFIC CENTER BLVD SAN DIEGO CA 92121 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☒ Unliquidated ☐ Disputed Basis for the claim: AMENDED & RESTATED CREDIT AGREEMENT Is the claim subject to offset? ☐ No ☒ Yes	Amount of claim UNDETERMINED

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3.94.	Nonpriority creditor's name and mailing address CHARLOTTE RUSSE HOLDING, INC. 5910 PACIFIC CENTER BLVD SAN DIEGO CA 92121 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☒ Unliquidated ☐ Disputed Basis for the claim: AMENDED & RESTATED CREDIT AGREEMENT Is the claim subject to offset? ☐ No ☒ Yes	Amount of claim UNDETERMINED
3.95.	Nonpriority creditor's name and mailing address CHARLOTTE RUSSE MERCHANDISING, INC. 5910 PACIFIC CENTER BLVD SAN DIEGO CA 92121 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☒ Unliquidated ☐ Disputed Basis for the claim: AMENDED & RESTATED CREDIT AGREEMENT Is the claim subject to offset? ☐ No ☒ Yes	Amount of claim UNDETERMINED
3.96.	Nonpriority creditor's name and mailing address CHARLOTTE RUSSE MERCHANDISING, INC. 5910 PACIFIC CENTER BLVD SAN DIEGO CA 92121 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☒ Unliquidated ☐ Disputed Basis for the claim: AMENDED & RESTATED CREDIT AGREEMENT Is the claim subject to offset? ☐ No ☒ Yes	Amount of claim UNDETERMINED

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3.97.	Nonpriority creditor's name and mailing address CHERRELL HILLIARO 3121 ABLE PL CHESTERFIELD VA 23832-8406 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$6.84
3.98.	Nonpriority creditor's name and mailing address CHESTERFIELD COUNTY, VIRGINIA P.O.BOX 71111 CHARLOTTE NC 28272-1111 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$2,714.51
3.99.	Nonpriority creditor's name and mailing address CHINA LAWSON 1943 LAUREL OAK DR. FLINT MI 48507 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$196.00

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3.100.	Nonpriority creditor's name and mailing address CHRISTINA PETERSON 717 OAKDALE AVE APT 215 SPRINGFIELD OR 97477-7726 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$61.72
3.101.	Nonpriority creditor's name and mailing address CINTAS CORPORATION #150 PO BOX 29059 PHOENIX AZ 85038-9059 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,402.17
3.102.	Nonpriority creditor's name and mailing address CINTAS CORPORATION #470 PO BOX 88005 CHICAGO IL 60680-1005 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$576.90

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3.103.	Nonpriority creditor's name and mailing address CITY LIGHTING 204 DOUGLAS ROAD SEWICKLEY PA 15143-8110 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$40,841.89
3.104.	Nonpriority creditor's name and mailing address CITY OF HOLYOKE CITY HALL 536 DWIGHT STREET HOLYOKE MA 01040 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$2,303.10
3.105.	Nonpriority creditor's name and mailing address CITY OF BOYNTON BEACH BUSINESS TAX DIVISION 100 E. BOYNTON BEACH BLVD. BOYNTON BEACH FL 33435 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$175.00

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3.106.	Nonpriority creditor's name and mailing address CITY OF CHESAPEAKE P.O. BOX 15285 CHESAPEAKE VA 23328 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$2,425.50
3.107.	Nonpriority creditor's name and mailing address CITY OF FLORENCE CITY CLERK'S OFFICE PO BOX 98 FLORENCE AL 35631 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$646.35
3.108.	Nonpriority creditor's name and mailing address CITY OF GONZALES 120 SOUTH IRMA BLVD GONZALES LA 70737 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,200.00

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3.109.	Nonpriority creditor's name and mailing address CITY OF GREENVILLE BUSINESS LICENSE DIVISION P.O. BOX 2207 GREENVILLE SC 29602 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$2,427.43
3.110.	Nonpriority creditor's name and mailing address CITY OF HENDERSON FINANCE DEPARTMENT PO BOX 95007 HENDERSON NV 89009-5007 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$540.00
3.111.	Nonpriority creditor's name and mailing address CITY OF HOMEWOOD PO BOX 59666 HOMEWOOD AL 35259 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$751.72

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3.112. Nonpriority creditor's name and mailing address CITY OF HOOVER PO BOX 11407 HOOVER AL 35246-0144 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,283.22
3.113. Nonpriority creditor's name and mailing address CITY OF JONESBORO COLLECTING DEPT CITY HALL P.O. BOX 1845 JONESBORO AR 72403-1845 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$402.53
3.114. Nonpriority creditor's name and mailing address CITY OF LAS VEGAS DEPT.OF FINANCE/BUSINESS SVCS. PO BOX 748018 LOS ANGELES CA 90074-8018 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$500.00

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3.115. Nonpriority creditor's name and mailing address CITY OF MOBILE REVENUE DEPT. #1530 P.O. BOX 11407 BIRMINGHAM AL 35246-1530 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$2,472.89
3.116. Nonpriority creditor's name and mailing address CITY OF MODESTO P.O. BOX 3442 MODESTO CA 95353-3442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$379.69
3.117. Nonpriority creditor's name and mailing address CITY OF MONROE TAX & REV DIVISION P.O. BOX 123 MONROE LA 71210-0123 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$900.00

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3.118.	Nonpriority creditor's name and mailing address CITY OF MORENO VALLEY P O BOX 88005 MORENO VALLEY CA 92552-0805 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$518.55
3.119.	Nonpriority creditor's name and mailing address CITY OF NATIONAL CITY BUSINESS LICENSE DIVISION 1243 NATIONAL CITY BLVD. NATIONAL CITY CA 91950-4397 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$518.00
3.120.	Nonpriority creditor's name and mailing address CITY OF NEWPORT NEWS COMMISSIONER OF THE REVENUE 2400 WASHINGTON AVENUE NEWPORT NEWS VA 23607 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$2,463.55

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3.121.	Nonpriority creditor's name and mailing address CITY OF NORFOLK DIVISION OF PARKING 222 E. MAIN STREET NORFOLK VA 23510 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$505.00
3.122.	Nonpriority creditor's name and mailing address CITY OF NORTH LITTLE ROCK BUSINESS LICENSE OFFICE PO BOX 5757 NORTH LITTLE ROCK AR 72119 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$445.37
3.123.	Nonpriority creditor's name and mailing address CITY OF PEARL PO BOX 5948 PEARL MS 39288 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,781.84

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3.124.	Nonpriority creditor's name and mailing address CITY OF ROGERS CITY CLERKS OFFICE 301 W. CHESTNUT ROGERS AR 72756 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$53.00
3.125.	Nonpriority creditor's name and mailing address CITY OF SAN BUENAVENTURA 501 POLI STREET ROOM 107 VENTURA CA 93001 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$187.54
3.126.	Nonpriority creditor's name and mailing address CITY OF SPARTANBURG P.O. DRAWER 1749 SPARTANBURG SC 29304 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,381.47

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3.127. Nonpriority creditor's name and mailing address CITY OF SPRINGFIELD DEPT. OF FINANCE LICENSE DIV P.O. BOX 8368 SPRINGFIELD MO 65801-8368 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$396.25
3.128. Nonpriority creditor's name and mailing address CITY OF SWEETWATER 500 SW 109TH AVE SWEETWATER FL 33174 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$735.00
3.129. Nonpriority creditor's name and mailing address CITY OF TORRANCE REVENUE DIVISION 3031 TORRANCE BOULEVARD TORRANCE CA 90503 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,471.00

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3.130.	Nonpriority creditor's name and mailing address CITY OF TUSCALOOSA REVENUE DEPARTMENT P.O. BOX 2089 TUSCALOOSA AL 35403 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,427.03
3.131.	Nonpriority creditor's name and mailing address CITY OF VIRGINIA BEACH MUNICIPAL CENTER-BUILDING 1 2401 COURTHOUSE DR. VIRGINIA BEACH VA 23456-9018 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$3,378.03
3.132.	Nonpriority creditor's name and mailing address CITY TREASURER WINCHESTER PO BOX 263 WINCHESTER VA 22604-0263 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$2,002.06

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3.133. Nonpriority creditor's name and mailing address CLARK COUNTY BUSINESS LICENCE 500 S GRAND CENTRAL PARKWAY 3RD F BOX 551810 LAS VEGAS NV 89155-1810 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$370.00
3.134. Nonpriority creditor's name and mailing address CNL INTERNATIONAL 6600 ARTESIA BLVD. BUENA PARK CA 90620 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$6,972.00
3.135. Nonpriority creditor's name and mailing address CODY CLARK 1460 ZENOBIA ST. DENVER CO 80204 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$10.55

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3.136.	Nonpriority creditor's name and mailing address COLUMBIA PLACE MALL SC LLC 9103 ALTA DRIVE SUITE 204 LAS VEGAS NV 89145 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,094.65
3.137.	Nonpriority creditor's name and mailing address COMMUNICATION RESOURCES, INC. 7550 W YALE AVE SUITE A-120 DENVER CO 80227 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$21,100.23
3.138.	Nonpriority creditor's name and mailing address COMPLIANCE POSTER COMPANY PO BOX 607 MONROVIA CA 91016 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$188.83

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3.139.	Nonpriority creditor's name and mailing address CONNIE NUHU 215 WILLOUGHBY CT MACON GA 31216 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$44.10
3.140.	Nonpriority creditor's name and mailing address CONSOLIDATED FIRE PROTECTION 153 TECHNOLOGY DR SUITE 200 IRVINE CA 92618 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$8,741.36
3.141.	Nonpriority creditor's name and mailing address COOLSPRINGS MALL, LLC 2030 HAMILTON PLACE BLVD. SUITE 500 CHATTANOOGA TN 37421-6000 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$29,179.66

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3.142. Nonpriority creditor's name and mailing address COPPER HARBOR TECHNOLOGIES, INC 884 HONEST PLEASURE DRIVE SUITE #110 NAPERVILLE IL 60540-7630 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$4,759.71
3.143. Nonpriority creditor's name and mailing address CORINNE BENNINGER 4080 TREE BROOK DRIVE WINSTON-SALEM NC 27106 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$218.78
3.144. Nonpriority creditor's name and mailing address COROC/RIVIERA L.L.C. PO BOX 414225 BOSTON MA 02241-4225 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$12,869.13

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3.145.	Nonpriority creditor's name and mailing address CORPORACION DEL FONDO DEL SEGURO DEL ESTADO P.O. BOX 42006 SAN JUAN PR 00940-2006 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$13,599.53
3.146.	Nonpriority creditor's name and mailing address CORY RICHARDSON 22 GIESKE ROAD LORETTO TN 38469-2605 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$164.86
3.147.	Nonpriority creditor's name and mailing address COUNTY OF ALAMEDA OFFICE OF WEIGHTS AND MEASURES 224 W WINTON AVE RM 184 HAYWARD CA 94544 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$300.00

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3.148.	Nonpriority creditor's name and mailing address COUNTY OF BUCKS BUCKS COUNTY WEIGHTS & MEASURE 1260 ALMSHOUSE RD 4TH FLOOR DOYLESTOWN PA 18901 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$159.00
3.149.	Nonpriority creditor's name and mailing address COUNTY OF FAIRFAX DEPT. OF TAX ADMINISTRATION P.O. BOX 10203 FAIRFAX VA 22035-0203 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$7,426.30
3.150.	Nonpriority creditor's name and mailing address COUNTY OF HENRICO, VIRGINIA DEPARTMENT OF FINANCE LOCK BOX 4732 P.O.BOX 90790 HENRICO VA 23228-0790 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$2,262.89

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3.151. Nonpriority creditor's name and mailing address COUNTY OF SAN MATEO P.O. BOX 999 728 HELLER STREET REDWOOD CITY CA 94064-0999 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$440.00
3.152. Nonpriority creditor's name and mailing address COURT ORDERED DEBT COLLECTION FRANCHISE TAX BOARD P.O. BOX 1328 RANCHO CORDOVA CA 95741-1328 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$17.55
3.153. Nonpriority creditor's name and mailing address CP VENTURE FIVE-AV LLC C/O POAG SHOPPING CENTERS LLC 2650 THOUSAND OAKS BLVD SUITE 2200 MEMPHIS TN 38118 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$9,202.04

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3.154.	Nonpriority creditor's name and mailing address CREFII SILVER CITY LLC SILVER CITY GALLERIA 2 GALLERIA MALL DRIVE TAUNTON MA 02780	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Amount of claim \$5,933.84
	Date or dates debt was incurred VARIOUS	Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE	
	Last 4 digits of account number:	Is the claim subject to offset? ☒ No ☐ Yes	
3.155.	Nonpriority creditor's name and mailing address CROSSGATES MALL GENERAL COMPANY NEWCO, LLC. 4 CLINTON EXCHANGE SYRACUSE NY 13202	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Amount of claim \$31,793.07
	Date or dates debt was incurred VARIOUS	Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE	
	Last 4 digits of account number:	Is the claim subject to offset? ☒ No ☐ Yes	
3.156.	Nonpriority creditor's name and mailing address CRYSTAL A. CUNNINGHAM 939 WEST DELMARE GODFREY IL 62035	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Amount of claim \$19.22
	Date or dates debt was incurred VARIOUS	Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE	
	Last 4 digits of account number:	Is the claim subject to offset? ☒ No ☐ Yes	

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3.157.	Nonpriority creditor's name and mailing address CRYSTAL N. HARDIN 2760 COY KAYLOR PL APT 11 FAYETTEVILLE AR 72703 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$110.41
3.158.	Nonpriority creditor's name and mailing address CRYSTAL TATE 7800 YOUREE DR APT 2200F SHREVEPORT LA 71105 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$119.60
3.159.	Nonpriority creditor's name and mailing address CURTIS CRAIGHEAD 29 FLORENCE AVE IRVINGTON NJ 07111 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$70.20

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3.160.	Nonpriority creditor's name and mailing address CYPRESS FLAGSTAFF MALL LP P.O.BOX 678553 DALLAS TX 75267-8553 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$14,833.13
3.161.	Nonpriority creditor's name and mailing address D.D.S. 7351 BOONE AVE NORTH BROOKLYN PARK MN 55428-1007 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$299,808.72
3.162.	Nonpriority creditor's name and mailing address DAFNE V. RODRIGUEZ 4141 KRUPP EL PASO TX 79902 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$203.77

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3.163.	Nonpriority creditor's name and mailing address DAILY JOURNAL CORPORATION 915 E FIRST ST LOS ANGELES CA 90012 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$55.00
3.164.	Nonpriority creditor's name and mailing address DALLAS TYE 331 BURRANEER BAY ROAD CARINGBAH, 0 NSW 2229 AUSTRALIA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$15.98
3.165.	Nonpriority creditor's name and mailing address DA'NEISHA D SMITH 118 MARK TWAIN DR. #15 RIVER RIDGE LA 70123 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$207.80

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3.166.	Nonpriority creditor's name and mailing address DANIEL RYAN 92 FORT SHANTOK RD UNCASVILLE CT 06382-1302 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$198.40
3.167.	Nonpriority creditor's name and mailing address DANIELLE CLEGHORNE 5700 CARBON CANYON RD # 29 BREA CA 92823 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$58.81
3.168.	Nonpriority creditor's name and mailing address DANIELLE RISACHER 3713 PRESCOTT DR HOWELL MI 48843 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$135.06

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3.169.	Nonpriority creditor's name and mailing address DAVIDA ROCHELLE 4240 GANNET CIR # 219 LAS VEGAS NV 98103 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$168.46
3.170.	Nonpriority creditor's name and mailing address DAYTON MALL II, LLC 180 EAST BROAD STREET COLUMBUS OH 43215 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$9,234.70
3.171.	Nonpriority creditor's name and mailing address DC GROUP INC 1977 W RIVER RD N MINNEAPOLIS MN 55411 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$6,242.40

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3.172.	Nonpriority creditor's name and mailing address DCKAP INC 3728 ATLANTIC AVENUE LONG BEACH CA 90807 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$35,500.00
3.173.	Nonpriority creditor's name and mailing address DDR DEL SOL LLC, S.E. 3300 ENTERPRISE PARKWAY BEACHWOOD OH 44122 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$19,109.91
3.174.	Nonpriority creditor's name and mailing address DEB JANSSENS 652 HARBOR TER BARTLETT IL 60103 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$34.20

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3.175. Nonpriority creditor's name and mailing address D'EBONY PHIPPS 333 AIRTEX DR APT 9304 HOUSTON TX 77090-6636 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$119.01
3.176. Nonpriority creditor's name and mailing address DEBORAH JOHNSON POOR 407 SPARROW BRANCH CIRCLE JACKSONVILLE FL 32259 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$140.56
3.177. Nonpriority creditor's name and mailing address DELAWARE DEPT. OF LABOR P.O. BOX 41780 PHILADELPHIA PA 19101-1780 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$26.91

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3.178.	Nonpriority creditor's name and mailing address DELUXE BUSINESS FORMS&SUPPLIES P.O. BOX 742572 CINCINNATI OH 45274-2572 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$30.80
3.179.	Nonpriority creditor's name and mailing address DEMETRA BURNWELL 2804 ASHMONT TERRACE SILVER SPRING MD 20906-5716 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$0.14
3.180.	Nonpriority creditor's name and mailing address DESIREE BEARDSLEY 709 TROY COVE JONESBORO AR 72401 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$187.74

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3.181. Nonpriority creditor's name and mailing address DESOTO OWNERS, LLC 1156 58TH STREET BROOKLYN NY 11219 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☒ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim UNDETERMINED
3.182. Nonpriority creditor's name and mailing address DESTINEE B TATE 1326 MOORES COURT BRENTWOOD TN 37027 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$66.00
3.183. Nonpriority creditor's name and mailing address DEWITT PLASTICS INC 28 AURELIUS AVE AUBURN NY 13021 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$2,034.23

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3.184.	Nonpriority creditor's name and mailing address DIANA ANDERSON 32035 BAYWOOD ST LAKE ELSINORE CA 92532 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$17.22
3.185.	Nonpriority creditor's name and mailing address DIANA SANCHEZ 11040 LORNE ST # 230 SUN VALLEY CA 91352 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$38.45
3.186.	Nonpriority creditor's name and mailing address EATONTOWN MONMOUTH MALL 180 NEW JERSEY 35 EATONTOWN NJ 07724 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$21,218.46

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3.187. Nonpriority creditor's name and mailing address EKLECCO NEWCO, LLC THE CLINTON EXCHANGE, 4 CLINTON SQUARE SYRACUSE NY 13202 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$43,016.59
3.188. Nonpriority creditor's name and mailing address ELAINE L. CHAVERS 3150 HIDDEN POND DR RALEIGH NC 27613-3951 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$6.24
3.189. Nonpriority creditor's name and mailing address ELENI FKIARAS 7172 MCKEAN CT. SAN JOSE CA 95120 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$27.74

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3.190.	Nonpriority creditor's name and mailing address ELITE INVESTIGATIONS LTD 538 WEST 29 ST NEW YORK NY 10001 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$22,349.59
3.191.	Nonpriority creditor's name and mailing address ELITE RETAIL SERVICES INC PO BOX 618 LAKE JACKSON TX 77566 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$515.35
3.192.	Nonpriority creditor's name and mailing address ELIZABETH FIRE DEPARTMENT 411 IRVINGTON AVENUE ELIZABETH NJ 07201 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$85.00

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3.193.	Nonpriority creditor's name and mailing address ELIZABETH ORDONEZ 4001 FAUDREE RD APT L205 ODESSA TX 79765 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$22.13
3.194.	Nonpriority creditor's name and mailing address ELIZABETH REED 6311 35TH AVE WEST BRADENTON FL 34209-6935 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$83.14
3.195.	Nonpriority creditor's name and mailing address EMCOR FACILITIES SERVICES INC PO BOX 31001-0919 PASADENA CA 91110-0191 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$42,072.78

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3.196.	Nonpriority creditor's name and mailing address EMILY BURKE 3100 SWEETWATER RD APT 609 LAWRENCEVILLE GA 30044-2475 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$361.42
3.197.	Nonpriority creditor's name and mailing address EMILY WORKMAN 14926 WILLOW CREEK DRIVE OMAHA NE 68138 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$151.20
3.198.	Nonpriority creditor's name and mailing address EMPIRE MALL LLC P.O. BOX 83388 CHICAGO IL 60691-3388 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$416.64

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3.199.	Nonpriority creditor's name and mailing address ERIKA R JARVIS 9223 BENSON WAY SANDY UT 84070-2621 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$27.22
3.200.	Nonpriority creditor's name and mailing address ERIN ANDERSON 302 BUMPY TRAIL DAWSONVILLE GA 30534 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$31.36
3.201.	Nonpriority creditor's name and mailing address ERIN L. CAVANAUGH 828 BLACK ROCK TURNPIKE FAIRFIELD CT 06824 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$40.39

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3.202.	Nonpriority creditor's name and mailing address ERIN MCDONALD 845 S NORMANDIE AVE APT 4 LOS ANGELES CA 90005 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$47.96
3.203.	Nonpriority creditor's name and mailing address ESPLANADE MALL REALTY HOLDING 1010 NORTHERN BLVD SUITE 212 GREAT NECK NY 11021 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$3,441.81
3.204.	Nonpriority creditor's name and mailing address EXPEDITER SERVICES INC. PO BOX 29624 SAN JUAN PR 00929-0624 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$260.00

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3.205.	Nonpriority creditor's name and mailing address EYEKICK VISUAL LLC 1159 CHESS DR FOSTER CITY CA 94404 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$803.33
3.206.	Nonpriority creditor's name and mailing address FABIANA CAMPBELL 8415 PINEY POINT COURT MANASSAS VA 20110 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$257.60
3.207.	Nonpriority creditor's name and mailing address FABRIC SELECTION, INC. RESCH POLSTER & BERGER MICHAEL BAUM 1840 CENTURY PARK EAST 17TH FLOOR LOS ANGELES CA 90067 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☒ Unliquidated ☒ Disputed Basis for the claim: LITIGATION Is the claim subject to offset? ☐ No ☐ Yes	Amount of claim UNDETERMINED

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3.208.	Nonpriority creditor's name and mailing address FAIR OAKS MALL 200 E LONG LAKE RD. SUITE 300 BLOOMFIELD HILLS MI 48304-2324 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$9,445.12
3.209.	Nonpriority creditor's name and mailing address FALYNNE DIXON 7700 S PRAIRIE CHICAGO IL 60619 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$23.00
3.210.	Nonpriority creditor's name and mailing address FAMILY CARPET & DRAPERIES 7111 UNIVERSITY AVENUE LA MESA CA 91942 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☐ No ☐ Yes	Amount of claim \$62,227.00

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3.211. Nonpriority creditor's name and mailing address FARAH ABDOU 10848 GLEN COVE CIR. APT 208 ORLANDO FL 32817 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$16.75
3.212. Nonpriority creditor's name and mailing address FASHION SQUARE MALL REALTY LLC 150 GREAT NECK RD SUITE 304 GREAT NECK NY 11021 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$714.77
3.213. Nonpriority creditor's name and mailing address FIRE KING COMMERCIAL FKI SECURITY GROUP LLC 2789 SOLUTION CENTER CHICAGO IL 60677-2007 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$2,957.98

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3.214.	Nonpriority creditor's name and mailing address FLORENCE MALL L.L.C. P.O.BOX 860080 MINNEAPOLIS MN 55486-0080 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$11,111.63
3.215.	Nonpriority creditor's name and mailing address FORD CITY LOCKBOX #26488 26488 NETWORK PLACE CHICAGO IL 60673-1264 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$99.44
3.216.	Nonpriority creditor's name and mailing address FORT SMITH MALL LLC 124 JOHNSON FERRY ROAD NE ATLANTA GA 30328 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$5,954.54

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3.217. Nonpriority creditor's name and mailing address FOX VALLEY MALL LLC 28769 NETWORK PLACE CHICAGO IL 60673-1769 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$4,150.00
3.218. Nonpriority creditor's name and mailing address FRANCIS GUERRA P.O.BOX 60927 CANYON TX 79016 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$20.80
3.219. Nonpriority creditor's name and mailing address FREDERICK COUNTY PERMITS & INSPECTIONS - ALARM ADMIN. 30 N. MARKET ST. FREDERICK MD 21701 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$80.00

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3.220.	Nonpriority creditor's name and mailing address G&I VIII SORRENTO LP C/O DRA ADVISORS LLC 220 E 42ND STREET, 27TH FLOOR NEW YORK NY 10017 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☒ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim UNDETERMINED
3.221.	Nonpriority creditor's name and mailing address GABRIELA CABRERA DAYTON MAGALLANES, ESQ. 10540 WILSHIRE BLVD. SUITE 417 LOS ANGELES CA 90024 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☒ Unliquidated ☒ Disputed Basis for the claim: LITIGATION Is the claim subject to offset? ☐ No ☐ Yes	Amount of claim UNDETERMINED
3.222.	Nonpriority creditor's name and mailing address GABRIELA CHAVEZ 3401 BAY BREEZOR SEABROOK TX 77586 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$68.65

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3.223.	Nonpriority creditor's name and mailing address GABRIELLA RAMIREZ 423 25TH AVE APT 105 SAN FRANCISCO CA 94121 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$28.41
3.224.	Nonpriority creditor's name and mailing address GALLERIA MALL INVESTORS, L.P. 10 STATE HOUSE SQUARE 15TH FLOOR HARTFORD CT 06103 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$376.92
3.225.	Nonpriority creditor's name and mailing address GARDA CL WEST, INC. GARDA WORLD P.O. BOX 233209 CHICAGO IL 60689-5332 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$10,553.38

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3.226.	Nonpriority creditor's name and mailing address GARTNER, INC. PO BOX 911319 DALLAS TX 75391-1319 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$30,500.00
3.227.	Nonpriority creditor's name and mailing address GAYLEN COLEMAN 6321 N. KLAMM ROAD APT 345 KANSAS CITY MO 64151 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$138.44
3.228.	Nonpriority creditor's name and mailing address GCCFC 2007-GG9 NIAGARA FALLS 1601 WASHINGTON AVENUE, SUITE 800 MIAMI BEACH FL 33139 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☒ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim UNDETERMINED

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3.229.	Nonpriority creditor's name and mailing address GCTC HOLDINGS LLC 520 MADISON AVE 30TH FLOOR NEY YORK NY 10022 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$13,820.07
3.230.	Nonpriority creditor's name and mailing address GENEVIEVE ROBINSON 152 PLYMOUTH DRIVE APT 2D NORWOOD MA 02062 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$34.28
3.231.	Nonpriority creditor's name and mailing address GGP LIMITED PARTNERSHIP SDS-12-2779 PO BOX 86 MINNEAPOLIS MN 55486-2779 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,183.30

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3.232.	Nonpriority creditor's name and mailing address GGP- OTAY RANCH L.P. 110 NORTH WACKER DR CHICAGO IL 60606 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$11,554.23
3.233.	Nonpriority creditor's name and mailing address GIFT CARDS VARIOUS HOLDERS Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: GIFT CARD LIABILITY Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$3,142,190.00
3.234.	Nonpriority creditor's name and mailing address GILROY PREMIUM OUTLETS, LLC TENANT ID GIL-CHARLO P.O. BOX 827762 PHILADELPHIA PA 19182-7762 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$18.68

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3.235.	Nonpriority creditor's name and mailing address GINA MARIE GRECO 6356 RALEIGH ST APT 1514 ORLANDO FL 32835 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$93.70
3.236.	Nonpriority creditor's name and mailing address GOOGLE INC 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW CA 94043 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,825,033.87
3.237.	Nonpriority creditor's name and mailing address GRAND CENTRAL PARKERSBURG LLC L-2031 COLUMBUS OH 43260 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$4,269.18

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3.238.	Nonpriority creditor's name and mailing address GRAPEVINE MILLS PO BOX 198189 ATLANTA GA 30384-8189 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$365.00
3.239.	Nonpriority creditor's name and mailing address GRAZINA STODTKO BREDELLE 39 58097 HAGEN GERMANY, Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$28.61
3.240.	Nonpriority creditor's name and mailing address GULF VIEW SQUARE, LLC P.O. BOX 368 EMERSON NJ 07630 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☒ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim UNDETERMINED

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3.241. Nonpriority creditor's name and mailing address HAIPEI LIANG 102 LANSDALE AVE UNIT L MILFORD CT 06460 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$195.80
3.242. Nonpriority creditor's name and mailing address HAMILTON MALL, LLC LOCKBOX 1024805 P.O. BOX 70280 PHILADELPHIA PA 19176-0280 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$19,271.67
3.243. Nonpriority creditor's name and mailing address HAMILTON PLACE CMBS LLC 2030 HAMILTON PLACE BLVD SUITE 500 CHATTANOOGA TN 37421-6000 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☒ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim UNDETERMINED

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3.244. Nonpriority creditor's name and mailing address HANGSMART, LLC 3317 S HIGLEY RD STE 114 # 490 GILBERT AZ 85297 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$258,043.50
3.245. Nonpriority creditor's name and mailing address HANNAH JESKE 10425 QUEBEC AVENUE SOUTH BLOOMINGTON MN 55438 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$72.76
3.246. Nonpriority creditor's name and mailing address HARFORD MALL BUSINESS TRUST 2030 HAMILTON PLACE BLVD SUITE 500 CHATTANOOGA TN 37421-6000 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☒ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim UNDETERMINED

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3.247. Nonpriority creditor's name and mailing address HARRY R. MCNESBY JR. 15948 INNERARITY POINT RD PENSACOLA FL 32507 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$435.83
3.248. Nonpriority creditor's name and mailing address HAWAII RETAIL SERVICES DBA HAWAII UNIFIED 84-1170 FARRINGTON HWY C1 WAIANAE HI 96792 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$9,199.81
3.249. Nonpriority creditor's name and mailing address HAWTHORN L.P. 8750 N. CENTRAL EXPY SUITE 1740 DALLAS TX 75231 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☒ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim UNDETERMINED

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3.250.	Nonpriority creditor's name and mailing address HEATHER ROBERTSON 11A GUMNUT RISE STRATHDALE BENDIGO VICTORIA 3550 AUSTRALIA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$24.07
3.251.	Nonpriority creditor's name and mailing address HERA PRINT, INC. LAW OFFICE OF ALBERT CHANG HYUNSUK ALBERT CHANG 1225 W. 190TH STREET SUITE 420 GARDENA CA 90248 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☒ Unliquidated ☒ Disputed Basis for the claim: LITIGATION Is the claim subject to offset? ☐ No ☐ Yes	Amount of claim UNDETERMINED
3.252.	Nonpriority creditor's name and mailing address HIGHER EDUCATION STUDENT ASSISTANCE AUTHORITY P.O. BOX 529 NEWARK NJ 07101-0529 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$74.96

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3.253.	Nonpriority creditor's name and mailing address HOOVER MALL LIMITED, LLC SDS-12-2446 P.O. BOX 86 MINNEAPOLIS MN 55486-2446 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$12,452.13
3.254.	Nonpriority creditor's name and mailing address ILEANA PEREZ CARR. 173 KM 8.5 AGUAS BUUNAS PR 00703 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$49.63
3.255.	Nonpriority creditor's name and mailing address IMPERIAL VALLEY MALL II LP CBL # 0572 P.O. BOX 955607 ST LOUIS MO 63195-5607 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$23,459.14

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3.256.	Nonpriority creditor's name and mailing address INDIAN RIVER MALL REALTY HOLDING, LLC 1010 NORTHERN BLVD SUITE 212 GREAT NECK NY 11021 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☒ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim UNDETERMINED
3.257.	Nonpriority creditor's name and mailing address INDUSTRIAL SECURITY SOLUTIONS 5731 MC FADDEN AVE, SUITE A HUNTINGTON BEACH CA 92649 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$852.00
3.258.	Nonpriority creditor's name and mailing address INFOR NW 7418 PO BOX 1450 MINNEAPOLIS MN 55485-7418 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$68,893.75

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3.259.	Nonpriority creditor's name and mailing address INTERNATIONAL SYSTEMS OF P.O. BOX 99529 1812 CARGO COURT LOUISVILLE KY 40269-0529 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$275.00
3.260.	Nonpriority creditor's name and mailing address IRVINE COMPANY P.O. BOX 840363 LOS ANGELES CA 90084-0363 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$22,403.48
3.261.	Nonpriority creditor's name and mailing address ISLAND PACIFIC 1940 EAST DEERE AVE SUITE 200 SANTA ANA CA 92705 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$17,811.43

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3.262.	Nonpriority creditor's name and mailing address IVORY WRIGHT 32 WILKINSON AVE APT #2 JERSEY CITY NJ 07305 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$55.00
3.263.	Nonpriority creditor's name and mailing address JACQUELINE SEGARRA 13 KINROSE COURT COLUMBIA SC 29229 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$44.52
3.264.	Nonpriority creditor's name and mailing address JAMIE ARTHUR 1040 O'BARR DR GASTONIA NC 28054 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$21.00

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3.265.	Nonpriority creditor's name and mailing address JAMIE EVERSON 1046 NOBLE VINES DR APT 8 CLARKSTON GA 30021 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$21.60
3.266.	Nonpriority creditor's name and mailing address JAMIE L. RAICEVICH 4120 PRAIRIE AVE APT 251 AMARILLO TX 79109 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$397.09
3.267.	Nonpriority creditor's name and mailing address JANESEA V. ARANDA 101 W. CALLE ANTONIA TUCSON AZ 85706 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$20.96

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3.268.	Nonpriority creditor's name and mailing address JASMINE GRIFFIN 1400 N BERTRAND DRIVE LAFAYETTE LA 70817 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$30.91
3.269.	Nonpriority creditor's name and mailing address JENIFER GIL 18024 DORAL DRIVE FORT MYERS FL 33967 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$23.54
3.270.	Nonpriority creditor's name and mailing address JENNIFER ALEXANDER 15835 FOOTHILL LP APT 331 PFLUGERVILLE TX 78660-3231 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$96.53

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3.271. Nonpriority creditor's name and mailing address JENNIFER KNUREK 1200 FLORAL SPRING BLVD # 13308 PORT ORANGE FL 32129 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$33.90
3.272. Nonpriority creditor's name and mailing address JENNIFER TSANGARIS 507 GENEVA AVE STRUTHERS OH 44471 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$45.90
3.273. Nonpriority creditor's name and mailing address JENNIFER WRIGHT 552 E WIGEON WAY SUISUN CITY CA 94585 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$166.13

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3.274. Nonpriority creditor's name and mailing address JENNY BENTLEY 416 N. JUNIPER DRIVE ATWOOD IL 61913 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$53.50
3.275. Nonpriority creditor's name and mailing address JERSEY SHORE PREMIUM OUTLETS PO BOX 776307 CHICAGO IL 60677-6307 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,799.23
3.276. Nonpriority creditor's name and mailing address JESSICA CLINE 404 PINE ST MILL VALLEY CA 94941 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$830.65

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3.277. Nonpriority creditor's name and mailing address JESSICA HOPKINS 205 LEES COVE HELENA AL 30580 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$47.69
3.278. Nonpriority creditor's name and mailing address JESSICA K. LUNBERG 2613 W. WILLOW AVE SIOUX FALLS SD 57105 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$4.84
3.279. Nonpriority creditor's name and mailing address JESSICA PERRY 8132 CHANCEL CT. NAPLES FL 33917 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$51.00

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3.280.	Nonpriority creditor's name and mailing address JOHANNE COSSETTE 3134 4TH ST. SW CHARLOTTESVILLE NC 22903 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$19.99
3.281.	Nonpriority creditor's name and mailing address JOHNSON CONTROLS, INC. 11301 W. LAKE PARK DR MILWAUKEE WI 53224 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,516.27
3.282.	Nonpriority creditor's name and mailing address JORDAN D. ESTERBY 550 HARBOR CLOVE LN CHARLESTON SC 29412-3009 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$50.31

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3.283.	Nonpriority creditor's name and mailing address JORDAN SCHLUETER 306 KENTABOO AVE FLORENCE KY 41042 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$34.88
3.284.	Nonpriority creditor's name and mailing address JOSEPH MEUSE 3535 SOUTH BALL STREET APT 625 ARLINGTON VA 22202 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$56.99
3.285.	Nonpriority creditor's name and mailing address JOSHUA WHITE 916 COREY DRIVE JACKSON MS 39212 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$16.26

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3.286.	Nonpriority creditor's name and mailing address JOYCE JENNINGS 19 LOCKHOUSE RD APT 6-3 WESTFIELD MA 01085 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$24.75
3.287.	Nonpriority creditor's name and mailing address JPMCC 2006-LDP7 CENTRO ENFIELD LLC 1601 WASHINGTON AVE SUITE 800 MIAMI BEACH FL 33139 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$5,583.60
3.288.	Nonpriority creditor's name and mailing address JPMG MANASSAS MALL OWNER LLC THE CLINTON EXCHANGE 4 CLINTON SQUARE SYRACUSE NY 13202 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$18,009.99

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3.289.	Nonpriority creditor's name and mailing address JULIA KRASS 2549 WHARTON ST APT C PITTSBURGH PA 15217 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$263.70
3.290.	Nonpriority creditor's name and mailing address JUNGLE DISK 110 E HOUSTON ST. SAN ANTONIO TX 78205 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$254.00
3.291.	Nonpriority creditor's name and mailing address JUSTINE HIGGINS 323 WESTCHESTER ROAD COLCHESTER CT 06415 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$28.75

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3.292.	Nonpriority creditor's name and mailing address KAMEHAMEHA SCHOOLS TRUSTEES OF THE ESTATE OF BERNICE PAUAAHI BISHOP WINDWARD MALL PO BOX 31000, BOX 5497 HONOLULU HI 96849-5797 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$11,859.85
3.293.	Nonpriority creditor's name and mailing address KAREN CIENA 5355 SUGARLOAD PKWY APT 901 LAWRENCEVILLE GA 30043 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$36.00
3.294.	Nonpriority creditor's name and mailing address KARIE ANN TAKASUGI 99-108 PUAKAIA ST AIEA HI 96701 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$14.08

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3.295.	Nonpriority creditor's name and mailing address KARLA GARCIA 7025 CHARMANT DR APT # 289 SAN DIEGO CA 92122-4349 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$25.57
3.296.	Nonpriority creditor's name and mailing address KATHERINE MARRERO 724 COUNTRY WOODS CIR KISSIMMEE FL 34744-4625 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$6.50
3.297.	Nonpriority creditor's name and mailing address KATHLEEN MARIN 1805 BERRYHILL CIRCLE PERRY HILL MD 21128 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$66.37

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3.298.	Nonpriority creditor's name and mailing address KATIE IRVINE 5224 7TH CT S BIRMINGHAM AL 35212 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$88.40
3.299.	Nonpriority creditor's name and mailing address KAYLYN E. ULMER 1603 SANDHILL RD OREM UT 84058-7531 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$31.77
3.300.	Nonpriority creditor's name and mailing address KDI ATHENS MALL LLC 3700 ATLANTA HWY SUITE 212 ATHENS GA 30606 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$3,816.71

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3.301.	Nonpriority creditor's name and mailing address KELLY REAGAN 462 GOUDE LN CECIL AL 36013 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$35.98
3.302.	Nonpriority creditor's name and mailing address KELSEY SANCHEZ 332 GREEN ST STONEHAM MA 02180 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$25.00
3.303.	Nonpriority creditor's name and mailing address KELSEY SMITH 18 ORCHARD CIRCLE HALIFAX MA 02338 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$14.27

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3.304. Nonpriority creditor's name and mailing address KEN NAGAHARA 1206 FLORIDA STREET VALLEJO CA 94590 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$600.00
3.305. Nonpriority creditor's name and mailing address KENDALL ZOLNIER 7913 SECOND STREET MASURY OH 45813 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$67.50
3.306. Nonpriority creditor's name and mailing address KENTUCKY OAKS MALL P.O. BOX 714267 COLUMBUS OH 43271-4267 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$2,272.90

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3.307. Nonpriority creditor's name and mailing address KENYONNA C. SAMUELS 3876 NORTHSIDE DR. MACON GA 31210 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$12.10
3.308. Nonpriority creditor's name and mailing address KIM HASELMAN UNKNOWN STORE# 286 0, 0 0 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$84.91
3.309. Nonpriority creditor's name and mailing address KLAUBER BROTHERS, INC. DONIGER/BURROUGHS STEPHEN DONIGER/SCOTT BURROUGHS 603 ROSE AVENUE VENICE CA 90291 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☒ Unliquidated ☒ Disputed Basis for the claim: LITIGATION Is the claim subject to offset? ☐ No ☐ Yes	Amount of claim UNDETERMINED

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3.310.	Nonpriority creditor's name and mailing address KRISTEN RIVERA-SCULL 311 E WHATLEY ST POOLER GA 31322-3229 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$175.38
3.311.	Nonpriority creditor's name and mailing address LACY WILLIAMS 1102 NORTH SHELLBARK ROAD MUNCIE IN 47304 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$172.48
3.312.	Nonpriority creditor's name and mailing address LAIGHA SHEWMAKE 314230 STAGECOACH RD SPANISH FORT AL 36527 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$160.00

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3.313. Nonpriority creditor's name and mailing address LAKES MALL REALTY LLC C/O NAMDAR REALTY GROUP LLC 150 GREAT NECK RD SUITE 304 GREAT NECK NY 11021 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$6,345.40
3.314. Nonpriority creditor's name and mailing address LANSING MALL, LLC SDS-12-1396 P.O. BOX 86 MINNEAPOLIS MN 55486-1396 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$3,724.71
3.315. Nonpriority creditor's name and mailing address LATRICIA DEBERRY 505 MONTEREY PKWY ATLANTA GA 30350 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$105.00

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3.316. Nonpriority creditor's name and mailing address LAURA CORD 6624 WEST 1100 NORTH FOUNTAIN TOWN IN 46130 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$47.04
3.317. Nonpriority creditor's name and mailing address LAURA ROMINA PRADAL ESTANISLAO DEL CAMPO 1159 1H, FLORIDA, VINCENTE LOPEZ BUENOS AIRES 0 CP1602 ARGENTINA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$13.31
3.318. Nonpriority creditor's name and mailing address LAUREN MCALEER 9503 GLEN RIDGE DR LAUREL MD 20723-1358 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$239.45

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3.319. Nonpriority creditor's name and mailing address LAUREN MUTH 50 VEAU ST APT # 419 KAHULUI HI 96732 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$292.01
3.320. Nonpriority creditor's name and mailing address LAZ PARKING LIMITED LLC 3 COPLEY PLACE SUITE 3202 BOSTON MA 02116 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$169.00
3.321. Nonpriority creditor's name and mailing address LEGACY GROUP ENTERPRISES, INC. 10 PINEHURST DR. BELLPORT NY 11713 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$4,587.62

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3.322.	Nonpriority creditor's name and mailing address LEIDIARA VILLA 88-09 5TH AVE NORTH BERGEN NJ 07047-5229 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$31.00
3.323.	Nonpriority creditor's name and mailing address LESLIE APONTE 163 ECHO LAKE ROAD WATERTOWN CT 06795 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$301.40
3.324.	Nonpriority creditor's name and mailing address LEVEL 10 LLC PO BOX 88496 CHICAGO IL 60680-1496 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$31,267.42

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3.325.	Nonpriority creditor's name and mailing address LEXMARK INTERNATIONAL, INC. PO BOX 96612 CHICAGO IL 60693-6612 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$26,437.96
3.326.	Nonpriority creditor's name and mailing address LGE P.O. BOX 9001960 LOUISVILLE KY 40290 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,345.54
3.327.	Nonpriority creditor's name and mailing address LINCOLN PLAZA CENTER, LP PO BOX 829424 PHILADELPHIA PA 19182-9424 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$14.30

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3.328.	Nonpriority creditor's name and mailing address LINDA TOMASSION 4327 3RD STREET WAYNE MI 48184 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$15.52
3.329.	Nonpriority creditor's name and mailing address LISA MERGIL 17019 HOLTON ST WEST COVINA CA 91791 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$310.82
3.330.	Nonpriority creditor's name and mailing address LISSETTE CAMACHO 129 BLACK ROCK AVE APT 24 BRIDGEPORT CT 06605 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$36.45

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3.331. Nonpriority creditor's name and mailing address LONNESHIA C. DIXON 3521 KAGAN CT NORTH LAS VEGAS NV 89081 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$42.11
3.332. Nonpriority creditor's name and mailing address LOOMIS & FARGO & CO DEPT. AT 40170 ATLANTA GA 31192-0170 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$5,398.03
3.333. Nonpriority creditor's name and mailing address LOOMIS, FARGO & CO P.O. BOX 1300 HONOLULU HI 96807-1300 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$997.82

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3.334.	Nonpriority creditor's name and mailing address LOREN MILLER 373 HERITAGE DR DANVILLE IN 46122-1405 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$105.58
3.335.	Nonpriority creditor's name and mailing address LORENA MUNOZ 1504 HIGHLAND AVE BERWYN IL 60402-1317 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$23.52
3.336.	Nonpriority creditor's name and mailing address LOUISE SWANK 2154 EAST OAKMONT FRENCO CA 93730 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$862.50

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3.337. Nonpriority creditor's name and mailing address LP SOFTWARE, INC. PO BOX 639640 CINCINNATI OH 45263 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,313.55
3.338. Nonpriority creditor's name and mailing address LSREF3 SPARTIAN REIT, INC 3341 S LINDEN ROAD FLINT MI 48507 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$402.40
3.339. Nonpriority creditor's name and mailing address LYNNE CAMPBELL 42 W. BALTIMORE ST #14 LYNN MA 01902 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$86.40

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3.340. Nonpriority creditor's name and mailing address MACERICH SCG LIMITED FASHION OUTLETS OF NIAGARA FALLS P.O. BOX 843529 LOS ANGELES CA 90084-3529 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$92.00
3.341. Nonpriority creditor's name and mailing address MACERICH SOUTH TOWNE LIMITED 401 WILSHIRE BLVD., SUITE 700 SANTA MONICA CA 90401 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☒ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim UNDETERMINED
3.342. Nonpriority creditor's name and mailing address MAHALIA MAND 7896 LUMINARY LANE FOUNTAIN CO 80817 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$117.72

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3.343. Nonpriority creditor's name and mailing address MAINTENX INTERNATIONAL SERVICE MANAGEMENT GROUP INC 2202 N HOWARD AVE TAMPA FL 33607 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$79,793.35
3.344. Nonpriority creditor's name and mailing address MALL AT TUTTLE CROSSING LLC PO BOX 404561 ATLANTA GA 30384-4561 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$148.86
3.345. Nonpriority creditor's name and mailing address MALL ST. VINCENT, LLC 110 N WACKER DR CHICAGO IL 60606 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$9,065.76

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3.346.	Nonpriority creditor's name and mailing address MALL-1 BAY PLAZA LLC 546 FIFTH AVE 15TH FLOOR NEW YORK NY 10036 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,046.21
3.347.	Nonpriority creditor's name and mailing address MALLORY RICKMAN 1625 SPRUCE AVENUE SOUTH FULTON TN 38257 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$117.72
3.348.	Nonpriority creditor's name and mailing address MANDIE OWEN 3939 BRIARGROVE LANE APT. 2109 DALLAS TX 75287 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$21.40

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3.349.	Nonpriority creditor's name and mailing address MANNINGTON COMMERCIAL FILE # 96261 PO BOX 96261 CHICAGO IL 60693 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,811.09
3.350.	Nonpriority creditor's name and mailing address MARCI GARAY 1916 COCHRAN ST LAS VEGAS NV 89104 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$58.05
3.351.	Nonpriority creditor's name and mailing address MARCY OGINGA 344 DANUBE AVE. APT 207 TAMPA FL 33606 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$35.49

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.352. Nonpriority creditor's name and mailing address MARESA M. ZELAYA 8010 SW 10 TERRACE MIAMI FL 33144 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$113.78
3.353. Nonpriority creditor's name and mailing address MARIA ALSTON PO BOX 52271 DURHAM NC 27717 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1.60
3.354. Nonpriority creditor's name and mailing address MARIA VAZQUEZ 8201 LUNA AVE BURBANK IL 60459 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$67.41

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3.355.	Nonpriority creditor's name and mailing address MARILYN ARROYO 1442 SHEANA LANE KISSIMMEE FL 34744-5004 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$27.00
3.356.	Nonpriority creditor's name and mailing address MARTHA GIBSON 430 OTTIS RAY ST HOMER GA 30547-2427 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$171.85
3.357.	Nonpriority creditor's name and mailing address MARY ARNER 7113 FIRST AVENUE SOUTH ST. PETERSBURG FL 33707 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$10.00

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3.358.	Nonpriority creditor's name and mailing address MARY KHANG 3 ALEXANDER DRIVE WEST WARWICK RI 02893-1969 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$66.34
3.359.	Nonpriority creditor's name and mailing address MATS INC. 179 CAMPANELLI PKWY STOUGHTON MA 02072 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$222.58
3.360.	Nonpriority creditor's name and mailing address MAXINE ALMENDRA 2820 HIGHGATE LN TRACY CA 95377-8238 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$25.30

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3.361.	Nonpriority creditor's name and mailing address MAYFAIR MALL LLC P.O. BOX 772816 CHICAGO IL 60677-2816 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$16,672.31
3.362.	Nonpriority creditor's name and mailing address MEGAN ALLEN 616 S FAIRVIEW AVENUE LANSING MI 48912 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$57.23
3.363.	Nonpriority creditor's name and mailing address MEGAN BRASE 1338 LEXINGTON WAY LIVERMORE CA 94550-6520 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$27.75

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3.364. Nonpriority creditor's name and mailing address MEGAN BROWN 338 DAY ST HORSEHEADS NY 14845-1902 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$101.65
3.365. Nonpriority creditor's name and mailing address MEGAN LEE- WASSON 1754 WOODBERRY TER GREEN BAY WI 54313 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$59.92
3.366. Nonpriority creditor's name and mailing address MEGHAN L. HARVEY 32600 CONCORD DRIVE APT #422 MADISON HEIGHTS MI 48071 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$54.05

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3.367.	Nonpriority creditor's name and mailing address MELANIE THOMPSON 41633 MAROON TOWN DR BERMUDA DUNES CA 92201 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$13.73
3.368.	Nonpriority creditor's name and mailing address MELISSA KOCIALSKI 2410 BERNARD STREET DENTON TX 76205 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$80.00
3.369.	Nonpriority creditor's name and mailing address MELISSA RECTOR 2009 FEATHER LN. LEWISVILLE TX 75077 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$66.19

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3.370.	Nonpriority creditor's name and mailing address MELISSA S. BARTON 401 S LAKEVIEW DERBY KS 67037-1310 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$15.66
3.371.	Nonpriority creditor's name and mailing address MELISSA TURNER 3438 S IRISH ROAD DAVISON MI 48423-2440 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$21.84
3.372.	Nonpriority creditor's name and mailing address MERIDIAN GRAPHICS INC. NW 6333 P.O.BOX 1450 MINNEAPOLIS MN 55485-6333 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$3,105.27

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3.373. Nonpriority creditor's name and mailing address MERKLE INC 29432 NETWORK PLACE CHICAGO IL 60673-1432 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$979,583.60
3.374. Nonpriority creditor's name and mailing address METRO DOOR ROMET MFG.,INC. 2929 EXPRESSWAY DRIVE NORTH SUITE 300B ISLANDIA NY 11749 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$29,993.30
3.375. Nonpriority creditor's name and mailing address MIAMI-DADE FIRE RESCUE DEPT. FINANCE BUREAU 9300 NW 41ST STREET DORAL FL 33178-2424 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$52.50

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.376.	Nonpriority creditor's name and mailing address MICHELLE LADD 20 RUSTIC ACRES DR WOLCOTT CT 06716 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$25.20
3.377.	Nonpriority creditor's name and mailing address MICHELLE LEE THE LEGAL RIGHTS PROJECT ANDREW R. STILWELL, ESQ. 8880 RIO SAN DIEGO DRIVE 8TH FLOOR SAN DIEGO CA 92108 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☒ Unliquidated ☒ Disputed Basis for the claim: LITIGATION Is the claim subject to offset? ☐ No ☐ Yes	Amount of claim UNDETERMINED
3.378.	Nonpriority creditor's name and mailing address MICKI KAUWALU-KEY 86-289 HOKUAIAINA PL WAIANAE HI 96792 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$28.97

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3.379.	Nonpriority creditor's name and mailing address MILLER HILL MALL 867675 RELIABLE PARKWAY CHICAGO IL 60686-0076 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$73.00
3.380.	Nonpriority creditor's name and mailing address MINER FLEET MANAGEMENT GROUP 17319 SAN PEDRO AVE STE 500 SAN ANTONIO TX 78232 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$4,602.27
3.381.	Nonpriority creditor's name and mailing address MOBILE MEDIA INC PO BOX 177, 24 CENTER ST PINE BRUSH NY 12566 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$0.00

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3.382. Nonpriority creditor's name and mailing address MONIQUE WILLOUGHBY 19 BEAY MEADOW DR BATAVIA OH 45103-7502 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$531.36
3.383. Nonpriority creditor's name and mailing address MORENO VALLEY MALL HOLDING LLC 110 EAST 9TH STREET SUITE A 509 LOS ANGELES CA 90079 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$11,463.90
3.384. Nonpriority creditor's name and mailing address MORGAN STANLEY CAP, INC CMPTC SERIES 2007-HQ11 REMIC 9602 OLD ANNAPOLIS ROAD COLUMBIA MD 21045 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$2,993.28

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3.385.	Nonpriority creditor's name and mailing address MOTUS, LLC TWO FINANCIAL CENTER 60 SOUTH STREET SUITE 1200 BOSTON MA 02111 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$17,766.00
3.386.	Nonpriority creditor's name and mailing address MUZAK LLC PO BOX 71070 CHARLOTTE NC 28272-1070 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$66,018.04
3.387.	Nonpriority creditor's name and mailing address NAMDAR REALTY GROUP LLC 150 GREAT NECK ROAD SUITE 304 GREAT NECK NY 11021 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$987.30

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3.388.	Nonpriority creditor's name and mailing address NANCY CRUZ 5607 HUSE STREET HOUSTON TX 77039-6209 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$37.95
3.389.	Nonpriority creditor's name and mailing address NARVAR, INC 633 FOLSOM STREET #200 SAN FRANCISCO CA 94107 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$40,000.00
3.390.	Nonpriority creditor's name and mailing address NATALIE D. PEREZ 15614 INDIANA QUEEN DR TAMPA FL 33615 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$24.17

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3.391.	Nonpriority creditor's name and mailing address NATALIE HSIAO-FANG-YEN 3200 CHESTNUT ST APT 5008C PHILADELPHIA PA 19104-3481 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$44.99
3.392.	Nonpriority creditor's name and mailing address NATALIE MERRIER 1021 MORRIS CIRCLE WOODLAND CA 95776 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$134.08
3.393.	Nonpriority creditor's name and mailing address NATALIE SAMUEL 46 TERRA LINDA DRIVE SAN RAFAEL CA 94903 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$199.38

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3.394. Nonpriority creditor's name and mailing address NEMAN BROTHERS & ASSOCIATES DONIGER/BURROUGHS STEPHEN DONIGER/SCOTT BURROUGHS 603 ROSE AVENUE VENICE CA 90291 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☒ Unliquidated ☒ Disputed Basis for the claim: LITIGATION Is the claim subject to offset? ☐ No ☐ Yes	Amount of claim UNDETERMINED
3.395. Nonpriority creditor's name and mailing address NEREIDA SANCHEZ 3775 SUNSET LANE APT 12 SAN YSIDRO CA 92173-3325 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$3.95
3.396. Nonpriority creditor's name and mailing address NEWMAN & ASSOCIATES 28 DOUGLAS STREET WORCESTER MA 01603-2849 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$420.00

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3.397. Nonpriority creditor's name and mailing address NEWPORT CENTER 867545 RELIABLE PARKWAY CHICAGO IL 60686-0075 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$3,111.71
3.398. Nonpriority creditor's name and mailing address NEXCESS 21700 MELROSE AVE SOUTHFIELD MI 48075 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,309.90
3.399. Nonpriority creditor's name and mailing address NICOLE CORONADO 4609 LAKE CALABAY DR. ORLANDO FL 32837-5472 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$33.36

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3.400.	Nonpriority creditor's name and mailing address NICOLE M. PEREZ 180 FREMONT ST WORCESTER MA 01603 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$122.69
3.401.	Nonpriority creditor's name and mailing address NICOLE MARTIN 2323 N WOODLAWN APT 105 WICHITA KS 67220 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$240.90
3.402.	Nonpriority creditor's name and mailing address NICOLE SMITH 3855 HABITAT DR APT B COLUMBUS OH 43228-9464 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$236.32

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3.403.	Nonpriority creditor's name and mailing address NIDA AHMAD 1354 S PLEASANT HILL GATE WAUKEGAN IL 60085 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$20.00
3.404.	Nonpriority creditor's name and mailing address NIKKI SAUNDERS 49 PINE GROVE TOTTERIDGE LONDON N20 8LA UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$27.73
3.405.	Nonpriority creditor's name and mailing address NORFOLK CITY TREASURER COMMISSIONER OF THE REVENUE P.O. BOX 2260 NORFOLK VA 23501-2260 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$3,246.69

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3.406.	Nonpriority creditor's name and mailing address NORTHGATE MALL DURHAM LLC 1058 WEST CLUB BLVD SUITE 200 DURHAM NC 27701 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$9,994.35
3.407.	Nonpriority creditor's name and mailing address NORTH PARK PARTNERS, LP 8080 N. CENTRAL EXPRESSWAY SUITE 1100 DALLAS TX 75206 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$651.90
3.408.	Nonpriority creditor's name and mailing address NORTH PARK REALTY LP NORTH PARK REALTY LP PO BOX 21161 NEW YORK NY 10087-1161 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$7,910.74

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3.409.	Nonpriority creditor's name and mailing address NORTHBRIDGE GP, LLC 350 N ORLEANS STREET SUITE 300 CHICAGO IL 60654-1607 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$292.67
3.410.	Nonpriority creditor's name and mailing address NTH GENERATION 17055 CAMINO SAN BERNARDO SAN DIEGO CA 92127 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$14,022.00
3.411.	Nonpriority creditor's name and mailing address OAK PARK MALL, LLC 2030 HAMILTON PLACE BLVD SUITE 500 CHATTANOOGA TN 37421-6000 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$4,630.33

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.412.	Nonpriority creditor's name and mailing address OAKDALE MALL II, LLC P.O. BOX 416525 BOSTON MA 02241-6525 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$12,191.74
3.413.	Nonpriority creditor's name and mailing address OAKS MALL LLC 110 N WACKER DRIVE CHICAGO IL 60606 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☒ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim UNDETERMINED
3.414.	Nonpriority creditor's name and mailing address OCEAN CITY FACTORY OUTLETS I, LC C/O TANGER PROPERTIES ATTN: LEGAL DEPARTMENT 3200 NORTHLINE AVE, SUITE 360 GREENBORO NC 27408 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$7,691.02

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3.415.	Nonpriority creditor's name and mailing address OCEAN COUNTY SPECIAL CIVIL PART CN-2191 118 WASHINGTON STREET TOMS RIVER NJ 08754 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$210.58
3.416.	Nonpriority creditor's name and mailing address OGLETHORPE MALL L.L.C. SDS-12-1640 P.O. BOX 86 MINNEAPOLIS MN 55486-1640 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☒ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim UNDETERMINED
3.417.	Nonpriority creditor's name and mailing address OLGA SYMAKOVA RTT INC LAISVES AL 51A 317 KAUNAS LT 44309 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1.83

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3.418. Nonpriority creditor's name and mailing address ORLAND LP 288 ORLAND SQUARE ORLAND PARK IL 60462 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☒ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim UNDETERMINED
3.419. Nonpriority creditor's name and mailing address ORLANDO VINELAND PO LP PO BOX 827733 PHILADELPHIA PA 19182-7733 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$874.40
3.420. Nonpriority creditor's name and mailing address OUTLET MALL OF SAVANNAH, LLC TANGER PROPERTIES LIMITED PO BOX 414225 BOSTON MA 02241-4225 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$15,218.19

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3.421. Nonpriority creditor's name and mailing address OVIEDO MALL HOLDING, LLC. ATTN: MALL OFFICE 1700 OVIEDO MALL BLVD OVIEDO FL 32765 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☒ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim UNDETERMINED
3.422. Nonpriority creditor's name and mailing address PADA LO 3917 MARCOM ST RALEIGH NC 27606 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$94.20
3.423. Nonpriority creditor's name and mailing address PALM BEACH OUTLETS I LLC PO BOX 9468 NEW YORK NY 10087-9468 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$7,065.44

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.424.	Nonpriority creditor's name and mailing address PALM BEACH OUTLETS I LLC P.O. BOX 9468 NEW YORK NY 10087-9468 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$159.88
3.425.	Nonpriority creditor's name and mailing address PANTHEON 1536 HUTTON DRIVE SUITE 100 CARROLLTON TX 75006 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$158.58
3.426.	Nonpriority creditor's name and mailing address PARKDALE MALL CMBS LLC 2030 HAMILTON PLACE SUITE 500 CHATTANOOGA TN 37421-6000 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$582.96

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3.427.	Nonpriority creditor's name and mailing address PATRICIA DELAYO LYON LAW PC GEOFFREY C. LYON 10960 WILSHIRE BLVD. SUITE 820 LOS ANGELES CA 90024 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☒ Unliquidated ☒ Disputed Basis for the claim: LITIGATION Is the claim subject to offset? ☐ No ☐ Yes	Amount of claim UNDETERMINED
3.428.	Nonpriority creditor's name and mailing address PECANLAND MALL, LLC SDS-12-2424 P.O. BOX 86 MINNEAPOLIS MN 55486-2424 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$14,402.30
3.429.	Nonpriority creditor's name and mailing address PERFORCE SOFTWARE INC. PO BOX 742263 LOS ANGELES CA 90074-2263 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$2,775.00

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3.430.	Nonpriority creditor's name and mailing address PHASE 3 DIGITAL, LLC 444 N WELLS, SUITE 402 CHICAGO IL 60654 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$7,050.00
3.431.	Nonpriority creditor's name and mailing address PHYLCIA M. QUANN 477 RARITAN ST CAMDEN NJ 08105 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$26.45
3.432.	Nonpriority creditor's name and mailing address PLANS EXAMINERS INC. 1000 CHURCH HILL RD. STE # 210 PITTSBURGH PA 15205 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$75.00

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3.433. Nonpriority creditor's name and mailing address PLAZA WEST COVINA LP 1 EAST WACKER DRIVE SUITE 3600 CHICAGO IL 60601 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$21,397.80
3.434. Nonpriority creditor's name and mailing address POLARIS ENERGY SERVICES L-2413 COLUMBUS OH 43260 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,935.09
3.435. Nonpriority creditor's name and mailing address PORT CHARLOTTE TOWN CENTER P.O. BOX 406373 ATLANTA GA 30384-6373 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$6,524.10

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.436. Nonpriority creditor's name and mailing address POST OAK MALL ASSOCIATES L.P. CBL #0043 PO BOX 955607 ST LOUIS MO 63195-5607 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☒ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim UNDETERMINED
3.437. Nonpriority creditor's name and mailing address POUGHKEEPSIE GALLERIA LLC M & T BANK DEPT.# 380 P.O. BOX 8000 BUFFALO NY 14267 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$30,572.28
3.438. Nonpriority creditor's name and mailing address PR EXTON SQUARE PROPERTY LP PO BOX 373281 CLEVELAND OH 44193-3281 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$13,943.74

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.439.	Nonpriority creditor's name and mailing address PR JACKSONVILLE LP 200 S BROAD ST THIRD FLOOR PHILADELPHIA PA 19102 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$8,401.93
3.440.	Nonpriority creditor's name and mailing address PR SPRINGFIELD/DELCO LTD PART P.O.BOX 373988 CLEVELAND OH 44193-3988 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,415.30
3.441.	Nonpriority creditor's name and mailing address PR WOODLAND LIMITED PARTNERSHIP P.O. BOX 73858 CLEVELAND OH 44193-0002 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,168.57

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.442.	Nonpriority creditor's name and mailing address PRIME RETAIL LVP ST AUGUSTINE OUTLETS, LLC PO BOX 60785 CHARLOTE NC 28260-0785 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$12.32
3.443.	Nonpriority creditor's name and mailing address PRINCE WILLIAM COUNTY PO BOX 2467 WOODBRIDGE VA 22195-2467 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$4,298.71
3.444.	Nonpriority creditor's name and mailing address PRIORITY SIGN, INC 837 RIVERFONT DRIVE SHEBOYGAN WI 53081 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$20,593.17

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.445. Nonpriority creditor's name and mailing address PROFESSIONAL RETAIL SERVICES 3249 ROUTE 112 BUILDING 4 SUITE 2 MEDFORD NY 11763 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$975.52
3.446. Nonpriority creditor's name and mailing address PROTOSECURITY PO BOX 625 DALEVILLE VA 24083 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$17,204.76
3.447. Nonpriority creditor's name and mailing address PUEBLO MALL 8235 DOUGLAS AVE SUITE 655 DALLAS TX 75225 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,773.60

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.448.	Nonpriority creditor's name and mailing address QUALITY SOLUTIONS, INC. SECURITY SOURCE 128 N FIRST STREET P.O. BOX 589 COLWICH KS 67030 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$5,478.40
3.449.	Nonpriority creditor's name and mailing address QUEST PO BOX 910 ROSEVILLE CA 95678 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$2,463.00
3.450.	Nonpriority creditor's name and mailing address RACHEL SULAK 2520 CASTLE CIRCLE FORT WORTH TX 76108-9704 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$24.09

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.451. Nonpriority creditor's name and mailing address RACINE MALL LLC 1190 INTERSTATE PARKWAY AUGUSTA GA 30909 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$5,950.42
3.452. Nonpriority creditor's name and mailing address RAJEANNE BERNYMAN 605F SPRING STREET RICHMOND WA 23220 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$15.23
3.453. Nonpriority creditor's name and mailing address RC STORE MAINTENANCE INC 569 BATEMAN CIRCLE CORONA CA 92880 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$22,247.02

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.454. Nonpriority creditor's name and mailing address RCCM, LLC 355 JEFFERSON STREET PLYMOUTH MEETING PA 19462 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$14,422.35
3.455. Nonpriority creditor's name and mailing address REBECCA MILLS 2144 LAKESHORE DR APT 30B RIDGELAND MS 39157 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$31.00
3.456. Nonpriority creditor's name and mailing address RED SUMMIT FAIR LLC C/O RED PROPERTY MANAGEMENT LL P.O. BOX 98161 LAS VEGAS NV 89193-8161 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$0.12

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.457. Nonpriority creditor's name and mailing address REGISTER ROOFING & SHEET METAL 4640 SUB CHASER COURT UNIT 113 JACKSONVILLE FL 32244 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$337.50
3.458. Nonpriority creditor's name and mailing address RENETTA CHESTER 970 WENDY HILL RD SOUTHEAST SMYRNA GA 30080 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$27.81
3.459. Nonpriority creditor's name and mailing address RETAIL MDS INC 355 JEFFERSON STREET PLYMOUTH MEETING PA 19462 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,095.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.460.	Nonpriority creditor's name and mailing address RETAILMENOT INC 301 CONGRESS AVE SUITE 700 AUSTIN TX 78701 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$333,631.00
3.461.	Nonpriority creditor's name and mailing address RETRANSFORM 6330 LBJ FREEWAY SUITE 230 DALLAS TX 75240 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$13,100.00
3.462.	Nonpriority creditor's name and mailing address RETURN PATH, INC 3 PARK AVENUE 41ST FLOOR NEW YORK NY 10016 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$66,250.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.463. Nonpriority creditor's name and mailing address REVENUE COLLECTIONS CHARLESTON COUNTY 4045 BRIDGE VIEW DRVIE N. CHARLESTON SC 29405-7464 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,676.59
3.464. Nonpriority creditor's name and mailing address RGIS INVENTORY SPECIALISTS P O BOX 77631 DETROIT MI 48277 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$234,900.00
3.465. Nonpriority creditor's name and mailing address RHANDI BAUTISTA 1275 CENTRAL BLVD # 2338 BRENTWOOD CA 94513 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$193.20

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.466.	Nonpriority creditor's name and mailing address RIALOU DE JESUS 12688 CHAPMAN AVE # 3201 GARDEN GROVE CA 92840 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$87.89
3.467.	Nonpriority creditor's name and mailing address RICHARD MUNOZ 233 SEYMOUR ROAD PORT CHESTER NY 10573 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$25.00
3.468.	Nonpriority creditor's name and mailing address RICHLAND COUNTY BUSINESS PO BOX 192 COLUMBIA SC 29202-8028 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$771.50

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.469.	Nonpriority creditor's name and mailing address RIVERTOWN CROSSINGS C/O GGP - GRANDVILLE LLC SDS-12-1796 P.O. BOX 86 MINNEAPOLIS MN 55486-1796 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,169.43
3.470.	Nonpriority creditor's name and mailing address ROBERTO GONZALEZ 15532 ALLINGHAM AVE NORWALK CA 90650-6217 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$17.92
3.471.	Nonpriority creditor's name and mailing address ROBINSON MALL ASSOCIATES LLC 600 SUPERIOR AVENUE EAST SUITE 1500 CLEVELAND OH 44114 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☒ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim UNDETERMINED

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.472. Nonpriority creditor's name and mailing address ROCHE NORMARY 64 ALLEN AVE APT 199 MERIDEN CT 06451 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$0.16
3.473. Nonpriority creditor's name and mailing address ROCHELLE CORDERO URB. DID PINOS DIANA STREET #779 SAN JUAN PR 00923 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$21.39
3.474. Nonpriority creditor's name and mailing address ROCKAWAY TOWNSQUARE ROCKAWAY CENTER ASSOCIATES P.O. BOX 772829 CHICAGO IL 60677-2829 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$26.12

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.475.	Nonpriority creditor's name and mailing address ROLLING OAKS MALL 3342 PAYSHPERE CIRLCE CHICAGO IL 60674 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$4,533.68
3.476.	Nonpriority creditor's name and mailing address ROPLAST INDUSTRIES INC 3155 SOUTH 5TH AVE OROVILLE CA 95965 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$398,989.98
3.477.	Nonpriority creditor's name and mailing address ROSEMARY RINGHAM 854 JOHN AVE APT A BROWNSVILLE TX 78521-5474 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$20.32

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.478. Nonpriority creditor's name and mailing address ROZELLE KOEN P.O. BOX 20703 CRYSTAL PARK BENONI 1515 SOUTH AFRICA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$15.00
3.479. Nonpriority creditor's name and mailing address RPI CARLSBAD LP 1114 AVENUE OF THE AMERICAS SUITE 2800 NEW YORK NY 10036 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$23,691.81
3.480. Nonpriority creditor's name and mailing address RSE INDEPENDENCE LLC ATTN: ROUSE PROPERTIES LLC 200 VESEY STREET 25TH FLOOR NEW YORK NY 10281 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$23,023.93

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.481. Nonpriority creditor's name and mailing address RSM MAINTENANCE 461 FROM ROAD PARAMUS NJ 07652 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$243.75
3.482. Nonpriority creditor's name and mailing address RSS COMM2012CCRE4-NV FOLV, LLC 9062 OLD ANNAPOLIS RD COLUMBIA MD 21045 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$5,690.60
3.483. Nonpriority creditor's name and mailing address RUSHMORE MALL C/O KEYBANK NATIONAL ASSOCIATION 8115 PRESTON ROAD SUITE 500 DALLAS TX 75225 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,959.80

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.484.	Nonpriority creditor's name and mailing address RUTH PICAZO 2115 MANTELLI DR GILROY CA 95020 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$61.93
3.485.	Nonpriority creditor's name and mailing address SACRAMENTO COUNTY DEPT OF AGRICULTURE/WEIGHTS & MEASURES ATTN: ACCOUNTING 4137 BRANCH CENTER ROAD SACRAMENTO CA 95827-3823 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$100.00
3.486.	Nonpriority creditor's name and mailing address SAF GROUP MANAGEMENT PO BOX 428 ROCKVILLE CENTRE NY 11571 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$11,460.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.487.	Nonpriority creditor's name and mailing address SAGINAW CHARTER TOWNSHIP CLERK'S OFFICE P.O. BOX 6400 SAGINAW MI 48608 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$10.00
3.488.	Nonpriority creditor's name and mailing address SALESFORCE.COM INC PO BOX 203141 DALLAS TX 75320-3141 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$431,374.67
3.489.	Nonpriority creditor's name and mailing address SALMON RUN SHOPPING CENTER LLC M&T BANK DEPT# 237 P.O. BOX 8000 BUFFALO NY 14267 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$215.74

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.490.	Nonpriority creditor's name and mailing address SANGERTOWN SQUARE L.L.C. MANUFACTURES & TRADERS TRUST CO PO BOX 8000 DEPT # 332 BUFFALO NY 14267 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$17,086.02
3.491.	Nonpriority creditor's name and mailing address SARA BALOCH 20707 INDIGO RIVER LN. KATY TX 77449 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$132.68
3.492.	Nonpriority creditor's name and mailing address SARAH LOUGH 32 NORTH MAIN STREET NORTH HAMPTON OH 45349 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$28.92

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.493.	Nonpriority creditor's name and mailing address SAVANNAH LIBASSI 2682 ALLOUEZ AVENUE GREEN BAY WI 54311 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$32.70
3.494.	Nonpriority creditor's name and mailing address SEPHORA USA INC. 525 MARKET STREET 32ND FLOOR SAN FRANCISCO CA 94105 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$37,502.50
3.495.	Nonpriority creditor's name and mailing address SFI FORD CITY - CHICAGO LLC 1114 AVENUE OF THE AMERICAS 39TH FLOOR NEW YORK NY 10036 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$11,070.68

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.496.	Nonpriority creditor's name and mailing address SHAKYIA SUMNER 1498 STUYVESANT AVE. TRENTON NJ 08618 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$28.75
3.497.	Nonpriority creditor's name and mailing address SHALENE LUTTRELL 10302 STONEBANK ST BELLFLOWER CA 90706 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$10.46
3.498.	Nonpriority creditor's name and mailing address SHARI RUSSELL 56 BROOKSIDE AVENUE BRIDGEPORT CT 06606-1501 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$64.97

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.499.	Nonpriority creditor's name and mailing address SHENITA BURDEN 1420 STEAM ENGINE WAY CONYERS GA 30013 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$33.00
3.500.	Nonpriority creditor's name and mailing address SHOKOUFEH BOZORGMANESH 15 CHAYA SARA GDNS MAPLE ON L6A 0Z6 CANADA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$15.20
3.501.	Nonpriority creditor's name and mailing address SHOPPERTRAK RCT CORP 233 S. WACKER DR. 41ST FLOOR CHICAGO IL 60606 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$14,124.08

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.502.	Nonpriority creditor's name and mailing address SHORT CIRCUIT ELECTRONICS INC 4201 NE PORT DRIVE LEE'S SUMMIT MO 64064 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$8,473.55
3.503.	Nonpriority creditor's name and mailing address SIMON PROPERTY GROUP, L.P. JG ELIZABETH II, LLC P.O.BOX 775273 CHICAGO IL 60677-5273 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,187.15
3.504.	Nonpriority creditor's name and mailing address SITEFOLIO LLC 1037 NE 65 ST SUITE 229 SEATTLE WA 98115 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$11,900.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.505.	Nonpriority creditor's name and mailing address SOF-IX PB OWNER LP 1 EAST WACKER DRIVE #3600 CHICAGO IL 60601 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$6,127.41
3.506.	Nonpriority creditor's name and mailing address SOLID & STRIPE INC. DEBT RECOVERY ATTORNEYS MICHAEL E. SAYER 17595 HARVARD SUITE C-557 IRVINE CA 92614 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☒ Unliquidated ☒ Disputed Basis for the claim: LITIGATION Is the claim subject to offset? ☐ No ☐ Yes	Amount of claim UNDETERMINED
3.507.	Nonpriority creditor's name and mailing address SONNI CORREA 448 EL CAJON APT 1 SAN JOSE CA 95111 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$2.74

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.508.	Nonpriority creditor's name and mailing address SOUTHERN CAL TELECOM 12090 WOODSIDE AVENUE LAKESIDE CA 92040 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☐ No ☐ Yes	Amount of claim \$11,340.00
3.509.	Nonpriority creditor's name and mailing address SOUTHLAND MALL PROPERTIES LLC PO BOX 865061 ORLANDO FL 32886-5061 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$18,413.85
3.510.	Nonpriority creditor's name and mailing address SPENCER GILES 21167 N. 95TH DRIVE PEORIA AZ 85382-0571 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$70.79

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**3.511. **Nonpriority creditor's name and mailing address**SPG INDEPENDENCE CENTER, LLC
P.O. BOX 644182
PITTSBURGH PA 15264-4182**Date or dates debt was incurred**

VARIOUS

Last 4 digits of account number:**As of the petition filing date, the claim is:**
Check all that apply.

- ☐ Contingent
- ☒ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE - NON-MERCHANDISE

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Amount of claim

UNDETERMINED

3.512. **Nonpriority creditor's name and mailing address**SRM-SPE, LLC
PO BOX 54266
NEW ORLEANS LA 70154**Date or dates debt was incurred**

VARIOUS

Last 4 digits of account number:**As of the petition filing date, the claim is:**
Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE - NON-MERCHANDISE

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Amount of claim

\$7,863.46

3.513. **Nonpriority creditor's name and mailing address**SS-BSCMI05-TOP20; LAKEFOREST
9062 OLD ANNAPOLIS ROAD
COLUMBIA MD 21045**Date or dates debt was incurred**

VARIOUS

Last 4 digits of account number:**As of the petition filing date, the claim is:**
Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE - NON-MERCHANDISE

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Amount of claim

\$6,693.84

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.514. Nonpriority creditor's name and mailing address ST. CHARLES COUNTY GOVERNMENT DEPARTMENT OF FINANCE 201 NORTH SECOND ST. SUITE 541 ST. CHARLES MO 63301 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$20.00
3.515. Nonpriority creditor's name and mailing address STAR-WEST PARKWAY MALL, LP 1 EAST WACKER DRIVE SUITE 3600 CHICAGO IL 60601 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$10,750.44
3.516. Nonpriority creditor's name and mailing address STATE OF MARYLAND DEPART. OF ASSESS. & TAXATION PERSONAL PROPERTY DIVISION 301 WEST PRESTON ST. RM 801 BALTIMORE MD 21201-2395 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$675.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.517. Nonpriority creditor's name and mailing address STEINER CONSTRUCTION SERV LLC 6497 CITY WEST PARKWAY EDEN PRAIRIE MN 55344 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$29,861.25
3.518. Nonpriority creditor's name and mailing address STEPHANIE KELLY 1111 E DEMOCRACY AVE FRESNO CA 93720 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$130.68
3.519. Nonpriority creditor's name and mailing address STEPHANIE M. FILIPPI 770 N. SILVER SPRINGS BLVD WICHITA KS 67212 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$15.31

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.520.	Nonpriority creditor's name and mailing address STEPHANIE TIFFANY 175 S SHERMAN ST. APT 202 DENVER CO 80209 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$23.76
3.521.	Nonpriority creditor's name and mailing address STEVEN MARTINEZ RODRIGUEZ 2601 NW 207TH ST APT # 269 MIAMI GARDEN FL 33056 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$11.38
3.522.	Nonpriority creditor's name and mailing address STOCKBRIDGE MADISON LLC 27550 HOOVER ROAD WARREN MI 48093 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$7,269.33

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.523.	Nonpriority creditor's name and mailing address STORED VALUE SOLUTIONS, INC. 3802 RELIABLE PKWY LOCKBOX 3802 CHICAGO IL 60686-0038 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$22,604.14
3.524.	Nonpriority creditor's name and mailing address STREET RETAIL INC 1626 EAST JEFFERSON STREET ROCKVILLE MD 20852 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$4,743.67
3.525.	Nonpriority creditor's name and mailing address SUJEY GONZALEZ 1832 PENN MAE AVE S. EL MONTE CA 91733 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$149.13

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.526.	Nonpriority creditor's name and mailing address SUMMIT ENERGY 25716 NETWORK PLACE CHICAGO IL 60673-1257 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$2,895.72
3.527.	Nonpriority creditor's name and mailing address SUSAN KUMARI 2802 LEE OAKS PL UNIT 204 FALLS CHURCH VA 22046 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$99.62
3.528.	Nonpriority creditor's name and mailing address SVAP II STONES RIVER, LLC 340 ROYAL POINCIANA WAY SUITE 316 PALM BEACH FL 33480 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$6,091.69

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.529.	Nonpriority creditor's name and mailing address SYDNEY MANNING 4909 NW 80TH TER KANSAS CITY MO 64151-1127 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$28.00
3.530.	Nonpriority creditor's name and mailing address TAEYANNA BROWN 6025 AGUSTA ST PHILADELPHIA PA 19149-3229 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$2.83
3.531.	Nonpriority creditor's name and mailing address TAMARA LIMASA 654 KAIEMI STREET KAILUA HI 96734-2015 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$235.20

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.532.	Nonpriority creditor's name and mailing address TAMMY L. CASAS 501 E 102ND AVE B104 THORNTON CO 80229 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$59.00
3.533.	Nonpriority creditor's name and mailing address TANGER FORT WORTH, LLC 3200 NORTHLINE AVENUE SUITE 360 GREENSBORO NC 27408 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$5,349.04
3.534.	Nonpriority creditor's name and mailing address TANGER PROP. LP - FOXWOODS FASHION OUTLETS AT FOXWOOD,LLC C/O TANGER MANAGEMENT,LLC 3200 NORTHLINE AVE, SUITE 360 GREENSBORO NC 27408 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$17,132.44

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.535.	Nonpriority creditor's name and mailing address TANGER PROPERTIES LIMITED 3200 NORTHLINE AVE, SUITE 360 GREENBORO NC 27408 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$11,025.48
3.536.	Nonpriority creditor's name and mailing address TANGER PROPERTIES LIMITED 3200 NORTHLINE AVE, SUITE 360 GREENSBORO NC 27408 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$3,196.59
3.537.	Nonpriority creditor's name and mailing address TANGER PROPERTIES LP PO BOX 414225 BOSTON MA 02241-4225 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$25,329.15

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.538.	Nonpriority creditor's name and mailing address TANGO ANALYTICS LLC PO BOX 734054 DALLAS TX 75373-4054 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$15,375.00
3.539.	Nonpriority creditor's name and mailing address TAREK HASHEM ELFOULY 102 MASJED ELATTARINE ST ELATTARINE DISTRICT ALEXANDRIA EGYPT 21517 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$21.30
3.540.	Nonpriority creditor's name and mailing address TERMINIX NATIONAL ACCOUNTS MAIL DROP # A4-1075 PO BOX 17167 MEMPHIS TN 38187 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$3,221.80

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.541.	Nonpriority creditor's name and mailing address TGA OAK VIEW MALL LLC 730 THIRD AVENUE NEW YORK NY 10017 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$8,922.87
3.542.	Nonpriority creditor's name and mailing address THE AVENUES AVENUES MALL LLC 867550 RELIABLE PKWY CHICAGO IL 60686-0075 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$2,179.27
3.543.	Nonpriority creditor's name and mailing address THE FOUNTAINS AT FARAH LP 123 W MILLS AVE SUITE 600 EL PASO TX 79901 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☒ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim UNDETERMINED

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**3.544. **Nonpriority creditor's name and mailing address**

THE IRVINE COMPANY, LLC
 RETAIL CENTER: IRVINE SPECTRUM CENTER
 P.O. BOX 840368-095403
 LOS ANGELES CA 90084-0368

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE - NON-MERCHANDISE

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNDETERMINED

3.545. **Nonpriority creditor's name and mailing address**

THE MALL AT UNIVERSITY TOWN
 200 E LONG LAKE ROAD, STE 300
 BLOOMFIELD HILLS MI 48304-2324

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE - NON-MERCHANDISE

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

\$62.71

3.546. **Nonpriority creditor's name and mailing address**

THE SHOPS AT DOS LAGOS
 ATTN: PROPERTY MANAGER
 2780 CABOT DRIVE., SUITE 140
 CORONA CA 92883

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE - NON-MERCHANDISE

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

\$58.48

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.547. Nonpriority creditor's name and mailing address TIFFANY BOGLE 27762 RILEYWOOD DRIVE DAPHNE AL 36526 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$870.00
3.548. Nonpriority creditor's name and mailing address TIFFANY CLARK 13 SQUIRE RIDGE ROAD HAMPSTEAD NH 03841 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$38.22
3.549. Nonpriority creditor's name and mailing address TIM JOHNSON 914 NW KNOLL DR WEST HOLLYWOOD CA 90069 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$200.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.550.	Nonpriority creditor's name and mailing address TM FAIRLANE CENTER LP 75 REMITTANCE DR DEPT 1350 CHICAGO IL 60675-1350 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,745.86
3.551.	Nonpriority creditor's name and mailing address TM WELLINGTON GREEN MALL LP 591 WEST PUTNAM AVE GREENWICH CT 06830 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$3.37
3.552.	Nonpriority creditor's name and mailing address TMP SRE 1, LLC 2070 SAM RITTENBERG BLVD. CHARLESTON SC 29407 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$12,062.37

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.553.	Nonpriority creditor's name and mailing address TONI PARSONS 6504 SE 8TH ST RD Ocala FL 34471	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Amount of claim \$105.50
	Date or dates debt was incurred VARIOUS	Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE	
	Last 4 digits of account number:	Is the claim subject to offset? ☒ No ☐ Yes	
3.554.	Nonpriority creditor's name and mailing address TONIA R. STAMPS 8224 STERLING LN COVINGTON GA 30014	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Amount of claim \$63.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE	
	Last 4 digits of account number:	Is the claim subject to offset? ☒ No ☐ Yes	
3.555.	Nonpriority creditor's name and mailing address TOTAL COMFORT MECHANICAL 246 INDUSTRIAL WAY WEST SUITE Q EATONTOWN NJ 07724	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Amount of claim \$32,056.13
	Date or dates debt was incurred VARIOUS	Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE	
	Last 4 digits of account number:	Is the claim subject to offset? ☒ No ☐ Yes	

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.556.	Nonpriority creditor's name and mailing address TOWNE WEST SQUARE, LLC P.O. BOX 402962 ATLANTA GA 30384-2962 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$3,708.79
3.557.	Nonpriority creditor's name and mailing address TOWNSHIP OF FREEHOLD ONE MUNICIPAL PLAZA FREEHOLD NJ 07728 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$100.00
3.558.	Nonpriority creditor's name and mailing address TRACU YU 6919 S. KOMENSKY AVE. CHICAGO IL 60629 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$26.80

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.559.	Nonpriority creditor's name and mailing address TRAVELERS C/O BANK OF AMERICA 91287 COLLECTIONS CENTER DR. CHICAGO IL 60693-1287 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$34,449.93
3.560.	Nonpriority creditor's name and mailing address TREASURER OF JAMES CITY COUNTY ATTN BUSINESS LICENSE P.O.BOX 8701 WILLIAMSBURG VA 23187 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$2,692.05
3.561.	Nonpriority creditor's name and mailing address TRI COUNTRY MALL LLC 1700 PRINCETON PIKE CINCINNATI OH 45246 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$4,178.19

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.562.	Nonpriority creditor's name and mailing address TULSA REALTY 126 LLC 4107 SOUTH YALE AVE TULSA OK 74135 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$3,256.22
3.563.	Nonpriority creditor's name and mailing address U.S. SECURITY ASSOCIATES, INC. P.O. BOX 931703 ATLANTA GA 31193 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$3,695.48
3.564.	Nonpriority creditor's name and mailing address UNIVERSAL DYEING & PRINTING DONIGER/BURROUGHS STEPHEN DONIGER/SCOTT BURROUGHS 603 ROSE AVENUE VENICE CA 90291 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☒ Unliquidated ☒ Disputed Basis for the claim: LITIGATION Is the claim subject to offset? ☐ No ☐ Yes	Amount of claim UNDETERMINED

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.565.	Nonpriority creditor's name and mailing address UNIVERSITY MALL, LLC P.O. BOX 235021 MONTGOMERY AL 36123-5021 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$20,081.51
3.566.	Nonpriority creditor's name and mailing address UPS LOCKBOX 577 CAROL STREAM IL 60132-0577 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$751.41
3.567.	Nonpriority creditor's name and mailing address URBAN EDGE CAGUAS LP 210 ROUTE 4 EAST PARAMUS NJ 07652 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☒ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim UNDETERMINED

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.568.	Nonpriority creditor's name and mailing address USABLE LIFE P O BOX 31000 HONOLULU HI 96849-5314 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,377.12
3.569.	Nonpriority creditor's name and mailing address VALLE VISTA MALL REALTY 1010 NORTHERN BLVD. SUITE #212 GREAT NECK NY 11021 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$9,087.53
3.570.	Nonpriority creditor's name and mailing address VAN D. HOLMES 1406 CREST RD RALEIGH NC 27606-2907 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$24.20

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.571. Nonpriority creditor's name and mailing address VERIZON P.O. BOX 28000 LEHIGH VALLEY PA 18002-8000 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$200.61
3.572. Nonpriority creditor's name and mailing address VERONICA CHAVEZ 1000 BROWARD ROAD #1715 JACKSONVILLE FL 32218 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$19.79
3.573. Nonpriority creditor's name and mailing address VESTAR RW TEMPE MARKETPLACE 2425 E CAMELBACK RD. # 750 PHOENIX AZ 85016 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$5,483.63

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.574. Nonpriority creditor's name and mailing address VETERANS WORLDWIDE MAINTENANCE 105 MAIN ST 3RD FLOOR HACKENSACK NJ 07601 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$17,705.10
3.575. Nonpriority creditor's name and mailing address VICTORIA A. LOMBARDO 1417 PEARL STREET NOKOMIS FL 34275-3752 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$22.63
3.576. Nonpriority creditor's name and mailing address VICTORIA PAGAN 68 ASTI AVE REVERE MA 02151 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$25.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.577. Nonpriority creditor's name and mailing address VICTORIA SALAZAR 9431 VALLEY BLVD SAN ANTONIO TX 78250-3959 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$7.70
3.578. Nonpriority creditor's name and mailing address VIEJAS OUTLET CENTER 5005 WILLOWS ROAD SUITE 229 ALPINE CA 91901 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$6,476.71
3.579. Nonpriority creditor's name and mailing address VIRGINIA CENTER COMMONS REALTY HOLDING, LLC 10101 BROOK ROAD GLEN ALLEN VA 23059 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☒ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim UNDETERMINED

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.580.	Nonpriority creditor's name and mailing address VIVIANA HOLGUIN 1840 CROMPOND ROAD APT 7C5 PEEKSKILL NY 10566-7405 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$21.40
3.581.	Nonpriority creditor's name and mailing address WATERBURY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION ONE JEFFERSON SQUARE WATERBURY CT 06706 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$100.00
3.582.	Nonpriority creditor's name and mailing address WEIGHTS & MEASURES COUNTY OF SONOMA 133 AVIATION BLVD. SUITE 110 SANTA ROSA CA 95403-8279 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$221.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.583.	Nonpriority creditor's name and mailing address WESTFIELD - BRANDON TOWN CENTE PNC BANK LOCKBOX #532615 P.O. BOX 532615 ATLANTA GA 30353-2615 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$2,170.02
3.584.	Nonpriority creditor's name and mailing address WESTLAND MALL LLC 1 EAST WACKER DRIVE SUITE 3600 CHICAGO IL 60601 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$3,106.57
3.585.	Nonpriority creditor's name and mailing address WG SECURITY PRODUCTS, INC. 591 W. HAMILTON AVENUE SUITE 260 CAMPBELL CA 95008 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$270.00

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.586.	Nonpriority creditor's name and mailing address WHIIP CREATIVE MARKETING LLC 1632 MORELAND DR ALAMEDA CA 94501 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$79,280.00
3.587.	Nonpriority creditor's name and mailing address WHITE PLAINS GALLERIA LP WP GALLERIA REALTY LP P.O. BOX 21160 NEW YORK NY 10087-1160 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$6,030.22
3.588.	Nonpriority creditor's name and mailing address WHITNEY PECK 1928 BROOKDATE DR. COLORADO SPRINGS CO 80918 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$237.50

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.589.	Nonpriority creditor's name and mailing address WIREGRASS REALTY LLC C/O NAMCO REALTY LLC 150 GREAT NECK ROAD SUITE 304 GREAT NECK NY 11021 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$6,543.09
3.590.	Nonpriority creditor's name and mailing address WOODBRIDGE HEALTH DEPARTMENT 2 GEORGE FREDERICK PLAZA WOODBRIDGE NJ 07095 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$125.00
3.591.	Nonpriority creditor's name and mailing address WOODBURN PREMIUM OUTLETS LLC 7584 SOLUTION CENTER CHICAGO IL 60677-7055 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$15.36

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

3.592. Nonpriority creditor's name and mailing address YACSIRA PLAZA VALENTIN URB LAS VEGAS F-3 FLORIDA PR 00650 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☒ Unliquidated ☒ Disputed Basis for the claim: LITIGATION Is the claim subject to offset? ☐ No ☐ Yes	Amount of claim UNDETERMINED
3.593. Nonpriority creditor's name and mailing address YESENIA RODRIGUEZ 2527 W 6TH APT. 111 MIAMI FL 33016 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$24.10
3.594. Nonpriority creditor's name and mailing address ZACHARY DRESSMAN 6090 HARDWICK DRIVE COLORADO SPRINGS CO 80906-8245 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: TRADE PAYABLE - NON-MERCHANDISE Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$22.40

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
BALLARD SPAHR LLP DUSTIN P BRANCH,ESQ 2029 CENTURY PARK EAST STE 800 LOS ANGELES CA 90067-2909	Part 2 line 3.340	_____
BALLARD SPAHR LLP DUSTIN P BRANCH,ESQ 2029 CENTURY PARK EAST STE 800 LOS ANGELES CA 90067-2909	Part 2 line 3.341	_____
BARCLAY DAMON LLP KEVIN NEWMAN; SCOTT FLEISCHER BARCLAY DAMON TOWER 125 EAST JEFFERSON STREET SYRACUSE NY 13202	Part 2 line 3.58	_____
BARCLAY DAMON LLP KEVIN NEWMAN; SCOTT FLEISCHER BARCLAY DAMON TOWER 125 EAST JEFFERSON STREET SYRACUSE NY 13202	Part 2 line 3.155	_____
BARCLAY DAMON LLP KEVIN NEWMAN; SCOTT FLEISCHER BARCLAY DAMON TOWER 125 EAST JEFFERSON STREET SYRACUSE NY 13202	Part 2 line 3.288	_____
BARCLAY DAMON LLP KEVIN NEWMAN; SCOTT FLEISCHER BARCLAY DAMON TOWER 125 EAST JEFFERSON STREET SYRACUSE NY 13202	Part 2 line 3.187	_____
BARCLAY DAMON LLP KEVIN NEWMAN; SCOTT FLEISCHER BARCLAY DAMON TOWER 125 EAST JEFFERSON STREET SYRACUSE NY 13202	Part 2 line 3.437	_____
BARCLAY DAMON LLP KEVIN NEWMAN; SCOTT FLEISCHER BARCLAY DAMON TOWER 125 EAST JEFFERSON STREET SYRACUSE NY 13202	Part 2 line 3.489	_____
BARCLAY DAMON LLP KEVIN NEWMAN; SCOTT FLEISCHER BARCLAY DAMON TOWER 125 EAST JEFFERSON STREET SYRACUSE NY 13202	Part 2 line 3.490	_____
BENESCH FRIEDLANDER COPLAN & ARONOFF LLP JENNIFER R HOOVER;KEVIN M CAPUZZI 222 DELAWARE AVE STE 801 WILMINGTON DE 19801	Part 2 line 3.80	_____

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

BEWLEY LASSLEBEN & MILLER LLP
 ERNIE ZACHARY PARK
 13215 E PENN ST STE 510
 WHITTIER CA 90602

Part 2 line 3.544

BEWLEY LASSLEBEN & MILLER LLP
 ERNIE ZACHARY PARK
 13215 E PENN ST STE 510
 WHITTIER CA 90602

Part 2 line 3.260

CAFARO MANAGEMENT COMPANY
 RICHARD T DAVIS
 5577 YOUNGSTOWN-WARREN RD
 NILES OH 44446

Part 2 line 3.306

CLARK HILL PLC
 DAVID M BLAU,ESQ
 151 S OLD WOODWARD AVE STE 200
 BIRMINGHAM MI 48009

Part 2 line 3.573

CLARK HILL PLC
 KAREN M GRIVNER,ESQ
 824 N MARKET ST STE 710
 WILMINGTON DE 19801

Part 2 line 3.573

KATTEN MUCHIN ROSENMAN LLP
 PETER A. SIDDIQUI
 525 W. MONROE STREET
 CHICAGO IL 60661

Part 2 line 3.495

KURTZMAN STEADY LLC
 JEFFREY KURTZMAN,ESQ
 401 S 2ND ST STE 200
 PHILADELPHIA PA 19147

Part 2 line 3.438

KURTZMAN STEADY LLC
 JEFFREY KURTZMAN,ESQ
 401 S 2ND ST STE 200
 PHILADELPHIA PA 19147

Part 2 line 3.440

KURTZMAN STEADY LLC
 JEFFREY KURTZMAN,ESQ
 401 S 2ND ST STE 200
 PHILADELPHIA PA 19147

Part 2 line 3.441

KURTZMAN STEADY LLC
 JEFFREY KURTZMAN,ESQ
 401 S 2ND ST STE 200
 PHILADELPHIA PA 19147

Part 2 line 3.439

LAW OFFICE OF SUSAN E KAUFMAN LLC
 SUSAN E KAUFMAN,ESQ
 919 N MARKET ST STE 460
 WILMINGTON DE 19801

Part 2 line 3.583

LECLAIRRYAN PLLC
 NICLAS A FERLAND;ILAN MARKUS
 545 LONG WHARF DRIVE,9TH FLOOR
 NEW HAVEN CT 06511

Part 2 line 3.583

LECLAIRRYAN PLLC
 ANDREW L COLE,ESQ
 800 NORTH KING ST STE 303
 WILMINGTON DE 19801

Part 2 line 3.583

LINEBARGER GOGGAN BLAIR & SAMPSON LLP
 JOHN P DILMAN
 P O BOX 3064
 HOUSTON TX 77253-3064

Part 1 line 2.233

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

LINEBARGER GOGGAN BLAIR & SAMPSON LLP Part 1 line 2.3257
 JOHN P DILMAN
 P O BOX 3064
 HOUSTON TX 77253-3064

LINEBARGER GOGGAN BLAIR & SAMPSON LLP Part 1 line 2.1592
 JOHN P DILMAN
 P O BOX 3064
 HOUSTON TX 77253-3064

LINEBARGER GOGGAN BLAIR & SAMPSON LLP Part 1 line 2.94
 DON STECKER
 711 NAVARRO ST STE 300
 SAN ANTONIO TX 78205

LINEBARGER GOGGAN BLAIR & SAMPSON, LLP Part 1 line 2.2746
 DIANE WADE SANDERS
 P.O. BOX 17428
 AUSTIN TX 78760

LINEBARGER GOGGAN BLAIR & SAMPSON, LLP Part 1 line 2.1266
 DIANE WADE SANDERS
 P.O. BOX 17428
 AUSTIN TX 78760

LINEBARGER GOGGAN BLAIR & SAMPSON, LLP Part 1 line 2.4296
 DIANE WADE SANDERS
 P.O. BOX 17428
 AUSTIN TX 78760

MCCREARY, VESELKA, BRAGG & ALLEN, P.C. Part 1 line 2.537
 TARA LEDAY
 P. O. BOX 1269
 ROUND ROCK TX 78680

MCCREARY, VESELKA, BRAGG & ALLEN, P.C. Part 1 line 2.1373
 TARA LEDAY
 P. O. BOX 1269
 ROUND ROCK TX 78680

MCCREARY, VESELKA, BRAGG & ALLEN, P.C. Part 1 line 2.1695
 TARA LEDAY
 P. O. BOX 1269
 ROUND ROCK TX 78680

MCCREARY, VESELKA, BRAGG & ALLEN, P.C. Part 1 line 2.3924
 TARA LEDAY
 P. O. BOX 1269
 ROUND ROCK TX 78680

MCCREARY, VESELKA, BRAGG & ALLEN, P.C. Part 1 line 2.7178
 TARA LEDAY
 P. O. BOX 1269
 ROUND ROCK TX 78680

MEYERS ROMAN FRIEDBERG & LEWIS LPA Part 2 line 3.203
 DAVID M NEUMANN
 28601 CHAGRIN BLVD STE 600
 CLEVELAND OH 44122

MEYERS ROMAN FRIEDBERG & LEWIS LPA Part 2 line 3.256
 DAVID M NEUMANN
 28601 CHAGRIN BLVD STE 600
 CLEVELAND OH 44122

MEYERS ROMAN FRIEDBERG & LEWIS LPA Part 2 line 3.579
 DAVID M NEUMANN
 28601 CHAGRIN BLVD STE 600
 CLEVELAND OH 44122

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

MITCHELL WILLIAMS SELIG GATES & WOODYARD Part 2 line 3.8
 PLLC
 STAN D SMITH,ESQ
 425 WEST CAPITOL AVE STE 1800
 LITTLE ROCK AK 72201-3525

MONZACK MERSKY MCLAUGHLIN & BROWDER Part 2 line 3.306
 PA
 RACHEL B MERSKY
 1201 N ORANGE ST STE 400
 WILMINGTON DE 19801

PERDUE BRANDON FIELDER COLLINS & MOTT Part 1 line 2.6376
 LLP
 OWEN M SONIK
 1235 NORTH LOOP STE 600
 HOUSTON TX 77008

PERDUE BRANDON FIELDER COLLINS & MOTT Part 1 line 2.3927
 LLP
 LAURA J MONROE
 P O BOX 817
 LUBBOCK TX 79408

PERDUE BRANDON FIELDER COLLINS & MOTT Part 1 line 2.4413
 LLP
 LAURA J MONROE
 P O BOX 817
 LUBBOCK TX 79408

PERDUE BRANDON FIELDER COLLINS & MOTT Part 1 line 2.2327
 LLP
 EBONEY COBB
 500 E BORDER ST STE 640
 ARLINGTON TX 76010

PERDUE BRANDON FIELDER COLLINS & MOTT Part 1 line 2.2555
 LLP
 EBONEY COBB
 500 E BORDER ST STE 640
 ARLINGTON TX 76010

PERDUE BRANDON FIELDER COLLINS & MOTT Part 1 line 2.1263
 LLP
 EBONEY COBB
 500 E BORDER ST STE 640
 ARLINGTON TX 76010

REYNALDO SANTIAGO GONZALEZ Part 2 line 3.592
 LYDIA SAMANTHA CARMONA TORRES
 DEPARTAMENTO DEL TRABAJO Y RECURSOS
 HUMANOS
 PO BOX 71592
 SAN JUAN PR 00936-8692

SAUL EWING ARNSTEIN & LEHR LLP Part 2 line 3.495
 MARK MINUTI
 1201 N. MARKET STREET, SUITE 2300
 P.O. BOX 1266
 WILMINGTON DE 19899-1266

SIMON PROPERTY GROUP LP Part 2 line 3.503
 RONALD M TUCKER, ESQ
 225 WEST WASHINGTON ST
 INDIANAPOLIS IN 46204

SIMON PROPERTY GROUP LP Part 2 line 3.3
 RONALD M TUCKER, ESQ
 225 WEST WASHINGTON ST
 INDIANAPOLIS IN 46204

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

SINGER & LEVICK PC
MICHELLE E SHRIRO,ESQ
16200 ADDISON ROAD STE 140
ADDISON TX 75001

Part 2 line 3.456

SITE CENTERS CORP
ERIC C COTTON,ESQ
3300 ENTERPRISE PARKWAY
P O BOX 228042
BEACHWOOD OH 44122

Part 2 line 3.173

SOLOMON WARD SEIDENWURM & SMITH LLP
MICHAEL D BRESLAUER,ESQ
401 B STREET STE 1200
SAN DIEGO CA 92101

Part 2 line 3.220

TX-COMPTROLLER OF PUBLIC ACCOUNTS
RACHEL R OBALDO
ASSISTANT ATTORNEY GENERAL
BANKRUPTCY & COLLECTIONS DIV MC 008
P O BOX 12548
AUSTIN TX 78711-2548

Part 1 line 2.6605

TX-COMPTROLLER OF PUBLIC ACCOUNTS
RACHEL R OBALDO
ASSISTANT ATTORNEY GENERAL
BANKRUPTCY & COLLECTIONS DIV MC 008
P O BOX 12548
AUSTIN TX 78711-2548

Part 1 line 2.6606

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214****Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a.	\$5,009,160.94
5b. Total claims from Part 2	5b. +	\$10,602,141.71
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$15,611,302.65

Fill in this information to identify the case:**Debtor name:** Charlotte Russe, Inc.**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 19-10214☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE SAN FRANCISCO OFFICE LEASE - LOCATION # 1265 LESSEE 	1900 BRYANT STREET INVESTORS, LLC BRYANT STREET MANAGEMENT CO INC 2352 POST ST STE 200 SAN FRANCISCO CA 94115
2.2.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	SERVICES AGREEMENT PREVENTIVE MAINTENANCE SERVICE AGREEMENT HEATING, VENTILATING, AND AIR CONDITIONING SYSTEM CONTRACT PARTY 	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ACCO ENGINEERED SYSTEMS INC 1133 ALADDIN AVE SAN LEANDRO CA 94577
2.3.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	SERVICES AGREEMENT ANNUAL CHARGE SMALL BUSINESS PLAN FOR BRICKFTP CONTRACT PARTY 	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ACTION VERB LLC 8605 SANTA MONICA BLVD. #20898 WEST HOLLYWOOD CA 90069

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.4. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** DATA HYGIENE AND DATA APPEND SERVICES
- Nature of debtor's interest** CONTRACT PARTY ACXIOM LLC
301 E. DAVE WARD DRIVE
CONWAY AR 72032
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.5. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CLOUD & INFRA - AEM ASSETS
- Nature of debtor's interest** CONTRACT PARTY ADOBE SYSTEMS INCORPORATED
(AEM ASSETS)
345 PARK AVENUE
SAN JOSE CA 95110
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.6. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CLOUD & INFRA - MULTI SOLUTION: ARCH & LAUNCH SVC
- Nature of debtor's interest** CONTRACT PARTY ADOBE SYSTEMS INCORPORATED
(MULTI SOLUTION: ARCH & LAUNCH SVC)
345 PARK AVENUE
SAN JOSE CA 95110
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.7. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** WEBSITE ANALYTICS/AEM SERVICES AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY ADOBE SYSTEMS INCORPORATED
(WEBSITE ANALYTICS/AEM)
345 PARK AVENUE
SAN JOSE CA 95110
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.8. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** WEBSITE IMAGE STORAGE
- Nature of debtor's interest** CONTRACT PARTY ADOBE SYSTEMS INCORPORATED
(WEBSITE IMAGE STORAGE)
345 PARK AVENUE
SAN JOSE CA 95110
- State the term remaining** _____
- List the contract number of any government contract** _____

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.9. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** WEBSITE MASTER AGREEMENT (EXTENDED REPAYMENT PLAN FEATURE)
- Nature of debtor's interest** CONTRACT PARTY AFTERPAY US, INC
PO BOX 328
SAN FRANCISCO CA 94104-0328
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.10. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CLOUD & INFRA - DNS SERVICES (DELIVERY OF CONTENT AND APPLICATIONS OVER THE INTERNET)
- Nature of debtor's interest** CONTRACT PARTY AKAMAI TECHNOLOGIES INC
150 BROADWAY
CAMBRIDGE MA 02142
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.11. **Title of contract** EXCESS LIABILITY INSURANCE POLICY NO. ECA (20) 54326811 **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INSURANCE
- Nature of debtor's interest** INSURED AMERICAN FIRE & CASUALTY INS. CO. (LIBERTY)
175 BERKELEY ST
BOSTON MA 02116-5066
- State the term remaining** 1/31/2020
- List the contract number of any government contract** _____
- 2.12. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** STATEMENT OF WORK FOR ONGOING LEASE ADMINISTRATION SERVICE / ABSTRACTION SERVICES ON AS NEEDED BASIS
- Nature of debtor's interest** CONTRACT PARTY ANNET TECHNOLOGIES (USA), INC. (D/B/A RETRANSFORM)
6330 LBJ FREEWAY
SUITE 230
DALLAS TX 75240
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.13. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 442
- Nature of debtor's interest** LESSEE ARONOV
EAST RIDGE MALL LLC
ARONOV REALTY MANAGEMENT INC
PO BOX 235000 (361235000)
3500 EASTERN BLVD (36116-1781)
MONTGOMERY AL 36116
- State the term remaining** 01/31/19
- List the contract number of any government contract** _____

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.14. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 471
- Nature of debtor's interest** LESSEE ARONOV
UNIVERSITY MALL LLC
ARONOV REALTY MANAGEMENT
INC
PO BOX 235000 (361235000)
3500 EASTERN BLVD (36116-1781)
MONTGOMERY AL 36123-5000
- State the term remaining** 01/31/21
- List the contract number of any government contract** _____
- 2.15. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PEEK ECOM GATEWAY ACCOUNT AGREEMENT FOR FRAUD DETECTION
- Nature of debtor's interest** CONTRACT PARTY AUTHORIZE.NET
PO BOX 8999
SAN FRANCISCO CA 94128
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.16. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** OMNI ENGINEERING - PLATFORM AND SERVICE AGREEMENT (PEEK TAX SOFTWARE)
- Nature of debtor's interest** CONTRACT PARTY AVALARA, INC
1100 2ND AVE. SUITE 300
SEATTLE WA 98101
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.17. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE CONTRACT
- Nature of debtor's interest** CONTRACT PARTY BOARD AMERICAS, INC.
33 BROAD STREET
BOSTON MA 02109
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.18. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 457
- Nature of debtor's interest** LESSEE BRENNAN
WARWICK MALL LLC
BLISS PROPERTIES INC
PO BOX 2513
PROVIDENCE RI 02906-0513
- State the term remaining** 01/31/23
- List the contract number of any government contract** _____

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.19.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 820 LESSEE 04/30/25 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease BRIXMOR PROPERTY GROUP BRIXMOR HOLDINGS 11 SPE LLC BRIXMOR PROPERTY GROUP GENERAL COUNSEL 450 LEXINGTON AVE 13TH FL NEW YORK NY 10170
2.20.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 1 LESSEE 12/31/18 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease BROOKFIELD PROPERTIES RPI CARLSBAD LP GENERAL MANAGER 2525 EL CAMINO REAL CARLSBAD CA 92008
2.21.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 12 LESSEE 01/31/21 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease BROOKFIELD PROPERTIES CHULA VISTA CENTER LP GENERAL MANAGER 555 BROADWAY STE 1019 CHULA VISTA CA 91910
2.22.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 29 LESSEE 02/28/21 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease BROOKFIELD PROPERTIES GGP MEADOWS MALL LLC MEADOWS MALL LAW/LEASE ADMINISTRATION DEPARTMENT 350 N ORLEANS ST STE 300 CHICAGO IL 60654-1607
2.23.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 32 LESSEE 01/31/21 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease BROOKFIELD PROPERTIES GGPTUCSON MALL LLC TUCSON MALL LAW/LEASE ADMINISTRATION DEPARTMENT 350 N ORLEANS ST STE 300 CHICAGO IL 60654-1607

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.24. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 33
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** 01/31/24 **GGP NORTHRIDGE FASHION CENTER LP**
- List the contract number of any government contract** _____ **NORTHRIDGE FASHION CENTER LAW/LEASE ADMINISTRATION DEPARTMENT**
350 N ORLEANS ST STE 300
CHICAGO IL 60654-1607
- 2.25. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 35
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** 01/31/19 **GLENDAL GALLERIA**
- List the contract number of any government contract** _____ **GLENDAL MALL ASSOCIATES LLC LAW/LEASE ADMINISTRATION DEPARTMENT**
350 N ORLEANS ST STE 300
CHICAGO IL 60654-1607
- 2.26. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 40
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** 01/31/23 **VALLEY PLAZA MALL LP**
- List the contract number of any government contract** _____ **VALLEY PLAZA MALL CA**
350 N ORLEANS ST STE 300
LAW/LEASE ADMINISTRATION DEPARTMENT
CHICAGO IL 60654-1607
- 2.27. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 78
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** 12/31/24 **PERIMETER MALL LLC PERIMETER MALL**
- List the contract number of any government contract** _____ **LAW/LEASE ADMINISTRATION DEPT**
350 N ORLEANS ST STE 300
CHICAGO IL 60654-1607
- 2.28. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 94
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** 01/31/22 **GGPPROVIDENCE PLACE LLC**
- List the contract number of any government contract** _____ **PROVIDENCE PLACE LAW/LEASE ADMINISTRATION DEPARTMENT**
350 N ORLEANS ST STE 300
CHICAGO IL 60654-1607

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.29. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 98
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** 01/31/20 **GPGGRANDVILLE LLC**
- List the contract number of any government contract** _____ **RIVERTOWN CROSSINGS**
- LAW/LEASE ADMINISTRATION**
- DEPARTMENT**
- 350 N ORLEANS ST STE 300**
- CHICAGO IL 60654-1607**
-
- 2.30. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 102
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** 01/31/20 **PARK MALL LLC**
- List the contract number of any government contract** _____ **PARK PLACE**
- LAW/LEASE ADMINISTRATION**
- DEPARTMENT**
- 350 N ORLEANS ST STE 300**
- CHICAGO IL 60654-1607**
-
- 2.31. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 117
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** 01/31/22 **SPRING HILL MALL LLC**
- List the contract number of any government contract** _____ **BROOKFIELD PROPERTIES (R) LLC**
- GENERAL COUNSEL**
- 200 VESEY ST 25TH FL**
- NEW YORK NY 10281**
-
- 2.32. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 122
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** 01/31/21 **STONEBRIAR MALL LLC**
- List the contract number of any government contract** _____ **STONEBRIAR CENTRE**
- LAW/LEASE ADMINISTRATION**
- DEPARTMENT**
- 350 N ORLEANS ST STE 300**
- CHICAGO IL 60654-1607**
-
- 2.33. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 130
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** 01/31/20 **TOWN EAST MALL LLC**
- List the contract number of any government contract** _____ **TOWN EAST MALL**
- LAW/LEASE ADMINISTRATION**
- DEPARTMENT**
- 350 N ORLEANS ST STE 300**
- CHICAGO IL 60654-1607**

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.34. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 130
- Nature of debtor's interest** LESSEE BROOKFIELD PROPERTIES
TOWN EAST MALL
GENERAL MANAGER
2063 TOWN EAST MALL
MESQUITE TX 75150
- State the term remaining** 01/31/20
- List the contract number of any government contract** _____
- 2.35. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 133
- Nature of debtor's interest** LESSEE BROOKFIELD PROPERTIES
NEWPARK MALL LP
GENERAL MANAGER
2086 NEWPARK MALL
NEWARK CA 94560
- State the term remaining** 01/31/24
- List the contract number of any government contract** _____
- 2.36. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 142
- Nature of debtor's interest** LESSEE BROOKFIELD PROPERTIES
ALTAMONTE MALL LLC
ALTAMONTE MALL
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST STE 300
CHICAGO IL 60654-1607
- State the term remaining** 01/31/20
- List the contract number of any government contract** _____
- 2.37. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 153
- Nature of debtor's interest** LESSEE BROOKFIELD PROPERTIES
CLACKAMAS TOWN CENTER
CLACKAMAS TOWN CENTER
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST STE 300
CHICAGO IL 60654-1607
- State the term remaining** 01/31/24
- List the contract number of any government contract** _____
- 2.38. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 159
- Nature of debtor's interest** LESSEE BROOKFIELD PROPERTIES
GGPGLENBROOK LLC
GLENBROOK SQUARE
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST STE 300
CHICAGO IL 60654-1607
- State the term remaining** 01/31/25
- List the contract number of any government contract** _____

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.39. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 162
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** 12/31/18 **RSE INDEPENDENCE LLC**
- List the contract number of any government contract** _____ **GENERAL MANAGER**
3500 OLEANDER DR
WILMINGTON NC 28403
- 2.40. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 176
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** 01/31/21 **PARKS AT ARLINGTON LLC**
- List the contract number of any government contract** _____ **THE PARKS MALL AT ARLINGTON**
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST STE 300
CHICAGO IL 60654-1607
- 2.41. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 177
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** 01/31/23 **LYNNHAVEN MALL**
- List the contract number of any government contract** _____ **LYNNHAVEN MALL LLC**
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST STE 300
CHICAGO IL 60654-1607
- 2.42. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 179
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** 01/31/22 **BAYBROOK MALL LLC**
- List the contract number of any government contract** _____ **BAYBROOK MALL**
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST STE 300
CHICAGO IL 60654-1607
- 2.43. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 185
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** 01/31/21 **WOODBIDGE CENTER PROPERTY LLC**
- List the contract number of any government contract** _____ **WOODBIDGE CENTER**
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST STE 300
CHICAGO IL 60654-1607

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.44.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 193 LESSEE 04/30/22 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease BROOKFIELD PROPERTIES CORONADO CENTER LLC CORONADO CENTER LAW/LEASE ADMINISTRATION DEPARTMENT 350 N ORLEANS ST STE 300 CHICAGO IL 60654-1607
2.45.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 196 LESSEE 01/31/21 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease BROOKFIELD PROPERTIES PARAMUS PARK SHOPPING CENTER LIMITED PARTNERSHIP, PARAMUS PARK SHOPPING CENTER LAW/LEASE ADMINISTRATION DEPARTMENT 350 N ORLEANS ST STE 300 CHICAGO IL 60654-1607
2.46.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 198 LESSEE 01/31/23 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease BROOKFIELD PROPERTIES WESTROADS MALL LLC WESTROADS MALL LAW/LEASE ADMINISTRATION DEPARTMENT 350 N ORLEANS ST STE 300 CHICAGO IL 60654-1607
2.47.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 207 LESSEE 01/31/23 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease BROOKFIELD PROPERTIES DEERBROOK MALL LLC DEERBROOK MALL LAW/LEASE ADMINISTRATION DEPARTMENT 350 N ORLEANS ST STE 300 CHICAGO IL 60654-1607
2.48.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 211 LESSEE 01/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease BROOKFIELD PROPERTIES NESHAMJNY MALL JOINT VENTURE LIMITED PARTNERSHIP, NESHAMINY MALL LAW/LEASE ADMINISTRATION DEPARTMENT 350 N ORLEANS ST STE 300 CHICAGO IL 60654-1607

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.49. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 219
- Nature of debtor's interest** LESSEE
- State the term remaining** 01/31/21
- List the contract number of any government contract** _____
- BROOKFIELD PROPERTIES
SOONER FASHION MALL LLC
SOONER MALL
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST STE 300
CHICAGO IL 60654-1607
- 2.50. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 223
- Nature of debtor's interest** LESSEE
- State the term remaining** 01/31/20
- List the contract number of any government contract** _____
- BROOKFIELD PROPERTIES
QUAIL SPRINGS MALL LLC
QUAIL SPRINGS MALL
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST STE 300
CHICAGO IL 60654-1607
- 2.51. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 248
- Nature of debtor's interest** LESSEE
- State the term remaining** 01/31/21
- List the contract number of any government contract** _____
- BROOKFIELD PROPERTIES
SHOPPES AT BUCKLAND HILLS LLC
THE SHOPPES AT BUCKLAND HILLS
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST STE 300
CHICAGO IL 60654
- 2.52. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 254
- Nature of debtor's interest** LESSEE
- State the term remaining** 12/31/20
- List the contract number of any government contract** _____
- BROOKFIELD PROPERTIES
MALL OF LOUISIANA LLC
MALL OF LOUISIANA
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST STE 300
CHICAGO IL 60654
- 2.53. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 257
- Nature of debtor's interest** LESSEE
- State the term remaining** 04/30/21
- List the contract number of any government contract** _____
- BROOKFIELD PROPERTIES
MALL ST VINCENT LLC
GENERAL COUNSEL
1 1 14 AVE OF THE AMERICAS STE 2800
NEW YORK NY 10036

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.54. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 264
- Nature of debtor's interest** LESSEE BROOKFIELD PROPERTIES
LANSING MALL LLC
GENERAL MANAGER
5330 W SAGINAW HWY
LANSING MI 48917
- State the term remaining** 01/31/20
- List the contract number of any government contract** _____
- 2.55. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 270
- Nature of debtor's interest** LESSEE BROOKFIELD PROPERTIES
PEMBROKE LAKES MALL LLC
PEMBROKE LAKES MALL
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST STE 300
CHICAGO IL 60654
- State the term remaining** 07/31/24
- List the contract number of any government contract** _____
- 2.56. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 273
- Nature of debtor's interest** LESSEE BROOKFIELD PROPERTIES
MSM PROPERTY LLC
MALL ST MATTHEWS
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST STE 300
CHICAGO IL 60654
- State the term remaining** 01/31/21
- List the contract number of any government contract** _____
- 2.57. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 307
- Nature of debtor's interest** LESSEE BROOKFIELD PROPERTIES
FASHION OUTLET OF LAS VEGAS
LLC
BROOKFIELD REAL ESTATE
FINANCIAL PARTNERS LLC
THERESA HOYT
250 VESEY ST 14TH FL
NEW YORK NY 10281
- State the term remaining** 09/30/19
- List the contract number of any government contract** _____
- 2.58. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 314
- Nature of debtor's interest** LESSEE BROOKFIELD PROPERTIES
GGP STATEN ISLAND MALL LLC
STATEN ISLAND MALL - PHASE II
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST 300
CHICAGO IL 60654-1607
- State the term remaining** 01/31/20
- List the contract number of any government contract** _____

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.59. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 331
- Nature of debtor's interest** LESSEE
- State the term remaining** 01/31/20
- List the contract number of any government contract** _____
- BROOKFIELD PROPERTIES
PEACHTREE MALL LLC
PEACHTREE MALL
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST 300
CHICAGO IL 60654-1607
- 2.60. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 332
- Nature of debtor's interest** LESSEE
- State the term remaining** 03/31/22
- List the contract number of any government contract** _____
- BROOKFIELD PROPERTIES
OGLETHORPE MALL LLC
OGLETHORPE MALL
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST 300
CHICAGO IL 60654-1607
- 2.61. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 337
- Nature of debtor's interest** LESSEE
- State the term remaining** 01/31/23
- List the contract number of any government contract** _____
- BROOKFIELD PROPERTIES
GOVERNOR'S SQUARE MALL LLC
GOVERNOR'S SQUARE
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST 300
CHICAGO IL 60654-1607
- 2.62. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 338
- Nature of debtor's interest** LESSEE
- State the term remaining** 05/31/25
- List the contract number of any government contract** _____
- BROOKFIELD PROPERTIES
CUMBERLAND MALL LLC
CUMBERLAND MALL
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST 300
CHICAGO IL 60654-1607
- 2.63. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 343
- Nature of debtor's interest** LESSEE
- State the term remaining** 01/31/23
- List the contract number of any government contract** _____
- BROOKFIELD PROPERTIES
PARK CITY CENTER LLC
PARK CITY CENTER
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST 300
CHICAGO IL 60654-1607

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.64. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 350
- Nature of debtor's interest** LESSEE BROOKFIELD PROPERTIES
TRACY MALL PARTNERS L P
GENERAL MANAGER
3200 NORTH NAGLEE RD
TRACY CA 95304
- State the term remaining** 01/31/20
- List the contract number of any government contract** _____
- 2.65. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 354
- Nature of debtor's interest** LESSEE BROOKFIELD PROPERTIES
RPI BEL AIR MALL LLC
GENERAL MANAGER
3299 BEL AIR MALL
MOBILE AL 36606
- State the term remaining** 07/31/20
- List the contract number of any government contract** _____
- 2.66. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 363
- Nature of debtor's interest** LESSEE BROOKFIELD PROPERTIES
TUP 130 LLC
GENERAL MANAGER
1001 BAMES CROSSING RD
TUPELO MS 38804
- State the term remaining** 01/31/20
- List the contract number of any government contract** _____
- 2.67. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 375
- Nature of debtor's interest** LESSEE BROOKFIELD PROPERTIES
RPI TURTLE CREEK MALL LLC
GENERAL MANAGER
3000 E HIGHLAND DR 200
JONESBORO AR 72401
- State the term remaining** 03/31/20
- List the contract number of any government contract** _____
- 2.68. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 378
- Nature of debtor's interest** LESSEE BROOKFIELD PROPERTIES
TGA OAK VIEW MALL LLC
CBRE/MEGA
AMBER BAKKEN
3001 S 144TH ST STE 2029
OMAHA NE 68144
- State the term remaining** 04/30/19
- List the contract number of any government contract** _____

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.69. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 383
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** 07/31/20 **LAKELAND SQUARE MALL LLC**
- List the contract number of any government contract** _____ **GENERAL MANAGER**
3800 US HWY 98 N RM 304
LAKELAND FL 33809
- 2.70. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 387
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** 01/31/21 **NORTH POINT MALL LLC**
- List the contract number of any government contract** _____ **NORTH POINT MALL**
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST STE 300
CHICAGO IL 60654-1607
- 2.71. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 387
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** 01/31/21 **NORTH POINT MALL**
- List the contract number of any government contract** _____ **1000 NORTH PT CIR**
ALPHARETTA GA 30022
- 2.72. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 398
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** 07/31/20 **VALLEY HILLS MALL LLC**
- List the contract number of any government contract** _____ **GENERAL COUNSEL**
200 VESEY ST 25TH FL
NEW YORK NY 10281
- 2.73. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 402
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** 01/31/20 **HULEN MAL**
- List the contract number of any government contract** _____ **HULEN MALL LLC**
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST STE 300
CHICAGO IL 60654-1607

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.74. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 404
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** 01/31/20 **PINNACLE HILLS LLC**
- List the contract number of any government contract** _____ **PINNACLE HILLS PROMENADE**
- 350 N ORLEANS ST STE 300**
- CHICAGO IL 60654-1607**
- 2.75. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 408
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** 04/30/22 **GGPFOUR SEASONS LP**
- List the contract number of any government contract** _____ **FOUR SEASONS TOWN CENTRE**
- 350 N ORLEANS ST STE 300**
- CHICAGO IL 60654-1607**
- 2.76. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 426
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** 05/31/21 **GREENWOOD MALL LLC**
- List the contract number of any government contract** _____ **GREENWOOD MALL**
- 350 N ORLEANS ST STE 300**
- CHICAGO, IL 60654-1607**
- 2.77. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 428
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** 01/31/20 **FIRST COLONY MALL**
- List the contract number of any government contract** _____ **LAW/LEASE ADMINISTRATION**
- 350 N ORLEANS ST STE 300**
- CHICAGO IL 60654-1607**
- 2.78. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 437
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** 01/31/19 **EATONTOWN MONMOUTH MALL**
- List the contract number of any government contract** _____ **LLC**
- 180 NEW JERSEY 35**
- EATONTOWN NJ 07724**

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.79.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 439 LESSEE 01/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease BROOKFIELD PROPERTIES RIVER HILLS MALL LLC RIVER HILLS MALL LAW/LEASE ADMINISTRATION DEPARTMENT 350 N ORLEANS ST STE 300 CHICAGO IL 60654-1607
2.80.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 445 LESSEE 01/31/21 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease BROOKFIELD PROPERTIES KALAMAZOO MALL LLC THE CROSSROADS MI LAW/LEASE ADMINISTRATION DEPARTMENT 350 N ORLEANS ST STE 300 CHICAGO IL 60654-1607
2.81.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 448 LESSEE 01/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease BROOKFIELD PROPERTIES COASTLAND CENTER COASTLAND CENTER LP 350 N ORLEANS ST STE 300 CHICAGO IL 60654-1607
2.82.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 449 LESSEE 01/31/21 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease BROOKFIELD PROPERTIES AUGUSTA MALL AUGUSTA MALL LLC LAW/LEASE ADMINISTRATION DEPARTMENT 350 N ORLEANS ST STE 300 CHICAGO IL 60654-1607
2.83.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 453 LESSEE 01/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease BROOKFIELD PROPERTIES PECANLAND MALL LLC PECANLAND MALL LAW/LEASE ADMINISTRATION DEPARTMENT 350 N ORLEANS ST STE 300 CHICAGO IL 60654-1607

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.84. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 455
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** 01/31/20 **RPI CHESTERFIELD LLC**
- List the contract number of any government contract** _____ **GENERAL MANAGER**
11500 MIDLOTHIAN TURNPIKE
RICHMOND VA 23235
- 2.85. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 460
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** 01/31/20 **RPI SALISBURY MALL LLC**
- List the contract number of any government contract** _____ **GENERAL COUNSEL**
200 VESEY ST 25TH FL
NEW YORK NY 10281-1025
- 2.86. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 466
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** 01/31/20 **OAKWOOD SHOPPING CENTER LLC**
- List the contract number of any government contract** _____ **OAKWOOD CENTER**
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST STE 300
CHICAGO IL 60654-1607
- 2.87. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 475
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** 03/31/20 **SOUTHLAND CENTER LLC**
- List the contract number of any government contract** _____ **GENERAL COUNSEL**
200 VESEY ST 25TH FL
NEW YORK NY 10281
- 2.88. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 492
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** 05/31/20 **BRASS MILL CENTER MALL LLC**
- List the contract number of any government contract** _____ **BRASS MILL CENTER**
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST STE 300
CHICAGO IL 60654

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.89.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 493 LESSEE 01/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease BROOKFIELD PROPERTIES BELLIS FAIR MALL LLC BELLIS FAIR LAW/LEASE ADMINISTRATION 350 N ORLEANS ST STE 300 CHICAGO IL 60654
2.90.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 497 LESSEE 01/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease BROOKFIELD PROPERTIES OAKWOOD MALL OAKWOOD HILLS MALL PARTNERS LAW/LEASE ADMINISTRATION DEPARTMENT 350 N ORLEANS ST STE 300 CHICAGO IL 60654
2.91.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 507 LESSEE 01/31/21 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease BROOKFIELD PROPERTIES RPI GREENVILLE MALL LLC GENERAL MANAGER 714 SE GREENVILLE BLVD GREENVILLE NC 27858
2.92.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 508 LESSEE 01/31/21 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease BROOKFIELD PROPERTIES CHAMPAIGN MARKET PLACE LLC MARKET PLACE SHOPPING CENTER LAW/LEASE ADMINISTRATION DEPARTMENT 350 N ORLEANS STSUITE 300 CHICAGO IL 60654-1607
2.93.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 512 LESSEE 01/31/24 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease BROOKFIELD PROPERTIES COLUMBIANA CENTRE COLUMBIANA CENTRE LLC LAW/LEASE ADMINISTRATION DEPT 350 N ORLEANS STSUITE 300 CHICAGO IL 60654-1607

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.94. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 573
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** 01/31/20 **LA CANTERA RETAIL LIMITED**
- List the contract number of any government contract** _____ **PARTNERSHIP**
- THE SHOPS AT LA CANTERA**
- LAW/LEASE ADMINISTRATION**
- DEPARTMENT**
- 350 N ORLEANS ST STE 300**
- CHICAGO IL 60654-1607**
- 2.95. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 7007
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** _____ **PARK MEADOWS MALL LLC**
- List the contract number of any government contract** _____ **PARK MEADOWS**
- LAW/LEASE ADMINISTRATION**
- DEPARTMENT**
- 350 N ORLEANS ST STE 300**
- CHICAGO IL 60654-1607**
- 2.96. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 7009
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** _____ **FASHION PLACE LLC**
- List the contract number of any government contract** _____ **BROOKFIELD PROPERTIES**
- RETAILS**
- LAW/LEASE ADMINISTRATION**
- DEPARTMENT**
- 350 N ORLEANS STE 300**
- CHICAGO IL 60654**
- 2.97. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 7010
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** _____ **MERRICK PARK LLC**
- List the contract number of any government contract** _____ **VILLAGE OF MERRICK PARK**
- LAW/LEASE ADMINISTRATION**
- DEPARTMENT**
- 350 N ORLEANS ST STE 300**
- CHICAGO IL 60654-1607**
- 2.98. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 7013
- Nature of debtor's interest** LESSEE **BROOKFIELD PROPERTIES**
- State the term remaining** _____ **NORTH POINT MALL LLC**
- List the contract number of any government contract** _____ **NORTH POINT MALL**
- LAW/LEASE ADMINISTRATION**
- DEPARTMENT**
- 350 N ORLEANS STE 300**
- CHICAGO IL 60654-1607**

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.99.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 772	
	Nature of debtor's interest	LESSEE	BROOKFIELD PROPERTIES NATICK MALL LLC NATICK MALL LAW/LEASE ADMINISTRATION DEPARTMENT 350 N ORLEANS ST CHICAGO IL 60654-1607
	State the term remaining	02/28/25	
	List the contract number of any government contract	_____	
2.100.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 773	
	Nature of debtor's interest	LESSEE	BROOKFIELD PROPERTIES OAKS MALL LLC LAW/LEASE ADMINISTRATION DEPT 350 N ORLEANS ST CHICAGO IL 60654-1607
	State the term remaining	03/31/20	
	List the contract number of any government contract	_____	
2.101.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 774	
	Nature of debtor's interest	LESSEE	BROOKFIELD PROPERTIES THE WOODLANDS MALL ASSOCIATES LLC THE WOODLANDS MALL LAW/LEASE ADMINISTRATION DEPARTMENT 350 N ORLEANS ST STE 300 CHICAGO IL 60654-1607
	State the term remaining	01/31/25	
	List the contract number of any government contract	_____	
2.102.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 775	
	Nature of debtor's interest	LESSEE	BROOKFIELD PROPERTIES JORDAN CREEK TOWN CENTER LLC JORDAN CREEK TOWN CTR 350 N ORLEANS ST STE 300 CHICAGO IL 60654-1607
	State the term remaining	01/31/25	
	List the contract number of any government contract	_____	
2.103.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 776	
	Nature of debtor's interest	LESSEE	BROOKFIELD PROPERTIES WHITE MARSH MALL LLC WHITE MARSH MALL LAW/LEASE ADMINISTRATION DEPARTMENT 350 N ORLEANS STSUITE 300 CHICAGO IL 60654-1607
	State the term remaining	01/31/25	
	List the contract number of any government contract	_____	

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.104. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 780
- Nature of debtor's interest** LESSEE
- State the term remaining** 04/30/25
- List the contract number of any government contract** _____
- BROOKFIELD PROPERTIES
TYLER MALL LIMITED
PARTNERSHIP
GALLERIA AT TYLER
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS STSUITE 300
CHICAGO IL 60654-1607
- 2.105. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 781
- Nature of debtor's interest** LESSEE
- State the term remaining** 04/30/25
- List the contract number of any government contract** _____
- BROOKFIELD PROPERTIES
BOISE MALL LLC
BOISE TOWNE SQUARE
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST STE 300
CHICAGO IL 60654-1607
- 2.106. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 793
- Nature of debtor's interest** LESSEE
- State the term remaining** 06/30/25
- List the contract number of any government contract** _____
- BROOKFIELD PROPERTIES
COLUMBIA MALL LLC
COLUMBIA MALL (MO)
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST STE 300
CHICAGO IL 60654-1607
- 2.107. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 794
- Nature of debtor's interest** LESSEE
- State the term remaining** 05/31/25
- List the contract number of any government contract** _____
- BROOKFIELD PROPERTIES
THE MALL IN COLUMBIA BUSINESS
TRUST
THE MALL IN COLUMBIA
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST STE 300
CHICAGO IL 60654-1607
- 2.108. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 802
- Nature of debtor's interest** LESSEE
- State the term remaining** 07/31/25
- List the contract number of any government contract** _____
- BROOKFIELD PROPERTIES
TOWSON TC LLC
TOWSON TOWN CENTER
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST STE 300
CHICAGO IL 60654-1607

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.109. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 807
- Nature of debtor's interest** LESSEE BROOKFIELD PROPERTIES
WILLOWBROOK MALL LLC
WILLOWBROOK
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST STE 300
CHICAGO IL 60654-1607
- State the term remaining** 01/31/26
- List the contract number of any government contract** _____
-
- 2.110. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 815
- Nature of debtor's interest** LESSEE BROOKFIELD PROPERTIES
GGPOTAY RANCH LP
OTAY RANCH TOWN CENTER
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST STE 300
CHICAGO IL 60654-1607
- State the term remaining** 05/31/19
- List the contract number of any government contract** _____
-
- 2.111. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 816
- Nature of debtor's interest** LESSEE BROOKFIELD PROPERTIES
ST CLOUD MALL LLC
CROSSROADS CENTER (MN)
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST STE 300
CHICAGO IL 60654-1607
- State the term remaining** 04/30/20
- List the contract number of any government contract** _____
-
- 2.112. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 822
- Nature of debtor's interest** LESSEE BROOKFIELD PROPERTIES
GGP ALA MOANA LLC
ALA MOANA CENTER
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST STE 300
CHICAGO IL 60654-1607
- State the term remaining** 08/31/19
- List the contract number of any government contract** _____
-
- 2.113. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 823
- Nature of debtor's interest** LESSEE BROOKFIELD PROPERTIES
MAYFAIR MALL LLC
MAYFAIR
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST
CHICAGO IL 60654-1607
- State the term remaining** 08/31/22
- List the contract number of any government contract** _____

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.114. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 825
- Nature of debtor's interest** LESSEE
- State the term remaining** 01/31/20
- List the contract number of any government contract** _____
- BROOKFIELD PROPERTIES
HOOVER MALL LIMITED LLC
RIVERCHASE GALLERIA
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST STE 300
CHICAGO IL 60654-1607
- 2.115. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 827
- Nature of debtor's interest** LESSEE
- State the term remaining** _____
- List the contract number of any government contract** _____
- BROOKFIELD PROPERTIES
FOX RIVER SHOPPING CENTER
LLC
FOX RIVER MALL
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST
CHICAGO IL 60654-1607
- 2.116. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 828
- Nature of debtor's interest** LESSEE
- State the term remaining** 02/29/20
- List the contract number of any government contract** _____
- BROOKFIELD PROPERTIES
RIDGEDALE CENTER LLC
RIDGEDALE CENTER
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST
CHICAGO IL 60654-1607
- 2.117. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 830
- Nature of debtor's interest** LESSEE
- State the term remaining** 02/26/19
- List the contract number of any government contract** _____
- BROOKFIELD PROPERTIES
GGPGRANDVILLE LLC
RIVERTOWN CROSSINGS
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST STE 300
CHICAGO IL 60654-1607
- 2.118. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 833
- Nature of debtor's interest** LESSEE
- State the term remaining** 05/31/20
- List the contract number of any government contract** _____
- BROOKFIELD PROPERTIES
CAROLINA PLACE LLC DO
CAROLINA PLACE
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST
CHICAGO IL 60654-1607

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.119. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 834
- Nature of debtor's interest** LESSEE BROOKFIELD PROPERTIES
CORAL RIDGE MALL LLC
CORAL RIDGE MALL
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST
CHICAGO IL 60654-1607
- State the term remaining** 05/31/20
- List the contract number of any government contract** _____
-
- 2.120. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 835
- Nature of debtor's interest** LESSEE BROOKFIELD PROPERTIES
ALDERWOOD MALL LLC
ALDERWOOD MALL
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST
CHICAGO IL 60654-1607
- State the term remaining** 07/31/20
- List the contract number of any government contract** _____
-
- 2.121. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 836
- Nature of debtor's interest** LESSEE BROOKFIELD PROPERTIES
WILLOWBROOK MALL TX LLC
WILLOWBROOK MALL TX
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST
CHICAGO IL 60654-1607
- State the term remaining** 07/31/20
- List the contract number of any government contract** _____
-
- 2.122. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 837
- Nature of debtor's interest** LESSEE BROOKFIELD PROPERTIES
FLORENCE MALL LLC
FLORENCE MALL
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST
CHICAGO IL 60654-1607
- State the term remaining** 08/31/20
- List the contract number of any government contract** _____
-
- 2.123. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 839
- Nature of debtor's interest** LESSEE BROOKFIELD PROPERTIES
VISALIA MALL LP
VISALIA MALL
LAW/LEASE ADMINISTRATION
DEPARTMENT
350 N ORLEANS ST
CHICAGO IL 60654-1607
- State the term remaining** 06/30/20
- List the contract number of any government contract** _____

CAFARO CO
MILLCREEK MALL
LEGAL DEPT
5577 YOUNGSTOWN-WARREN RD
NILES OH 44446

CAFARO CO
SPOTSYLVANIA MALL CO
CREDIT AND COLLECTIONS
MANAGER
2445 BELMONT AVE PO BOX 2186
YOUNGSTOWN OH 44504-0186

CAFARO CO
KENTUCKY OAKS MALL CO
LEGAL DEPT
5577 YOUNGSTOWN-WARREN RD
NILES OH 44446

CAFARO CO
GOVERNOR'S SQUARE CO
CAFARO CO
2445 BELMONT AVE
YOUNGSTOWN OH 44505

CALMART SUB 1 LLC
110 EAST NINTH ST
STE A 727
LOS ANGELES CA 90079-2827

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.129.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 7 LESSEE 01/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CB RICHARD ELLIS RAINBOW INVESTMENT CO 2900 SIXTH AVE SAN DIEGO CA 92103
2.130.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 101 LESSEE 01/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CBL CBL AND ASSOCIATES MANAGEMENT INC BRANDON BARRY CBL CTR STE 500 2030 HAMILTON PL BLVD CHATTANOOGA TN 37421-6000
2.131.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 116 LESSEE 01/31/21 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CBL CBL AND ASSOCIATES MANAGEMENT INC BRANDON BARRY CBL CTR STE 500 2030 HAMILTON PL BLVD CHATTANOOGA TN 37421-6000
2.132.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 199 LESSEE 01/31/25 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CBL CBL AND ASSOCIATES MANAGEMENT INC BRANDON BARRY CBL CTR STE 500 2030 HAMILTON PL BLVD CHATTANOOGA TN 37421-6000
2.133.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 216 LESSEE 06/30/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CBL MID RIVERS MALL CMBS LLC CBL AND ASSOCIATES MANAGEMENT INC GENERAL MANAGER 1600 MID RIVERS MALL ST. PETERS MO 63376

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.134.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 217 LESSEE 01/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CBL SOUTH COUNTY CENTER LLC LEGAL DEPT 11601 WILSHIRE BLVD 12TH FLOOR LOS ANGELES CA 90025
2.135.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 232 LESSEE 07/31/24 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CBL CBL AND ASSOCIATES MANAGEMENT INC BRANDON BARRY CBL CTR STE 500 2030 HAMILTON PL BLVD CHATTANOOGA TN 37421-6000
2.136.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 261 LESSEE 01/31/21 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CBL CBL AND ASSOCIATES MANAGEMENT INC BRANDON BARRY CBL CTR STE 500 2030 HAMILTON PL BLVD CHATTANOOGA TN 37421-6000
2.137.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 262 LESSEE 01/31/24 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CBL CBL AND ASSOCIATES MANAGEMENT INC BRANDON BARRY CBL CTR STE 500 2030 HAMILTON PL BLVD CHATTANOOGA TN 37421-6000
2.138.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 265 LESSEE 01/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CBL CBL AND ASSOCIATES MANAGEMENT INC BRANDON BARRY CBL CTR STE 500 2030 HAMILTON PL BLVD CHATTANOOGA TN 37421-6000

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.139.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 293 LESSEE 01/31/25 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CBL CBL AND ASSOCIATES MANAGEMENT INC BRANDON BARRY CBL CTR STE 500 2030 HAMILTON PL BLVD CHATTANOOGA TN 37421-6000
2.140.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 301 LESSEE 01/31/22 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CBL CBL AND ASSOCIATES MANAGEMENT INC BRANDON BARRY CBL CTR STE 500 2030 HAMILTON PL BLVD CHATTANOOGA TN 37421-6000
2.141.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 315 LESSEE 01/31/21 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CBL CBL AND ASSOCIATES MANAGEMENT INC BRANDON BARRY CBL CTR STE 500 2030 HAMILTON PL BLVD CHATTANOOGA TN 37421-6000
2.142.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 323 LESSEE 01/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CBL CBL AND ASSOCIATES MANAGEMENT INC BRANDON BARRY CBL CTR STE 500 2030 HAMILTON PL BLVD CHATTANOOGA TN 37421-6000
2.143.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 325 LESSEE 01/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CBL COOLSPRINGS MALL LLC CBL AND ASSOCIATES MANAGEMENT INC 1800 GALLERIA BLVD FRANKLIN TN 37067

Case number (if known) **19-10214**

2.144.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 327 LESSEE 01/31/21 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CBL CBL AND ASSOCIATES MANAGEMENT INC BRANDON BARRY CBL CTR STE 500 2030 HAMILTON PL BLVD CHATTANOOGA TN 37421-6000
2.145.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 334 LESSEE 01/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CBL CARY VENTURE LIMITED PARTNERSHIP CBL AND ASSOCIATES MANAGEMENT INC GENERAL MANAGER 1105 WALNUT ST STE 200 CARY NC 27511
2.146.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 340 LESSEE 01/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CBL CBL AND ASSOCIATES MANAGEMENT INC BRANDON BARRY CBL CTR STE 500 2030 HAMILTON PL BLVD CHATTANOOGA TN 37421-6000
2.147.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 356 LESSEE 01/31/21 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CBL CBL AND ASSOCIATES MANAGEMENT INC BRANDON BARRY CBL CTR STE 500 2030 HAMILTON PL BLVD CHATTANOOGA TN 37421-6000
2.148.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 360 LESSEE 01/31/23 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CBL G AND I VIII CBL TTC LLC CBL AND ASSOCIATES MANAGEMENT INC CBL CTR 2030 HAMILTON PL BLVD STE 500 CHATTANOOGA TN 37421

CBL
CBL AND ASSOCIATES
MANAGEMENT INC
BRANDON BARRY
CBL CTR STE 500
2030 HAMILTON PL BLVD
CHATTANOOGA TN 37421-6000

CBL
CBL AND ASSOCIATES
MANAGEMENT INC
BRANDON BARRY
CBL CTR STE 500
2030 HAMILTON PL BLVD
CHATTANOOGA TN 37421-6000

CBL
JEFFERSON MALL CMBS LLC
CBL AND ASSOCIATES
MANAGEMENT INC
GENERAL MANAGER
4801/302 OUTER LOOP
LOUISVILLE KY 40219-3299

CBL
PARKWAY PLACE LIMITED
PARTNERSHIP
CBL AND ASSOCIATES
MANAGEMENT INC
CBL CTR STE 500
2030 HAMILTON PL BLVD
CHATTANOOGA TN 37421-6000

CBL
YORK GALLERIA LIMITED
PARTNERSHIP
CBL AND ASSOCIATES
MANAGEMENT INC
PROPERTY ACCOUNTS MANAGER
ONE YORK GALLERIA
YORK PA 17402

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.154. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 430
- Nature of debtor's interest** LESSEE CBL
CBL AND ASSOCIATES
MANAGEMENT INC
BRANDON BARRY
CBL CTR STE 500
2030 HAMILTON PL BLVD
CHATTANOOGA TN 37421-6000
- State the term remaining** 01/31/21
- List the contract number of any government contract** _____
- 2.155. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 474
- Nature of debtor's interest** LESSEE CBL
CBL AND ASSOCIATES
MANAGEMENT INC
BRANDON BARRY
CBL CTR STE 500
2030 HAMILTON PL BLVD
CHATTANOOGA TN 37421-6000
- State the term remaining** 01/31/21
- List the contract number of any government contract** _____
- 2.156. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 487
- Nature of debtor's interest** LESSEE CBL
CBL AND ASSOCIATES
MANAGEMENT INC
BRANDON BARRY
CBL CTR STE 500
2030 HAMILTON PL BLVD
CHATTANOOGA TN 37421-6000
- State the term remaining** 01/31/21
- List the contract number of any government contract** _____
- 2.157. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 495
- Nature of debtor's interest** LESSEE CBL
CBL AND ASSOCIATES
MANAGEMENT INC
BRANDON BARRY
CBL CTR STE 500
2030 HAMILTON PL BLVD
CHATTANOOGA TN 37421-6000
- State the term remaining** 01/31/24
- List the contract number of any government contract** _____
- 2.158. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 500
- Nature of debtor's interest** LESSEE CBL
CBL AND ASSOCIATES
MANAGEMENT INC
BRANDON BARRY
CBL CTR STE 500
2030 HAMILTON PL BLVD
CHATTANOOGA TN 37421-6000
- State the term remaining** 05/31/24
- List the contract number of any government contract** _____

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.159.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 505 LESSEE 01/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CBL CENTRO WEST PARK LLC LEGAL DEPT TWO TOWER BRIDGE 1 FAYETTE ST CONSHOHOCKEN PA 19428
2.160.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 511 LESSEE 01/31/22 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CBL CBL AND ASSOCIATES MANAGEMENT INC BRANDON BARRY CBL CTR STE 500 2030 HAMILTON PL BLVD CHATTANOOGA TN 37421-6000
2.161.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 545 LESSEE 01/31/23 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CBL CBL AND ASSOCIATES MANAGEMENT INC BRANDON BARRY CBL CTR STE 500 2030 HAMILTON PL BLVD CHATTANOOGA TN 37421-6000
2.162.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 704 LESSEE 01/31/24 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CBL CBL AND ASSOCIATES MANAGEMENT INC BRANDON BARRY CBL CTR STE 500 2030 HAMILTON PL BLVD CHATTANOOGA TN 37421-6000
2.163.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 705 LESSEE 01/31/24 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CBL CBL AND ASSOCIATES MANAGEMENT INC BRANDON BARRY CBL CTR STE 500 2030 HAMILTON PL BLVD CHATTANOOGA TN 37421-6000

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.164. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 706
- Nature of debtor's interest** LESSEE CBL
- State the term remaining** 01/31/24 CBL AND ASSOCIATES
- List the contract number of any government contract** _____ MANAGEMENT INC
- BRANDON BARRY
- CBL CTR STE 500
- 2030 HAMILTON PL BLVD
- CHATTANOOGA TN 37421-6000
-
- 2.165. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 709
- Nature of debtor's interest** LESSEE CBL
- State the term remaining** 01/31/24 CBL AND ASSOCIATES
- List the contract number of any government contract** _____ MANAGEMENT INC
- BRANDON BARRY
- CBL CTR STE 500
- 2030 HAMILTON PL BLVD
- CHATTANOOGA TN 37421-6000
-
- 2.166. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 761
- Nature of debtor's interest** LESSEE CBL
- State the term remaining** 07/31/24 CBL AND ASSOCIATES
- List the contract number of any government contract** _____ MANAGEMENT INC
- BRANDON BARRY
- CBL CTR STE 500
- 2030 HAMILTON PL BLVD
- CHATTANOOGA TN 37421-6000
-
- 2.167. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 769
- Nature of debtor's interest** LESSEE CBL
- State the term remaining** 07/31/25 CBL AND ASSOCIATES
- List the contract number of any government contract** _____ MANAGEMENT INC
- BRANDON BARRY
- CBL CTR STE 500
- 2030 HAMILTON PL BLVD
- CHATTANOOGA TN 37421-6000
-
- 2.168. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 796
- Nature of debtor's interest** LESSEE CBL
- State the term remaining** 01/31/26 SLIDELL DEVELOPMENT CO LLC
- List the contract number of any government contract** _____ STIRLING PROPERTIES
- G TOWNSEND UNDERHILL IV SR
- 109 NORTH PARK BLVD STE 300
- COVINGTON LA 70433

CBRE, INC
OAKLAND MALL LLC
39577 WOODWARD AVE STE 220
BLOOMFIELD HILLS MI 48304

CBRE, INC
VALLE VISTA MALL MANAGEMENT
OFFICE
2020 S EXPWY 83
HARLINGEN TX 78552

CENTENNIAL
MAINPLACE SHOPPINGTOWN LLC
CHIEF OPERATING OFFICER
C/O CENTENNIAL REAL ESTATE
MANAGEMENT LLC
8750 NORTH CENTRAL EXPWY STE
1740
DALLAS TX 75231

CENTENNIAL
FOX VALLEY MALL LLC
CENTENNIAL REAL ESTATE
MANAGEMENT LLC
CHIEF OPERATING OFFICER
8750 NORTH CENTRAL EXPWY STE
1740
DALLAS TX 75231

CENTENNIAL
HAWTHORN LP
CENTENNIAL REAL ESTATE
MANAGEMENT LLC
CHIEF OPERATING OFFICER
8750 N CENTRAL EXPWY STE 1740
DALLAS TX 75231

CENTENNIAL
THE CONNECTICUT POST LIMITED
PARTNERSHIP
CENTENNIAL REAL ESTATE
MANAGEMENT LLC
CHIEF OPERATING OFFICER
8750 NORTH CENTRAL EXPWY
DALLAS TX 75231

CENTENNIAL
US CENTENNIAL VANCOUVER
MALL LLC
CENTENNIAL REAL ESTATE
MANAGEMENT LLC
CHIEF OPERATING OFFICER
8750 NORTH CENTRAL EXPWY STE
1740
DALLAS TX 75231

CENTENNIAL
RENAISSANCE PARTNERS I LLC
CENTENNIAL REAL ESTATE
MANAGEMENT LLC
CHIEF OPERATING OFFICER
8750 NORTH CENTRAL EXPWY STE
1740
DALLAS TX 75231

CENTENNIAL
PUEBLO MALL
GENERAL MANAGER
3429 DILLON DR
PUEBLO CO 81008

CENTERGY RETAIL
THE FOUNTAINS AT FARAH LP
CENTERGY RETAIL LLC
WEST MILLER
8235 DOUGLAS AVE STE 900
DALLAS TX 75225

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.179.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 422 LESSEE 01/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CENTRECORP CENTRECORP MANAGEMENT SVC LLLP VICEPRESIDENT PROPERTY MANAGEMENT 2851 JOHN ST STE 1 MARKHAM ON L3R 5R7 CANADA
2.180.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	AMENDED & RESTATED CREDIT AGREEMENT FINANCING AGREEMENT GUARANTOR _____ _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CHARLOTTE RUSSE ADMINISTRATION, INC. 5910 PACIFIC CENTER BLVD SAN DIEGO CA 92121
2.181.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	MANAGEMENT & ADMINISTRATIVE SERVICES AGREEMENT MANAGEMENT AND SERVICES CONTRACT PARTY DATED JANUARY 28, 2012 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CHARLOTTE RUSSE ADMINISTRATION, INC. 575 FLORIDA STREET SAN FRANCISCO CA 94110
2.182.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	AMENDED & RESTATED CREDIT AGREEMENT FINANCING AGREEMENT GUARANTOR _____ _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CHARLOTTE RUSSE HOLDING, INC. 5910 PACIFIC CENTER BLVD SAN DIEGO CA 92121
2.183.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	AMENDED & RESTATED CREDIT AGREEMENT FINANCING AGREEMENT GUARANTOR _____ _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CHARLOTTE RUSSE HOLDING, INC. 5910 PACIFIC CENTER BLVD SAN DIEGO CA 92121

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.184.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	AMENDED & RESTATED CREDIT AGREEMENT FINANCING AGREEMENT GUARANTOR _____ _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CHARLOTTE RUSSE HOLDING, INC. 5910 PACIFIC CENTER BLVD SAN DIEGO CA 92121
2.185.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	AMENDED & RESTATED CREDIT AGREEMENT FINANCING AGREEMENT GUARANTOR _____ _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CHARLOTTE RUSSE HOLDING, INC. 5910 PACIFIC CENTER BLVD SAN DIEGO CA 92121
2.186.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	AMENDED & RESTATED CREDIT AGREEMENT FINANCING AGREEMENT GUARANTOR _____ _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CHARLOTTE RUSSE MERCHANDISING, INC. 5910 PACIFIC CENTER BLVD SAN DIEGO CA 92121
2.187.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	AMENDED & RESTATED CREDIT AGREEMENT FINANCING AGREEMENT GUARANTOR _____ _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CHARLOTTE RUSSE MERCHANDISING, INC. 5910 PACIFIC CENTER BLVD SAN DIEGO CA 92121
2.188.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	SALES & DISTRIBUTION AGREEMENT SALES & DISTRIBUTIONS CONTRACT PARTY DATED JANUARY 28, 2012 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CHARLOTTE RUSSE MERCHANDISING, INC. 575 FLORIDA STREET SAN FRANCISCO CA 94110

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.189. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 7008
- Nature of debtor's interest** LESSEE CHESTNUT STREET PROPERTIES
MARK BORSUK INC
1626 VALLEJO ST
SAN FRANCISCO CA 94123
- State the term remaining** _____
- List the contract number of any government contract** _____
-
- 2.190. **Title of contract** INTERNATIONAL PACKAGE INSURANCE POLICY NO. PST
62 313 6940 **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INSURANCE CONTINENTAL INS. CO. (CNA)
1455 FRAZEE RAOD
508
SAN DIEGO CA 92108
- Nature of debtor's interest** INSURED
- State the term remaining** 1/31/2020
- List the contract number of any government contract** _____
-
- 2.191. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** COR-O-VAN AGREEMENT FOR SERVICES (RECORDS
MANAGEMENT) CORODATA RECORDS
MANAGEMENT, INC.
PO BOX 842638
LOS ANGELES CA 90084-2638
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** _____
- List the contract number of any government contract** _____
-
- 2.192. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CSC SERVICE OF PROCESS (LEGAL NOTICING
SERVICE) CORPORATION SERVICE
COMPANY
P.O BOX 13397
PHILADELPHIA PA 19101-3397
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** _____
- List the contract number of any government contract** _____
-
- 2.193. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** OMNI ENGINEERING CONTRACT- JIRA CLOUD USERS
- Nature of debtor's interest** CONTRACT PARTY CPRIME, INC
4100 E 3RD AVE STE 205
FOSTER CITY CA 94404
- State the term remaining** _____
- List the contract number of any government contract** _____

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.194.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CRAIG REALTY CRAIG REALTY GROUP CASTLE ROCK LLC LEASE ADMINISTRATION AND GENERAL COUNSEL 4100 MACARTHUR BLVD STE 200 NEWPORT BEACH CA 92660
	State what the contract or lease is for	RETAIL LEASE - STORE # 723	
	Nature of debtor's interest	LESSEE	
	State the term remaining	07/31/23	
	List the contract number of any government contract	_____	
2.195.	Title of contract	SERVICES AGREEMENT	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CROSSPOINT NETWORK SOLUTIONS, INC 28355 INDUSTRY DR UNIT 422 VALENCIA CA 91355
	State what the contract or lease is for	SERVICE AGREEMENT CONTRACT - ANNUAL SOFTWARE ASSURANCE AND HARDWARE SUPPORT	
	Nature of debtor's interest	CONTRACT PARTY	
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.196.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CUSHMAN AND WAKEFIELD CREFII SILVER CITY LLC 411 WEST PUTNAM AVE STE 425 GREENWICH CT 06830
	State what the contract or lease is for	RETAIL LEASE - STORE # 399	
	Nature of debtor's interest	LESSEE	
	State the term remaining	01/31/20	
	List the contract number of any government contract	_____	
2.197.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CUSHMAN AND WAKEFIELD JONES LANG LASALLE AMERICAS INC PRESIDENT AND CEO RETAIL 3344 PEACHTREE RD STE 1100 ATLANTA GA 30326
	State what the contract or lease is for	RETAIL LEASE - STORE # 399	
	Nature of debtor's interest	LESSEE	
	State the term remaining	01/31/20	
	List the contract number of any government contract	_____	
2.198.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CUSHMAN AND WAKEFIELD SILVER CITY GALLERIA GENERAL MANAGER 2 GALLERIA MALL DR TAUNTON MA 02780
	State what the contract or lease is for	RETAIL LEASE - STORE # 399	
	Nature of debtor's interest	LESSEE	
	State the term remaining	01/31/20	
	List the contract number of any government contract	_____	

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.199.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	SERVICES AGREEMENT CYBERSOURCE PAYMENT SOLUTIONS AGREEMENT FOR PAYMENT PROCESSING & DECISION MANAGEMENT (FRAUD) CONTRACT PARTY _____ _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CYBERSOURCE CORPORATION POST OFFICE BOX 8999 SAN FRANCISCO CA 94128
2.200.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	SERVICES AGREEMENT MARK MAGIC LABELS ANNUAL SUPPORT RENEWAL CONTRACT PARTY _____ _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CYBRA CORPORATION 28 WELLS AVENUE YONKERS NY 10701
2.201.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 214 LESSEE 01/31/23 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CYPRESS EQUITIES CAPREF LLOYD II LLC LEASE ADMINISTRATION 2201 LLOYD CTR PORTLAND OR 97232
2.202.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 226 LESSEE 12/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CYPRESS EQUITIES CYPRESS FLAGSTAFF MALL LP ASSET MANAGER 8343 DOUGLAS AVE STE 200 DALLAS TX 75225
2.203.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	SERVICES AGREEMENT MASTER SERVICES AGREEMENT AND SOW CONTRACT PARTY _____ _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease DCKAP INC 3728 ATLANTIC AVENUE LONG BEACH CA 90807

DDR
DDR DEL SOL LLC SE
EXECUTIVE VICE PRESIDENT
LEASING
3300 ENTERPRISE PKWY
BEACHWOOD OH 44122

DECISIONPOINT SYSTEMS, INC
(DEPOT SERVICE)
PO BOX 51480
LOS ANGELES CA 90051-6311

DECISIONPOINT SYSTEMS, INC
(ZEBRA EVM, ONECARE SERVICE)
PO BOX 51480
LOS ANGELES CA 90051-6311

DIVERSIFIED DISTRIBUTION
SYSTEMS INC. (BUNZL)
7351 BOONE AVE N
BROOKLYN PARK MN 55428

DOCSIGN, INC
221 MAIN STREET
SUITE 1000
SAN FRANCISCO CA 94105

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.209. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 405
- Nature of debtor's interest** LESSEE DOS LAGOS CRN LLC
PROPERTY MANAGER
- State the term remaining** MONTH TO MONTH THE SHOPS AT DOS LAGOS - 2780
CABOT DR
- List the contract number of any government contract** _____ STE 140
CORONA CA 92883
-
- 2.210. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 405
- Nature of debtor's interest** LESSEE DOS LAGOS CRN LLC
EQUIMAX MANAGEMENT
- State the term remaining** MONTH TO MONTH TONY NAMVAR
- List the contract number of any government contract** _____ 3415 SSEPULVEDA BLVD STE 400
LOS ANGELES CA 90034
-
- 2.211. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 405
- Nature of debtor's interest** LESSEE DOS LAGOS CRN LLC
ELKINS KALT WEINTRAUB REUBEN
- State the term remaining** MONTH TO MONTH GARTSIDE LLP
- List the contract number of any government contract** _____ DAVID A SWARTZ ESQ
2049 CENTURY PK EAST STE 2700
LOS ANGELES CA 90067
-
- 2.212. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** UNCLAIMED PROPERTY SOFTWARE
- Nature of debtor's interest** CONTRACT PARTY EAGLE TECHNOLOGY
MANAGEMENT
- State the term remaining** _____ PO BOX 11100
- List the contract number of any government contract** _____ CEDAR RAPIDS IA 52410-1100
-
- 2.213. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 516
- Nature of debtor's interest** LESSEE EASTRIDGE MALL ACQUISITION
LLC
- State the term remaining** 01/31/19 WEA EASTRIDGE LP
- List the contract number of any government contract** _____ LEGAL DEPT
11601 WILSHIRE BLVD 11TH FL
LOS ANGELES CA 90025

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.214. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 760
- Nature of debtor's interest** LESSEE EQUITY ONE, INC
DALY CITY SERRAMONTE CENTER LLC
REGENCY CENTERS CORP
LEGAL DEPARTMENT
INDEPENDENT DR STE 114
JACKSONVILLE FL 32202-5019
- State the term remaining** 01/31/25
- List the contract number of any government contract** _____
- 2.215. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LAWSON REPORTING TOOLKIT ANNUAL MAINTENANCE
- Nature of debtor's interest** CONTRACT PARTY ERP ACCESSORIES LLC
13570 GROVE DRIVE #363
MAPLE GROVE MN 55311
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.216. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 322
- Nature of debtor's interest** LESSEE ESPLANADE REALTY, LP
ESPLANADE MALL REALTY
HOLDING LLC
1010 NORTHERN BLVD STE 212
GREAT NECK NY 11021
- State the term remaining** 01/31/19
- List the contract number of any government contract** _____
- 2.217. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 768
- Nature of debtor's interest** LESSEE EWB DEVELOPMENT
VP-COMMERCIAL AND INDUSTRIAL
REAL ESTATE TRCC
ROCK OUTLET CENTER LLC TEJON
INDUSTRIAL CORP
GENERAL COUNSEL VP
4436 LEBEC RD
LEBEC CA 93243
- State the term remaining** 01/31/25
- List the contract number of any government contract** _____
- 2.218. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 768
- Nature of debtor's interest** LESSEE EWB DEVELOPMENT
ROCKEFELLER GROUP
DEVELOPMENT CORP
4 PK PLZ STE 840
IRVINE CA 92614
- State the term remaining** 01/31/25
- List the contract number of any government contract** _____

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.219. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 725
- Nature of debtor's interest** LESSEE FEDERAL REALTY STREET RETAIL INC
- State the term remaining** 05/31/24 FEDERAL REALTY INVESTMENT TRUST
- List the contract number of any government contract** _____ LEGAL DEPARTMENT
1626 EAST JEFFERSON ST
ROCKVILLE MD 20852-4041
-
- 2.220. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FEEDFM CLIENT ORDER FORM
- Nature of debtor's interest** CONTRACT PARTY FEED MEDIA INC.
- State the term remaining** _____ 845 MARKET ST.
- List the contract number of any government contract** _____ STE 450
SAN FRANCISCO CA 94103
-
- 2.221. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 173
- Nature of debtor's interest** LESSEE FEIL
- State the term remaining** 01/31/20 NORTH RIVERSIDE PARK ASSOCIATES
- List the contract number of any government contract** _____ GENERAL MANAGER
7501 WEST CERMAK RD
NORTH RIVERSIDE IL 60546
-
- 2.222. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 553
- Nature of debtor's interest** LESSEE FFO
- State the term remaining** 01/31/19 LVP ST AUGUSTINE OUTLETS LLC
- List the contract number of any government contract** _____ LEASE ADMINISTRATION
1985 CEDAR BRIDGE AVE STE 1
LAKEWOOD NJ 08701
-
- 2.223. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 731
- Nature of debtor's interest** LESSEE FINARD PROPERTIES
- State the term remaining** 01/31/24 LBCMT 2007C3 DORSET STREET LLC
- List the contract number of any government contract** _____ KEYPOINT PARTNERS
PROPERTY MANAGER
155 DORSET ST
SOUTH BURLINGTON VT 05403

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.224. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FIREOWLS MANAGED SERVICES STATEMENT OF WORK/SILVER PEAK
- Nature of debtor's interest** CONTRACT PARTY FIREOWLS CORPORATION
16755 VON KARMAN AVENUE
SUITE 200
IRVINE CA 92606
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.225. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SAN DIEGO OFFICE LEASE - LOCATION 1260
- Nature of debtor's interest** LESSEE G AND I VIII SORRENTO LP
CYPRESS ASSET MANAGEMENT
INC
RON LACK
10650 TREENA ST STE 109
SAN DIEGO CA 92131
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.226. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 392
- Nature of debtor's interest** LESSEE GUMBERG
SOUTHLAND MALL PROPERTIES
LLC
GUMBERG ASSET MANAGEMENT
CORP
LEGAL DEPARTMENT
3200 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE FL 33306
- State the term remaining** 01/31/24
- List the contract number of any government contract** _____
- 2.227. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 759
- Nature of debtor's interest** LESSEE HARLEM IRVING
FOREST HARLEM IRVING LIMITED
PARTNERSHIP
THE HARLEM IRVING COMPANIES
INC
GENERAL MANAGER
4104 NORTH HARLEM AVE
NORRIDGE IL 60706
- State the term remaining** 06/30/24
- List the contract number of any government contract** _____
- 2.228. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** AGREEMENT FOR GROUP HEALTH PLAN - HAWAII MEDICAL BENEFITS
- Nature of debtor's interest** CONTRACT PARTY HAWAII MEDICAL SERVICE ASSOC.
818 KEEAUMOKU ST.
PO BOX 860
HONOLULU HI 96808-0860
- State the term remaining** _____
- List the contract number of any government contract** _____

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.229. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CLOUD & INFRA - MESSENGERPLUS
- Nature of debtor's interest** CONTRACT PARTY HELPSYSTEMS LLC
- State the term remaining** _____ 6455 CITY WEST PARKWAY
- List the contract number of any government contract** _____ EATON PRAIRIE MN 55344
-
- 2.230. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 419
- Nature of debtor's interest** LESSEE HENDON PROPERTIES
- State the term remaining** 04/30/20 KDI ATHENS MALL LLC
- List the contract number of any government contract** _____ HENDON PROPERTIES LLC
- J CHARLES HENDON JR
- 3445 PEACHTREE RD STE 465
- ATLANTA GA 30326
-
- 2.231. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 419
- Nature of debtor's interest** LESSEE HENDON PROPERTIES
- State the term remaining** 04/30/20 GEORGIA SQUAREKDI ATHENS
- List the contract number of any government contract** _____ MALL LLC
- GENERAL MANAGER
- 3700 ATLANTA HIGHWAY STE 212
- ATHENS GA 30606
-
- 2.232. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 729
- Nature of debtor's interest** LESSEE HINES
- State the term remaining** 01/31/24 PINEBILL MARKETS OPERATING
- List the contract number of any government contract** _____ LLC
- GENESIS REAL ESTATE ADVISERS
- LLC
- R STEPHENS TART JR MANAGING
- DIRECTOR
- 800 MT VERNON HIGHWAY STE 410
- SANDY SPRINGS GA 30328
-
- 2.233. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 729
- Nature of debtor's interest** LESSEE HINES
- State the term remaining** 01/31/24 SUTHERLAND ASBILL AND
- List the contract number of any government contract** _____ BRENNAN LLP
- ENRIQUE ANDERSON ESQ
- 999 PEACHTREE ST NE STE 2300
- ATLANTA GA 30309-3996

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.234.	Title of contract	SERVICES AGREEMENT	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	MANAGED SERVICES MASTER AGREEMENT - HITACHI CONSULTING	
	Nature of debtor's interest	CONTRACT PARTY	HITACHI CONSULTING CORPORATION P.O. BOX 972980 DALLAS TX 75397
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.235.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 588	
	Nature of debtor's interest	LESSEE	HORIZON GROUP EL PASO OUTLET CENTER LLC HORIZON GROUP PROPERTIES INC
	State the term remaining	08/31/22	5000 HAKES DR STE 500 MUSKEGON MI 49441
	List the contract number of any government contract	_____	
2.236.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 599	
	Nature of debtor's interest	LESSEE	HORIZON GROUP ATLANTA OUTLET SHOPPES LLC HORIZON GROUP PROPERTIES LP
	State the term remaining	07/31/23	5000 HAKES DR STE 500 MUSKEGON MI 49441
	List the contract number of any government contract	_____	
2.237.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 728	
	Nature of debtor's interest	LESSEE	HORIZON GROUP BLUEGRASS OUTLET SHOPPES CMBS LLC HORIZON GROUP PROPERTIES LP
	State the term remaining	07/31/24	5000 HAKES DR STE 500 MUSKEGON MI 49441
	List the contract number of any government contract	_____	
2.238.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 700	
	Nature of debtor's interest	LESSEE	HOWARD HUGHES RIVERWALK MARKETPLACE NEW ORLEANS LLC THE HOWARD HUGHES CORP
	State the term remaining	01/31/25	ONE GALLERIA TOWER 22ND FL 13355 NOEL RD DALLAS TX 75240
	List the contract number of any government contract	_____	

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.239.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 792 LESSEE 06/30/25 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease HOWARD HUGHES THE SHOPS AT SUMMERLIN NORTH LP GENERAL COUNSEL ONE GALLERIA TOWER 22ND FL 13355 NOEL RD DALLAS TX 75240
2.240.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 206 LESSEE 01/31/21 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease HULL PROPERTY GROUP RACINE MALL LLC HULL PROPERTY GROUP LLC 1190 INTERSTATE PKWY AUGUSTA GA 30909
2.241.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 744 LESSEE 07/31/24 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease HULL PROPERTY GROUP VICTORIA MALL LP HULL STOREY RETAIL GROUP LLC JAMES M MULL HULL STOREY GIBSON COMPANIES LLC 1190 INTERSTATE PKWY AUGUSTA GA 30909
2.242.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 754 LESSEE 06/30/24 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease HULL PROPERTY GROUP HS FLORENCE LLC HULL STOREY RETAIL GROUP JAMES M HULL D/B/A HULL STOREY GIBSON COMPANIES LLC 1190 INTERSTATE PKWY AUGUSTA GA 30909
2.243.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 147 LESSEE MONTH TO MONTH _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease INDIAN RIVER MALL REALTY HOLDING, LLC MIKE KOHAN INDIAN RIVER MALL REALTY HOLDING LLC 6200 20TH ST RM 471 VERO BEACH FL 32966

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.244. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ANNUAL SUBSCRIPTION
- Nature of debtor's interest** CONTRACT PARTY INFOR (US), INC
13560 MORRIS RD.
SUITE 4100
ALPHARETTA GA 30004
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.245. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** IBM ORDER MANAGEMENT SERVICE - TRANSACTION DOCUMENT FOR BACKEND & CSR
- Nature of debtor's interest** CONTRACT PARTY INTERNATIONAL BUSINESS MACHINES CORPORATION
ATTN: REGIONAL COUNSEL
425 MARKET STREET 21ST FLOOR
SAN FRANCISCO CA 94105
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.246. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 25
- Nature of debtor's interest** LESSEE INTERNATIONAL GROWTH PROPERTIES
MORENO VALLEY MALL
HOLDINGLLC
MALL MANAGEMENT
22500 TOWN CIR STE 1206
MORENO VALLEY CA 92553
- State the term remaining** 05/31/23
- List the contract number of any government contract** _____
- 2.247. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CUSTOMER AGREEMENT FOR RECORDS MANAGEMENT/ STORAGE
- Nature of debtor's interest** CONTRACT PARTY IRON MOUNTAIN INFORMATION MANAGEMENT, INC.
6935 FLANDERS DRIVE
SAN DIEGO CA 92121
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.248. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ISLAND PACIFIC - PEEK MANAGED SERVICES AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY ISLAND PACIFIC SYSTEMS, INC
(MONTHLY MAINTENANCE)
1940 EAST DEERE AVE
SUITE 200
SANTA ANA CA 92705
- State the term remaining** _____
- List the contract number of any government contract** _____

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.249. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ISLAND PACIFIC - PEEK SOFTWARE LICENSE AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY ISLAND PACIFIC SYSTEMS, INC (SOFTWARE LICENSE)
1940 EAST DEERE AVE
SUITE 200
SANTA ANA CA 92705
- State the term remaining** _____
- List the contract number of any government contract** _____
-
- 2.250. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 418
- Nature of debtor's interest** LESSEE JIM WILSON AND ASSOC
AMERICAN NATIONAL INSURANCE CO
JIM WILSON AND ASSOCIATES INC
2660 EASTCHASE LN STE 100
MONTGOMERY AL 36117
- State the term remaining** 03/31/20
- List the contract number of any government contract** _____
-
- 2.251. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 112
- Nature of debtor's interest** LESSEE JLL
US BANK NATIONAL ASSOCIATION
C-III ASSET MANAGEMENT
MICHELE RAY SR VICE PRESIDENT
5221 N OCONNOR BLVD STE 800
IRVING TX 75039
- State the term remaining** 01/31/20
- List the contract number of any government contract** _____
-
- 2.252. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 160
- Nature of debtor's interest** LESSEE JLL
CAPREF EDEN PRAIRIE LLC
EDEN PRAIRIE ASSET
MANAGEMENT
8333 DOUGLAS AVE STE 975
DALLAS TX 75225
- State the term remaining** 01/31/20
- List the contract number of any government contract** _____
-
- 2.253. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 184
- Nature of debtor's interest** LESSEE JLL
JONES LANG LASALLE AMERICAS INC
PRESIDENT AND CEO RETAIL
3344 PEACHTREE RD NE STE 1200
ATLANTA GA 30326
- State the term remaining** 05/31/25
- List the contract number of any government contract** _____

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.254.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 204 LESSEE 01/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease JLL CIII GECMC05-C1 LAKESIDE MALL CLO C-III ASSET MANAGEMENT LLC ASSET MANAGER 5221 N OCONNOR BLVD STE 600 IRVING TX 75039
2.255.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 326 LESSEE 01/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease JLL SRMSPE LLC DBA SANTA ROSA MALL RADIANT PARTNERS LLC 145 WEST 45TH ST 10TH FL NEW YORK NY 10036
2.256.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 438 LESSEE 01/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease JLL AMARILLO MALL LLC ASSET MANAGER/WESTGATE MALL 124 JOHNSON FERRY RD NE ATLANTA GA 30328
2.257.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 472 LESSEE 01/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease JLL FORT SMITH MALL PARTNERS LP GREGORY GREENFIELD AND ASSOCIATES ASSET MANAGER/CENTRAL MALL (FORT SRNITH) 124 JOHNSON FERRY RD ATLANTA GA 30328
2.258.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 587 LESSEE 01/31/23 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease JLL TRUSTEES OF THE ESTATE OF BERNICE PAUAAHI BISHOP, COMMERCIAL ASSET MANAGER KAWAIAHAO PLZ 567 SOUTH KING ST STE 200 HONOLULU HI 96813

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

JLL
BROADSTONE LAND LLC
TRI PROPERTY MANAGEMENT
2209 PLZ DR STE 100
ROCKLIN CA 95765

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

JLL
BROADSTONE LAND LLC
340 PALLADIO PKWY STE 521
FOI SOM CA 95630

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

JLL
QKC MANAGEMENT LLC
PACIFIC RETAIL CAPITAL
PARTNERS
GARY KARL
100 N SEPULVEDA BLVD STE 1925
EL SEGUNDO CA 90245

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

JLL
WELLS FARGO BANK NA AS
TRUSTEE CSMS 2008CL
C-ILL ASSET MANAGEMENT LLC
LAURA MCWILLIAMS
5221 N OCONNOR BLVD STE 800
IRVING TX 75039

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

KRAVCO
HAMILTON MALL LLC
KRAVCO CO LLC
LEGAL DEPARTMENT
375 E ELM ST STE 100
CONSHOHOCKEN PA 19428-1973

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.264. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 144
- Nature of debtor's interest** LESSEE KRE BROADWAY
KRE BROADWAY OWNER LLC
MANAGING PRINCIPAL
100 NORTH SEPULVEDA BLVD STE 1925
EL SEGUNDO CA 90245
- State the term remaining** 03/31/20
- List the contract number of any government contract** _____
- 2.265. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** KALEDO SOFTWARE
- Nature of debtor's interest** CONTRACT PARTY LECTRA USA INC.
889 FRANKLIN ROAD SE
MARIETTA GA 30067
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.266. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 108
- Nature of debtor's interest** LESSEE LERNER ENTERPRISES
DULLES TOWN CENTER MALL LLC
LEMER CORP
LEGAL DEPARTMENT
2000 TOWER OAKS BLVD EIGHTH FL
ROCKVILLE MD 20852
- State the term remaining** 01/31/20
- List the contract number of any government contract** _____
- 2.267. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ORDER FORM - PROFESSIONAL SERVICES FEE
- Nature of debtor's interest** CONTRACT PARTY LEVER, INC
155 5TH STREET
6TH FLOOR
SAN FRANCISCO CA 94103
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.268. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOCK & HARDWARE MANAGED SERVICES & INSTAKEY AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY LP NETWORK, INC DBA
187 BALLARDVALE ST
WILMINGTON MA 01887
- State the term remaining** _____
- List the contract number of any government contract** _____

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.269.	Title of contract	MAINTENANCE AGREEMENT	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease LP SOFTWARE, INC (MULTIPLE MAINTENANCE SUPPORT AGREEMENTS) 7000 W. 111TH ST SUITE 305 WORTH IL 60482
	State what the contract or lease is for	MAINTENANCE AGREEMENTS	
	Nature of debtor's interest	CONTRACT PARTY	
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.270.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease MACERICH MACERICH PROPERTY MANAGEMENT CO LLC LEGAL DEPT AGENT FOR MACERICH LAKEWOOD LP 401 WILSHIRE BLVD STE 700 SANTA MONICA CA 90401
	State what the contract or lease is for	RETAIL LEASE - STORE # 21	
	Nature of debtor's interest	LESSEE	
	State the term remaining	01/31/23	
	List the contract number of any government contract	_____	
2.271.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease MACERICH ARROWHEAD TOWNE CENTER LLC CENTER MANAGER 7700 W ARROWHEAD TOWNE CTR GLENDALE AZ 85308
	State what the contract or lease is for	RETAIL LEASE - STORE # 30	
	Nature of debtor's interest	LESSEE	
	State the term remaining	04/30/25	
	List the contract number of any government contract	_____	
2.272.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease MACERICH MACERICH FRESNO LIMITED PARTNERSHIP CENTER MANAGER 4841 NORTH FIRST ST FRESNO CA 93726
	State what the contract or lease is for	RETAIL LEASE - STORE # 65	
	Nature of debtor's interest	LESSEE	
	State the term remaining	01/31/24	
	List the contract number of any government contract	_____	
2.273.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease MACERICH FLATIRON PROPERTY HOLDING LLC CENTER MANAGER MANAGEMENT OFFICE ONE WEST FLATIRON CIR STE 1083 BROOMFIELD CO 80021
	State what the contract or lease is for	RETAIL LEASE - STORE # 123	
	Nature of debtor's interest	LESSEE	
	State the term remaining	07/31/24	
	List the contract number of any government contract	_____	

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- 2.274. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 157
- Nature of debtor's interest** LESSEE MACERICH
MACERICH DEPTFORD LLC
CENTER MANAGER
1750 DEPTFORD CTR RD
DEPTFORD NJ 08096
- State the term remaining** 04/30/25
- List the contract number of any government contract** _____
-
- 2.275. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 221
- Nature of debtor's interest** LESSEE MACERICH
EAST MESA ASSOCIATES
6555 EAST SOUTHEM AVE
MESA AR 85206
- State the term remaining** 01/31/22
- List the contract number of any government contract** _____
-
- 2.276. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 304
- Nature of debtor's interest** LESSEE MACERICH
MACERICH BUENAVENTURA
LIMITED PARTNERSHIP
401 WILSHIRE BLVD STE 700
PO BOX 2172
SANTA MONICA CA 90407
- State the term remaining** 01/31/22
- List the contract number of any government contract** _____
-
- 2.277. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 310
- Nature of debtor's interest** LESSEE MACERICH
MACERICH STONEWOOD LLC
CENTER MANAGER
251 STONEWOOD ST
MANAGEMENT OFFICE
DOWNEY CA 90241-3934
- State the term remaining** 07/31/24
- List the contract number of any government contract** _____
-
- 2.278. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 347
- Nature of debtor's interest** LESSEE MACERICH
MACERICH VALLEY RIVER CENTER
LLC
CENTER MANAGER
293 VLY RIVER CTR
EUGENE OR 97401
- State the term remaining** 07/31/23
- List the contract number of any government contract** _____

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2.279.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease MACERICH SDG MACERICH PROPERTIES LP MS MANAGEMENT ASSOCIATES INC NATIONAL CITY CTR 115 W WASHINGTON INDIANAPOLIS IN 46204
	State what the contract or lease is for	RETAIL LEASE - STORE # 369	
	Nature of debtor's interest	LESSEE	
	State the term remaining	01/31/21	
	List the contract number of any government contract	_____	
2.280.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease MACERICH QUEENS CENTER SPE LLC CENTER MANAGER MANAGEMENT OFFICE 90-15 QUEENS BLVD ELMHURST NY 11373
	State what the contract or lease is for	RETAIL LEASE - STORE # 410	
	Nature of debtor's interest	LESSEE	
	State the term remaining	05/31/23	
	List the contract number of any government contract	_____	
2.281.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease MACERICH FREEMALL ASSOCIATES LLC CENTER MANAGER STE 1000 3710 RTE 9 FREEHOLD NJ 07728
	State what the contract or lease is for	RETAIL LEASE - STORE # 440	
	Nature of debtor's interest	LESSEE	
	State the term remaining	01/31/23	
	List the contract number of any government contract	_____	
2.282.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease MACERICH VALLEY STREAM GREEN ACRES LLC MANAGEMENT OFFICE, PROPERTY MANAGER 2034 GREEN ACRES MALL VALLEY STREAM NY 11581
	State what the contract or lease is for	RETAIL LEASE - STORE # 444	
	Nature of debtor's interest	LESSEE	
	State the term remaining	01/31/22	
	List the contract number of any government contract	_____	
2.283.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease MACERICH WESTCOR SANTAN VILLAGE LLC CENTER MANAGER 11411 NORTH TATUM BLVD PHOENIX AZ 85028
	State what the contract or lease is for	RETAIL LEASE - STORE # 467	
	Nature of debtor's interest	LESSEE	
	State the term remaining	01/31/22	
	List the contract number of any government contract	_____	

**State the name and mailing address
for all other parties with whom the
debtor has an executory contract or
unexpired lease**

MACERICH
BROOKLYN KINGS PLAZA LLC
EXECUTIVE VICE PRESIDENT
RETAIL REAL ESTATE
210 RTE 4 EAST
PARAMUS NJ 07652

**State the name and mailing address
for all other parties with whom the
debtor has an executory contract or
unexpired lease**

MACERICH
TYSONS CORNER HOLDINGS LLC
CENTER MANAGER
1961 CHAIN BRIDGE RD STE 105
MCLEAN VA 22102-4501

**State the name and mailing address
for all other parties with whom the
debtor has an executory contract or
unexpired lease**

MACERICH
DANBURY MALL LLC
CENTER MANAGER
7 BACKUS AVE
DANBURY CT 06810

**State the name and mailing address
for all other parties with whom the
debtor has an executory contract or
unexpired lease**

MACERICH
FASHIONS OUTLETS OF NIAGARA
LLC
THE TALISMAN COMPANIES
JAMES SCHLESINGER PRESIDENT
4000 PONCE DE LEON BLVD - STE
420
CORAL GABLES FL 33146

**State the name and mailing address
for all other parties with whom the
debtor has an executory contract or
unexpired lease**

MACERICH
WMAF LLC
CENTER MANAGER
7119 80TH ST BLDG 8
GLENDALE NY 11385

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2.289.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 755 LESSEE 07/31/24 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease MACERICH WILTON MALL LLC CENTER MANAGER 3065 RTE 50 SARATOGA SPRINGS NY 12866
2.290.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 766 LESSEE 01/31/25 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease MACERICH MACERICH SOUTH PLAINS LP CENTER MANAGER 6002 SLIDE RD LUBBOCK, TX 79414
2.291.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 767 LESSEE 01/31/25 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease MACERICH MACERICH VICTOR VALLEY LLC CENTER MANAGER 14400 BEAR VLY RD STE 735 VLCTORVILLE, TX 92392
2.292.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 783 LESSEE 06/30/25 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease MACERICH MACERICH WNTAGE FAIRE LIMITED PARTNERSHIP CENTER MANAGER 3401 DALE RD STE 483 MODESTO CA 95356
2.293.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 784 LESSEE 01/31/26 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease MACERICH ARDEN FAIR ASSOCIATES REAL ESTATE LP 1689 ARDEN WAY STE 1167 SACRAMENTO CA 95815

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.294.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 817 LESSEE 07/31/21 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease MACERICH WM INLAND INVESTORS IV LP CENTER MANAGER 500 INLAND CTR DR SAN BERNARDINO CA 92408
2.295.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	ASSIGNMENT & ASSUMPTION AGREEMENT PEEK PLATFORM - ASSIGNMENT AND ASSUMPTION AGREEMENT MAGENTO ENTERPRISE EDITION END USER LICENSE AGREEMENT CONTRACT PARTY _____ _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease MAGENTO, INC. 10451 JEFFERSON BLVD. CULVER CITY CA 90232
2.296.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 517 LESSEE 01/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease MALL AT SUMMIT LLC MS MANAGEMENT ASSOCIATES INC 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204-3438
2.297.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 429 LESSEE 01/31/25 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease MALL PROPERTIES INC MONARCHS SUB LLC 8640 N DIXON AVE KANSAS CITY MO 64153
2.298.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 490 LESSEE 01/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease MALL PROPERTIES INC BAYSHORE TOWN CENTER LLC STEINER PROPERTIES LLC LEASE ADMINISTRATION 4200 REGENT ST STE 210 COLUMBUS OH 43219

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.299. **Title of contract** SOFTWARE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PKMS SOFTWARE LICENSE, SERVICES, SUPPORT AND ENHANCEMENTS AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY MANHATTAN ASSOCIATES INC
PO BOX 405696
ATLANTA GA 30384-5696
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.300. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 202
- Nature of debtor's interest** LESSEE MASON ASSET MANAGEMENT
DESOTO OWNERS LLC
MADISON PROPERTIES USA LLC
3611 14TH AVE STE 552
BROOKLYN NY 11218
- State the term remaining** 01/31/19
- List the contract number of any government contract** _____
- 2.301. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE CONTRACT NO. 18140
- Nature of debtor's interest** CONTRACT PARTY MATSON NAVIGATION COMPANY, INC.
555 12TH STREET
OAKLAND CA 94607
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.302. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MAINTENANCE & SUPPORT AGREEMENT FOR ODC OPERATIONS
- Nature of debtor's interest** CONTRACT PARTY MATTHEWS INTERNATIONAL CORPORATION (D/B/A LIGHTNING PICK)
W229 N2510 DUPLAINVILLE ROAD
WAUKESHA WI 53186
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.303. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 594
- Nature of debtor's interest** LESSEE MCKINLEY
ALGONQUIN COMMONS
MIDAMERICA ASSET MANAGEMENT INC
JEAN M ZOERNER
ONE PARKVIEW PLZ 9TH FL
OAKBROOK TERRACE IL 60181
- State the term remaining** 04/30/24
- List the contract number of any government contract** _____

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- 2.304. **Title of contract** INSURANCE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MCS GLOBAL BENEFITS INSURANCE
- Nature of debtor's interest** CONTRACT PARTY MCS LIFE INSURANCE CO
EMPLOYER SERVICE UNIT
PO BOX 9023547
SAN JUAN PR 00902-3547
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.305. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 284
- Nature of debtor's interest** LESSEE METRO NATIONAL
MEMORIAL CITY MALL LP
METRO NATIONAL CORP
LEGAL DEPARTMENT
PO BOX 19509
HOUSTON TX 77224-9509
- State the term remaining** 01/31/24
- List the contract number of any government contract** _____
- 2.306. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 738
- Nature of debtor's interest** LESSEE MGHERRING GROUP
GTM DEVELOPMENT LTD
CENCOR REALTY SVC
ASSET MANAGER
3102 MAPLE AVE STE 500
DALLAS TX 75201
- State the term remaining** 01/31/24
- List the contract number of any government contract** _____
- 2.307.¹ **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 146
- Nature of debtor's interest** LESSEE MID-AMERICA
SFI FORD CITY - CHICAGO LLC
ISTAR INC
1114 AVE OF THE AMERICAS 39TH
FL
NEW YORK NY 10036
- State the term remaining** 04/30/22
- List the contract number of any government contract** _____
- 2.308. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 329
- Nature of debtor's interest** LESSEE MOONBEAM CAPITAL
COLUMBIA PLACE MALL SC LLC
MOONBEAM LEASING AND
MANAGEMENT LLC
UPDATED BASED ON THE
AMENDMENT
9103 ALTA DR STE 204
LAS VEGAS NV 89145
- State the term remaining** 01/31/19
- List the contract number of any government contract** _____

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.309. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MASTER SERVICE AGREEMENT FOR MILEAGE REIMBURSEMENT TRACKER
- Nature of debtor's interest** CONTRACT PARTY **MOTUS, LLC**
- State the term remaining** _____ **60 SOUTH STREET**
- List the contract number of any government contract** _____ **BOSTON MA 02111**
-
- 2.310. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MULESOFT CLOUD SERVICES ORDER FORM
- Nature of debtor's interest** CONTRACT PARTY **MULESOFT INC**
- State the term remaining** _____ **77 GEARY STREET**
- List the contract number of any government contract** _____ **SUITE 400**
- _____ **SAN FRANCISCO CA 94108**
-
- 2.311. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** IN STORE MUSIC- SERVICE AGREEMENT AMENDMENT
- Nature of debtor's interest** CONTRACT PARTY **MUZAK LLC**
- State the term remaining** _____ **2100 S IH-35 FRONTAGE RD**
- List the contract number of any government contract** _____ **AUSTIN TX 78704**
-
- 2.312. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 189
- Nature of debtor's interest** LESSEE **NAMDAR REALTY GROUP**
- State the term remaining** 01/31/20 **LAKES MALL REALTY LLC NAMDAR REALTY GROUP**
- List the contract number of any government contract** _____ **150 GREAT NECK RD STE 304**
- _____ **GREAT NECK NY 11021**
-
- 2.313. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 209
- Nature of debtor's interest** LESSEE **NAMDAR REALTY GROUP**
- State the term remaining** 05/31/22 **CHAPEL HILLS REALTY LLC**
- List the contract number of any government contract** _____ **NAMDAR REALTY GROUP**
- _____ **150 GREAT NECK RD STE 304**
- _____ **GREAT NECK NY 11021**

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- 2.314. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 282
- Nature of debtor's interest** LESSEE NAMDAR REALTY GROUP
FASHION SQUARE MALL REALTY LLC
- State the term remaining** 05/31/26 NAMDAR REALTY GROUP LLC
150 GREAT NECK RD STE 304
GREAT NECK NY 11021
- List the contract number of any government contract** _____
-
- 2.315. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 316
- Nature of debtor's interest** LESSEE NAMDAR REALTY GROUP
LOGAN VALLEY REALTY LLC
NAMCO REALTY LLC
- State the term remaining** 01/31/26 150 GREAT NECK RD STE 304
GREAT NECK NY 11021
- List the contract number of any government contract** _____
-
- 2.316. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 336
- Nature of debtor's interest** LESSEE NAMDAR REALTY GROUP
4201 NORTH SHILOH DRIVE
HOLDINGS LLC
CWCAPITAL ASSET MANAGEMENT LLC
- State the term remaining** 05/31/22 7501 WISCONSIN AVE STE 500
WEST
BETHESDA MD 20814
- List the contract number of any government contract** _____
-
- 2.317. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 346
- Nature of debtor's interest** LESSEE NAMDAR REALTY GROUP
PITT REALTY LLC
NAMDAR REALTY GROUP LLC
- State the term remaining** 01/31/20 150 GREAT NECK RD STE 304
GREAT NECK NY 11021
- List the contract number of any government contract** _____
-
- 2.318. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 536
- Nature of debtor's interest** LESSEE NAMDAR REALTY GROUP
GULF VIEW REALTY LLC
NAMDAR REALTY GROUP LLC
- State the term remaining** 05/31/19 150 GREAT NECK RD
GREAT NECK NY 11021
- List the contract number of any government contract** _____

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- 2.319. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** NARVAR SERVICE ORDER POST PURCHASE TRACKING PLATFORM FEES
- Nature of debtor's interest** CONTRACT PARTY NARVAR, INC
50 BEAL STREET
7TH FLOOR
SAN FRANCISCO CA 94105
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.320. **Title of contract** SPECIAL RISK INSURANCE POLICY NO. 88□085□312 **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INSURANCE
- Nature of debtor's interest** INSURED NATIONAL UNION FIRE INS. CO. OF
PITTSBURGH, PA
175 WATER ST
18TH FL
NEW YORK NY 10038
- State the term remaining** 2/1/2021
- List the contract number of any government contract** _____
- 2.321. **Title of contract** UMBRELLA LIABILITY INSURANCE POLICY NO. NY19UMR701624IV **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INSURANCE
- Nature of debtor's interest** INSURED NAVIGATOR'S INSURANCE CO.
19200 VON KARMAN AVE
STE 250
IRVINE CA 92612
- State the term remaining** 1/31/2020
- List the contract number of any government contract** _____
- 2.322. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 576
- Nature of debtor's interest** LESSEE NEW ENGLAND DEVELOPMENT
CAMBRIDGESIDE GALLERIA
ASSOCIATES TRUST
UBS REALTY INVESTORS LLC
242 TRUMBULL ST
HARTFORD CT 06103-1212
- State the term remaining** 01/31/21
- List the contract number of any government contract** _____
- 2.323. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 707
- Nature of debtor's interest** LESSEE NEW ENGLAND DEVELOPMENT
PALM BEACH OUTLETS I LLC
75 PK PLZ THIRD FL
BOSTON MA 02116
- State the term remaining** 01/31/25
- List the contract number of any government contract** _____

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- 2.324. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 821
- Nature of debtor's interest** LESSEE NEWQUEST
- State the term remaining** 01/31/26 AL 95 CREEKSIDE TC PHASE 2 LP
- List the contract number of any government contract** _____ NEWQUEST PROPERTIES
8827 W SAM HOUSTON PKWY N
STE 200
HOUSTON TX 77040
- 2.325. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 420
- Nature of debtor's interest** LESSEE NIAGARA FALLS BOULEVARD, LLC
- State the term remaining** 01/31/19 ZAMIAS SVC INC
- List the contract number of any government contract** _____ GCCFC2007GG9 NIAGARA FALLS
BLVD
LNR PARTNERS LLC
1601 WASHINGTON AVE STE 700
MIAMI BEACH FL 33139
- 2.326. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 569
- Nature of debtor's interest** LESSEE NORTH PARK
- State the term remaining** 01/31/20 NORTH PARK PARTNERS LP
- List the contract number of any government contract** _____ 8080 NORTH CENTRAL EXPWY STE
1100
DALLAS TX 75206-1807
- 2.327. **Title of contract** DIC INSURANCE POLICY NO. NSM39117 **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INSURANCE
- Nature of debtor's interest** INSURED NORTH SHORE MANAGEMENT
- State the term remaining** 1/31/2020 400 SKOKIE BLVD
- List the contract number of any government contract** _____ STE 875
NORTHBROOK IL 60062
- 2.328. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 425
- Nature of debtor's interest** LESSEE NORTHGATE ASSOCIATES
- State the term remaining** 04/30/19 NW NORTHGATE MALL LLC
- List the contract number of any government contract** _____ MICHAEL O'SHAUGHNESSY
1819 WAZEE STREE
DENVER CO 80202

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.329. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 7005
- Nature of debtor's interest** LESSEE **NORTH PARK PARTNERS**
- State the term remaining** _____ **NORTH PARK PARTNERS LP**
- List the contract number of any government contract** _____ **8080 NORTH CENTRAL EXPRESS**
WAY STE 1100
DALLAS TX 75206-1807
- 2.330. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** NUTANIX STATEMENT OF WORK
- Nature of debtor's interest** CONTRACT PARTY **NTH GENERATION COMPUTING, INC**
- State the term remaining** _____ **17055 CAMINO SAN BERNARDO**
SAN DIEGO CA 92127
- List the contract number of any government contract** _____
- 2.331. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MASTER AGREEMENT FOR ALARM EQUIPMENT & MONITORING
- Nature of debtor's interest** CONTRACT PARTY **NUTECH FIRE & SECURITY INC**
- State the term remaining** _____ **150 CANDACE DRIVE**
MAITLAND FL 32751
- List the contract number of any government contract** _____
- 2.332. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CARRIER - ONE OCEAN NETWORK EXPRESS
- Nature of debtor's interest** CONTRACT PARTY **OCEAN NETWORK EXPRESS PTE. LTD.**
- State the term remaining** _____ **OCEAN NETWORK**
EXPRESS(NORTH AMERICA)
8730 STONE POINT PARKWY
RICHMOND VA 23235
- List the contract number of any government contract** _____
- 2.333. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RESPONSYS APPLICATION COUPON CODE SERVICES
- Nature of debtor's interest** CONTRACT PARTY **ORACLE AMERICA, INC. (COUPON CODE)**
- State the term remaining** _____ **500 ORACLE PKWY**
REDWOOD CITY CA 94065
- List the contract number of any government contract** _____

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.334. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RESPONSYS EMAIL SERVICES - T&M SERVICES
- Nature of debtor's interest** CONTRACT PARTY ORACLE AMERICA, INC.
(RESPONSYS EMAIL SERVICES)
500 ORACLE PKWY
REDWOOD CITY CA 94065
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.335. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RESPONSYS EMAIL - SUBSCRIPTION
- Nature of debtor's interest** CONTRACT PARTY ORACLE AMERICA, INC.
(RESPONSYS EMAIL SUBSCRIPTION)
500 ORACLE PKWY
REDWOOD CITY CA 94065
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.336. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ORACLE RESPONSYS SEND TIME OPTIMIZATION CLOUD SERVICE
- Nature of debtor's interest** CONTRACT PARTY ORACLE AMERICA, INC. (SEND TIME OPTIMIZATION)
500 ORACLE PKWY
REDWOOD CITY CA 94065
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.337. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 47
- Nature of debtor's interest** LESSEE OVIEDO MALL HOLDING LLC
MALL MANAGEMENT OFFICE
1700 OVIEDO MALL BLVD
OVIEDO FL 32765
- State the term remaining** 03/31/19
- List the contract number of any government contract** _____
- 2.338. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 220
- Nature of debtor's interest** LESSEE PACIFIC RETAIL CAPITAL PARTNERS
YTC MALL OWNER LLC
MANAGING PRINCIPAL
100 NORTH SEPULVEDA BLVD STE 1925
EL SEGUNDO CA 90245
- State the term remaining** 01/31/22
- List the contract number of any government contract** _____

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.339. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 371
- Nature of debtor's interest** LESSEE PACIFIC RETAIL CAPITAL PARTNERS
- State the term remaining** 01/31/20 GS P PACIFIC ER LLC
- List the contract number of any government contract** _____ MANAGING PRINCIPAL
100 NORTH SEPULVEDA BLVD STE 1925
EL SEGUNDO CA 90245
-
- 2.340. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 377
- Nature of debtor's interest** LESSEE PACIFIC RETAIL CAPITAL PARTNERS
- State the term remaining** 04/30/20 NORTHPARK REALTY LP
- List the contract number of any government contract** _____ MANAGING PRINCIPAL
100 NORTH SEPULVEDA BLVD STE 1925
EL SEGUNDO CA 90245
-
- 2.341. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 382
- Nature of debtor's interest** LESSEE PACIFIC RETAIL CAPITAL PARTNERS
- State the term remaining** 01/31/19 WP GALLERIA REALTY LP
- List the contract number of any government contract** _____ MANAGING PRINCIPAL
100 N PACIFIC COAST HIGHWAY STE 1925
EL SEGUNDO CA 90245
-
- 2.342. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PAYMENT METHOD - MERCHANT AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY PAYPAL, INC.
- State the term remaining** _____ EBAY PARK NORTH
- List the contract number of any government contract** _____ 2211 NORTH FIRST STREET
SAN JOSE CA 95131
-
- 2.343. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 115
- Nature of debtor's interest** LESSEE PENN ROSS JOINT VENTURE
- State the term remaining** 01/31/19 MS MANAGEMENT ASSOCIATES INC
- List the contract number of any government contract** _____ 225 WEST WASHINGTON ST
INDIANAPOLIS IN 46204-3438

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.344. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RENEWAL FOR STANDARD SUPPORT
- Nature of debtor's interest** CONTRACT PARTY **PERFORCE SOFTWARE INC.**
- State the term remaining** _____ **PO BOX 742263**
- List the contract number of any government contract** _____ **LOS ANGELES**
- _____ **CA 90074-2263**
- 2.345. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 7001
- Nature of debtor's interest** LESSEE **PESHO MONTANA ASSOCIATES**
- State the term remaining** _____ **PESHO MONTANA ASSOCIATES**
- List the contract number of any government contract** _____ **LLC**
- _____ **4636 VAN NUYS BLVD**
- _____ **SHERMAN OAKS, CA 91403-2964**
- 2.346. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SOCIAL MEDIA USER GENERATED CONTENT AGGREGATOR
- Nature of debtor's interest** CONTRACT PARTY **PIXLEE INC**
- State the term remaining** _____ **625 MARKET STREET**
- List the contract number of any government contract** _____ **9TH FLOOR**
- _____ **SAN FRANCISCO CA 94105**
- 2.347. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 355
- Nature of debtor's interest** LESSEE **PLAZA ASSOCIATES**
- State the term remaining** 01/31/26 **CVM HOLDINGS LLC**
- List the contract number of any government contract** _____ **4325 GLENWOOD AVE**
- _____ **RALEIGH NC 27612**
- 2.348. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 118
- Nature of debtor's interest** LESSEE **PLAZA LAS AMERICAS INC**
- State the term remaining** 06/30/19 **PO BOX 363268**
- List the contract number of any government contract** _____ **SAN JUAN PR 00936-3268**
- _____

PLURALSIGHT, LLC
182 NORTH UNION AVE
STE 200
FARMINGTON UT 84025

POAG AND MCEWEN
POAG LIFESTYLE CENTERS LLC
LEGAL DEPT
2650 THOUSAND OAKS BLVD STE
2200
MEMPHIS TN 38118

POAG SHOPPING CENTERS
CP VENTURE FIVE - AV LLC
POAG SHOPPING CENTERS LLC
LEGAL DEPARTMENT
2650 THOUSAND OAKS BLVD STE
2200
MEMPHIS TN 38118

POAG SHOPPING CENTERS
METROPOLIS LIFESTYLE CENTER
LLC
LEGAL DEPT
2650 THOUSAND OAKS BLVD STE
2200
MEMPHIS TN 38118

POSITIONTECHNOLOGIES, INC.
2000 S BATAVIA AVE
SUITE 350
GENEVA IL 60134

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.354. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MOBILE PLATFORM CUSTOMER AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY PREDICTSPRING, INC.
447 RINCONADA COURT
LOS ALTOS CA 94022
- State the term remaining** _____
- List the contract number of any government contract** _____
-
- 2.355. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 253
- Nature of debtor's interest** LESSEE PREIT
PROPERTY ACCOUNTANT
200 SOUTH BROAD ST
THE BELLEVUE THIRD FL
PHILADELPHIA PA 19102
- State the term remaining** 01/31/19
- List the contract number of any government contract** _____
-
- 2.356. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 297
- Nature of debtor's interest** LESSEE PREIT
PR MAGNOLIA LLC
DIRECTOR LEGAL
200 SOUTH BROAD ST
THE BELLEVUE THIRD FL
PHILADELPHIA PA 19102
- State the term remaining** 07/31/21
- List the contract number of any government contract** _____
-
- 2.357. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 306
- Nature of debtor's interest** LESSEE PREIT
CHERRY HILL CENTER LLC
GENERAL COUNSEL
200 SOUTH BROAD ST
THE BELLEVUE THIRD FL
PHILADELPHIA PA 19102
- State the term remaining** 01/31/19
- List the contract number of any government contract** _____
-
- 2.358. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 312
- Nature of debtor's interest** LESSEE PREIT
PR WOODLAND LIMITED
PARTNERSHIP
PREIT SVC LLC
200 SOUTH BROAD ST
THE BELLEVUE THIRD FL
PHILADELPHIA PA 19102
- State the term remaining** 05/31/23
- List the contract number of any government contract** _____

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.359.	Title of contract REAL PROPERTY LEASE State what the contract or lease is for RETAIL LEASE - STORE # 374 Nature of debtor's interest LESSEE State the term remaining 01/31/20 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease PREIT EXTON SQUARE PROPERTY LLC PREIT SVC LLC 200 SOUTH BROAD ST THE BELLEVUE THIRD FL PHILADELPHIA PA 19102
2.360.	Title of contract REAL PROPERTY LEASE State what the contract or lease is for RETAIL LEASE - STORE # 431 Nature of debtor's interest LESSEE State the term remaining 06/30/19 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease PREIT PR FINANCING LIMITED PARTNERSHIP PREIT SVC LLC 200 SOUTH BROAD ST THE BELLEVUE THIRD FL PHILADELPHIA PA 19102
2.361.	Title of contract REAL PROPERTY LEASE State what the contract or lease is for RETAIL LEASE - STORE # 435 Nature of debtor's interest LESSEE State the term remaining 06/30/26 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease PREIT PR PATRICK HENRY LLC PREIT SVC LLC 200 SOUTH BROAD ST THE BELLEVUE THIRD FL PHILADELPHIA PA 19102
2.362.	Title of contract REAL PROPERTY LEASE State what the contract or lease is for RETAIL LEASE - STORE # 479 Nature of debtor's interest LESSEE State the term remaining 03/31/20 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease PREIT PR VALLEY LIMITED PARTNERSHIP PREIT SVC LLC 200 SOUTH BROAD ST THE BELLEVUE THIRD FL PHILADELPHIA PA 19102
2.363.	Title of contract REAL PROPERTY LEASE State what the contract or lease is for RETAIL LEASE - STORE # 483 Nature of debtor's interest LESSEE State the term remaining 04/30/20 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease PREIT PR FINANCING LIMITED PARTNERSHIP PREIT SVC LLC 200 SOUTH BROAD ST THE BELLEVUE THIRD FL PHILADELPHIA PA 19102

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.364. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 732
- Nature of debtor's interest** LESSEE PREIT
- State the term remaining** 01/31/24 PR NORTH DARTMOUTH LLC
- List the contract number of any government contract** _____ PREIT SVC LLC
200 SOUTH BROAD ST
THE BELLEVUE THIRD FL
PHILADELPHIA PA 19102
- 2.365. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 733
- Nature of debtor's interest** LESSEE PREIT
- State the term remaining** 01/31/24 MOORESTOWN MALL LLC
- List the contract number of any government contract** _____ PREIT SVC LLC
200 SOUTH BROAD ST
THE BELLEVUE THIRD FL
PHILADELPHIA PA 19102
- 2.366. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 764
- Nature of debtor's interest** LESSEE PREIT
- State the term remaining** 01/31/25 PR SPRINGFIELD TOWN CENTER LLC
- List the contract number of any government contract** _____ PREIT SVC LLC
GENERAL COUNSEL
200 SOUTH BROAD ST 3RD FL
PHILADELPHIA PA 19102
- 2.367. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 790
- Nature of debtor's interest** LESSEE PREIT
- State the term remaining** 04/30/25 WG PARK LP
- List the contract number of any government contract** _____ PREIT SVC LLC
200 SOUTH BROAD ST
THE BELLEVUE THIRD FL
PHILADELPHIA PA 19102
- 2.368. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 841
- Nature of debtor's interest** LESSEE PREIT
- State the term remaining** 06/30/21 PR JACKSONVILLE LIMITED PARTNERSHIP
- List the contract number of any government contract** _____ PREIT SVC LLC
200 SOUTH BROAD ST
THE BELLEVUE THIRD FL
PHILADELPHIA PA 19102

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.369.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 250 LESSEE 01/31/22 	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease PREIT / KRAVCO PREIT SVC LLC PROPERTY ACCOUNTANT 200 SOUTH BROAD ST THE BELLEVUE THIRD FL PHILADELPHIA PA 19102
2.370.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	SERVICES AGREEMENT 3PL OPERATIONS - ECOMMERCE FULFILLMENT SERVICES CONTRACT PARTY 	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease PRIORITY FULFILLMENT SERVICES, INC. 505 MILLENNIUM DRIVE ALLEN TX 75013
2.371.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 75 LESSEE 01/31/21 	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease PYRAMID EKLECCO NEWCO LLC MANAGEMENT DIVISION THE CLINTON EXCHANGE FOUR CLINTON SQUARE SYRACUSE NY 13202-1078
2.372.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 80 LESSEE 12/31/19 	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease PYRAMID PYRAMID WALDEN CO LP MANAGEMENT DIVISION THE CLINTON EXCHANGE FOUR CLINTON SQUARE SYRACUSE NY 13202-1078
2.373.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 103 LESSEE 01/31/21 	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease PYRAMID HOLYOKE MALL CO GENERAL COUNSEL THE CLINTON EXCHANGE 4 CLINTON SQUARE SYRACUSE NY 13202

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.374. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 104
- Nature of debtor's interest** LESSEE PYRAMID
- State the term remaining** 01/31/21 CROSSGATES MALL CO NEWCO LLC
- List the contract number of any government contract** _____ MANAGEMENT DIVISION
THE CLINTON EXCHANGE 4
CLINTON SQUARE
SYRACUSE NY 13202
- 2.375. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 111
- Nature of debtor's interest** LESSEE PYRAMID
- State the term remaining** 01/31/21 CAROUSEL CENTER CO LP
- List the contract number of any government contract** _____ THE CLINTON EXCHANGE 4
CLINTON SQUARE
SYRACUSE NY 13202
- 2.376. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 443
- Nature of debtor's interest** LESSEE PYRAMID
- State the term remaining** 01/31/21 THE CLINTON EXCHANGE
MANAGEMENT DIVISION
FOUR CLINTON SQUARE
SYRACUSE NY 13202-1078
- List the contract number of any government contract** _____
- 2.377. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 447
- Nature of debtor's interest** LESSEE PYRAMID
- State the term remaining** 01/31/21 THE CLINTON EXCHANGE
MANAGEMENT DIVISION
FOUR CLINTON SQUARE
SYRACUSE NY 13202-1078
- List the contract number of any government contract** _____
- 2.378. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 454
- Nature of debtor's interest** LESSEE PYRAMID
- State the term remaining** 01/31/21 PYRAMID MANAGEMENT GROUP
INC
GENERAL COUNSEL
THE CLINTON EXCHANGE 4
CLINTON SQUARE
SYRACUSE NY 13202-1078
- List the contract number of any government contract** _____

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.379.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 498	
	Nature of debtor's interest	LESSEE	PYRAMID
	State the term remaining	01/31/21	JPMG MANASSAS MALL OWNER LLC
	List the contract number of any government contract	_____	MANAGEMENT DIVISION THE CLINTON EXCHANGE FOUR CLINTON SQUARE SYRACUSE NY 13202-1078
2.380.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 513	
	Nature of debtor's interest	LESSEE	PYRAMID
	State the term remaining	01/31/20	PYRAMID MANAGEMENT GROUP INC
	List the contract number of any government contract	_____	GENERAL COUNSEL THE CLINTON EXCHANGE 4 CLINTON SQUARE SYRACUSE NY 13202-1078
2.381.	Title of contract	SERVICES AGREEMENT	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	PYRAMID SERVICE PLAN WAREHOUSE CONTROL SOFTWARE SYSTEM	
	Nature of debtor's interest	CONTRACT PARTY	PYRAMID CONTROLS
	State the term remaining	_____	5546 FAIR LN CINCINNATI OH 45227
	List the contract number of any government contract	_____	
2.382.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 37	
	Nature of debtor's interest	LESSEE	QIC GLOBAL REAL ESTATE
	State the term remaining	12/31/18	BPC HENDERSON LLC
	List the contract number of any government contract	_____	ASSOCIATE GENERAL COUNSEL LEASING 600 SUPERIOR AVE EAST STE 1500 CLEVELAND OH 44114
2.383.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 92	
	Nature of debtor's interest	LESSEE	QIC GLOBAL REAL ESTATE
	State the term remaining	01/31/22	TEMECULA TOWNE CENTER
	List the contract number of any government contract	_____	ASSOCIATES LLC ASSOCIATE GENERAL COUNSEL LEASING 600 SUPERIOR AVE EAST STE 1500 CLEVELAND OH 44114

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.384.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 169 LESSEE 02/28/22 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease QIC GLOBAL REAL ESTATE ROBINSON MALL ASSOCIATES LLC ASSOCIATE GENERAL COUNSEL LEASING 600 SUPERIOR AVE EAST STE 1500 CLEVELAND OH 44114
2.385.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 365 LESSEE 03/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease QIC GLOBAL REAL ESTATE SHOPS AT TANFORAN ASSOCIATES LLC ASSOCIATE GENERAL COUNSEL LEASING 600 SUPERIOR AVE EAST STE 1500 CLEVELAND OH 44114
2.386.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 407 LESSEE 12/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease QIC GLOBAL REAL ESTATE NORTHFIELD STAPLETON ASSOCIATES LLC ASSOCIATE GENERAL COUNSEL LEASING 600 SUPERIOR AVE EAST STE 1500 CLEVELAND OH 44114
2.387.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 525 LESSEE 12/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease QIC GLOBAL REAL ESTATE FC WIREGRASS SPE LLC ASSOCIATE GENERAL COUNSEL LEASING 600 SUPERIOR AVE EASTSUITE 1500 CLEVELAND OH 44114
2.388.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	SERVICES AGREEMENT KACE MANAGED SERVICES CONTRACT PARTY _____ _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease QUEST TECHNOLOGY MANAGEMENT PO BOX 910 ROSEVILLE CA 95678

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.389. **Title of contract** MAINTENANCE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ODC OPERATIONS - SCHEDULED MAINTENANCE AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY RAYMOND HANDLING SOLUTIONS INC
- State the term remaining** _____ FILE 1700 PASADENA
- List the contract number of any government contract** _____ 1801 W OLYMPIC BLVD
PASADENA CA 91199-1700
- 2.390. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 753
- Nature of debtor's interest** LESSEE RED DEVELOPMENT
- State the term remaining** 05/31/24 RED SUMMIT FAIR LLC
AND SAHARA PAVILION SOUTH SC
LLC AS TIC
- List the contract number of any government contract** _____ CO RED DEVELOPMENT LLC
ONE EAST WASHINGTON ST STE
300
PHOENIX AZ 85004-2513
- 2.391. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMAIL DELIVERABILITY AND TIER 10 CERTIFICATION
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** _____ RETURN PATH, INC.
3 PARK AVENUE
41ST FLOOR
NEW YORK NY 10016
- List the contract number of any government contract** _____
- 2.392. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INVENTORY SERVICES AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** _____ RGIS, LLC
2000 E. TAYLOR ROAD
AUBURN HILLS MI 48326-1711
- List the contract number of any government contract** _____
- 2.393. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** COMMERCE CLOUD ORDER FORM
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** _____ SALESFORCE.COM, INC. (ECOMM
PLATFORM)
- List the contract number of any government contract** _____ SALESFORCE TOWER
415 MISSION STREET
3RD FLOOR
SAN FRANCISCO CA 94105

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2.394.	Title of contract	SERVICES AGREEMENT	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SHI INTERNATIONAL CORP. (VARIOUS SOFTWARE SUBSCRIPTIONS, SUPPORT AND MAINTENANCE AGREEMENTS) PO BOX 952121 DALLAS TX 75395-2121
	State what the contract or lease is for	DATA & APPLICATIONS - QUEST	
	Nature of debtor's interest	CONTRACT PARTY	
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.395.	Title of contract	PURCHASE & SERVICE AGREEMENT	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SHOPPERTRAK RCT CORPORATION ATTN: CONTRACT ADMINISTRATOR 233 SOUTH WACKER SUITE 4100 CHICAGO IL 60606
	State what the contract or lease is for	PURCHASE & SERVICE AGREEMENT	
	Nature of debtor's interest	CONTRACT PARTY	
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.396.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON THE RETAIL PROPERTY TRUST MS MANAGEMENT ASSOCIATES INC 225 W WASHINGTON ST INDIANAPOLIS IA 46204-3439
	State what the contract or lease is for	RETAIL LEASE - STORE # 15	
	Nature of debtor's interest	LESSEE	
	State the term remaining	04/30/24	
	List the contract number of any government contract	_____	
2.397.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON MONTEBELLO TOWN CENTER INVESTORS LLC SIMON PROPERTY GROUP INC 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204-3438
	State what the contract or lease is for	RETAIL LEASE - STORE # 34	
	Nature of debtor's interest	LESSEE	
	State the term remaining	01/31/19	
	List the contract number of any government contract	_____	
2.398.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON THE RETAIL PROPERTY TRUST MS MANAGEMENT ASSOCIATES INC 225 W WASHINGTON ST INDIANAPOLIS IA 46204-3439
	State what the contract or lease is for	RETAIL LEASE - STORE # 61	
	Nature of debtor's interest	LESSEE	
	State the term remaining	07/31/24	
	List the contract number of any government contract	_____	

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2.399.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 62 LESSEE 01/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.400.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 66 LESSEE 01/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.401.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 69 LESSEE 01/31/21 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.402.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 71 LESSEE 01/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.403.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 74 LESSEE 09/30/24 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON SIMON PROPERTY GROUP MS MANAGEMENT ASSOCIATES INC GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204

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2.404.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 87 LESSEE 01/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.405.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 91 LESSEE 04/30/23 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON JG ELIZABETH II LLC MS MANAGEMENT ASSOCIATES INC 225 W WASHINGTON ST INDIANAPOLIS IA 46204-3438
2.406.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 97 LESSEE 01/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.407.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 114 LESSEE 01/31/24 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.408.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 121 LESSEE 01/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204

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2.409.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 125 LESSEE 01/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.410.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 126 LESSEE 05/31/25 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON WOODFIELD MALL LLC MS MANAGEMENT ASSOCIATES INC 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204-3438
2.411.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 131 LESSEE 01/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.412.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 132 LESSEE 09/30/21 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.413.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 135 LESSEE 08/31/23 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON MALL AT MONTGOMERY LP SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204

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2.414.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 138 LESSEE 01/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON MAYFLOWER EMERALD SQUARE LLC MS MANAGEMENT ASSOCIATES INC 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204-3438
2.415.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 140 LESSEE 01/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.416.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 141 LESSEE 01/31/24 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON MALL AT SMITH HAVEN LLC MS MANAGEMENT ASSOCIATES INC 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204-3438
2.417.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 150 LESSEE 01/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON MNH MALL LLC MS MANAGEMENT ASSOCIATES INC 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204-3438
2.418.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 163 LESSEE 01/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON JACKSONVILLE AVENUES LIMITED PARTNERSHIP MS MANAGEMENT ASSOCIATES INC 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204-3438

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2.419.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 171	
	Nature of debtor's interest	LESSEE	
	State the term remaining	01/31/19	
	List the contract number of any government contract	_____	
			SIMON SOUTHRIDGE LIMITED PARTNERSHIP CPO MS MANAGEMENT ASSOCIATES INC 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204-3438
2.420.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 172	
	Nature of debtor's interest	LESSEE	
	State the term remaining	01/31/22	
	List the contract number of any government contract	_____	
			SIMON SIMON PROPERTY GROUP LP MS MANAGEMENT ASSOCIATES INC 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204-3438
2.421.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 172	
	Nature of debtor's interest	LESSEE	
	State the term remaining	01/31/22	
	List the contract number of any government contract	_____	
			SIMON SIMON PROPERTY GROUP LP MS MANAGEMENT ASSOCIATES INC 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204-3438
2.422.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 181	
	Nature of debtor's interest	LESSEE	
	State the term remaining	01/31/19	
	List the contract number of any government contract	_____	
			SIMON SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.423.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 191	
	Nature of debtor's interest	LESSEE	
	State the term remaining	03/31/19	
	List the contract number of any government contract	_____	
			SIMON PENN SQUARE MALL LIMITED PARTNERSHIP MS MANAGEMENT ASSOCIATES INC 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204-3438

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2.424.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 192 LESSEE 01/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON MALL AT WHITE OAKS LLC MS MANAGEMENT ASSOCIATES INC 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204-3438
2.425.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 194 LESSEE 01/31/21 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON LIVINGSTON MALL VENTURE DO MS MANAGEMENT ASSOCIATES INC 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204-3438
2.426.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 200 LESSEE 01/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON MALL AT INGRAM PARK LLC MS MANAGEMENT ASSOCIATES INC 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204-3438
2.427.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 201 LESSEE 01/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON ROCKAWAY CENTER ASSOCIATES MS MANAGEMENT ASSOCIATES INC. 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204-3438
2.428.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 213 LESSEE 01/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON CFUS PROPERTIES INC ASSET MANAGER TWO CONCOURSE PKWY STE 260 ATLANTA GA 30328

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.429.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 228	
	Nature of debtor's interest	LESSEE	
	State the term remaining	01/31/19	
	List the contract number of any government contract	_____	
			SIMON MAYFLOWER SQUARE ONE LLC MS MANAGEMENT ASSOCIATES INC NATIONAL CITY CTR 115 W WASHINGTON INDIANAPOLIS IN 46204
2.430.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 230	
	Nature of debtor's interest	LESSEE	
	State the term remaining	01/31/19	
	List the contract number of any government contract	_____	
			SIMON MALL AT AUBURN LLC MS MANAGEMENT ASSOCIATES INC 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204-3438
2.431.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 231	
	Nature of debtor's interest	LESSEE	
	State the term remaining	01/31/25	
	List the contract number of any government contract	_____	
			SIMON MALL AT AUBURN LLC MS MANAGEMENT ASSOCIATES INC 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204-3438
2.432.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 235	
	Nature of debtor's interest	LESSEE	
	State the term remaining	01/31/20	
	List the contract number of any government contract	_____	
			SIMON GREENWOOD PARK MALL LLC MS MANAGEMENT ASSOCIATES INC 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204
2.433.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 244	
	Nature of debtor's interest	LESSEE	
	State the term remaining	01/31/21	
	List the contract number of any government contract	_____	
			SIMON SA GALLERIA IV LP MS MANAGEMENT ASSOCIATION INC 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204

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2.434.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 268 LESSEE 01/31/23 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON SIMON CAPITAL LIMITED PARTNERSHIP 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204
2.435.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 275 LESSEE 01/31/21 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON GALLERIA AT WOLFCHASE LLC 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204
2.436.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 276 LESSEE 01/31/21 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON SIMON PROPERTY GROUP LP MS MANAGEMENT ASSOCIATES INC 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204-3438
2.437.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 279 LESSEE 01/31/24 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.438.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 288 LESSEE 01/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON MEADOWOOD MALL SPE LLC MS MANAGEMENT ASSOCIATES INC 225 W WASHINGTON ST INDIANAPOLIS IN 46204

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2.439.	Title of contract REAL PROPERTY LEASE State what the contract or lease is for RETAIL LEASE - STORE # 305 Nature of debtor's interest LESSEE State the term remaining 01/31/22 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON SIMON PROPERTY GROUP LP MS MANAGEMENT ASSOCIATES INC 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204-3438
2.440.	Title of contract REAL PROPERTY LEASE State what the contract or lease is for RETAIL LEASE - STORE # 305 Nature of debtor's interest LESSEE State the term remaining 01/31/22 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON SIMON PROPERTY GROUP LP MS MANAGEMENT ASSOCIATES INC 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204-3438
2.441.	Title of contract REAL PROPERTY LEASE State what the contract or lease is for RETAIL LEASE - STORE # 309 Nature of debtor's interest LESSEE State the term remaining 02/28/19 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON NEWPORT CENTRE LLC SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.442.	Title of contract REAL PROPERTY LEASE State what the contract or lease is for RETAIL LEASE - STORE # 321 Nature of debtor's interest LESSEE State the term remaining 01/31/19 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.443.	Title of contract REAL PROPERTY LEASE State what the contract or lease is for RETAIL LEASE - STORE # 335 Nature of debtor's interest LESSEE State the term remaining 01/31/19 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204

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- 2.444. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 344
- Nature of debtor's interest** LESSEE SIMON
- State the term remaining** 06/30/19 SIMON PROPERTY GROUP
- List the contract number of any government contract** _____ GENERAL COUNSEL
225 W WASHINGTON ST
INDIANAPOLIS IN 46204
-
- 2.445. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 345
- Nature of debtor's interest** LESSEE SIMON
- State the term remaining** 01/31/19 SIMON PROPERTY GROUP
- List the contract number of any government contract** _____ GENERAL COUNSEL
225 W WASHINGTON ST
INDIANAPOLIS IN 46204
-
- 2.446. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 352
- Nature of debtor's interest** LESSEE SIMON
- State the term remaining** 01/31/19 SIMON PROPERTY GROUP
- List the contract number of any government contract** _____ GENERAL COUNSEL
225 W WASHINGTON ST
INDIANAPOLIS IN 46204
-
- 2.447. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 366
- Nature of debtor's interest** LESSEE SIMON
- State the term remaining** 01/31/21 SIMON PROPERTY GROUP TEXAS LP
- List the contract number of any government contract** _____ MS MANAGEMENT ASSOCIATES INC
225 WEST WASHINGTON ST
INDIANAPOLIS IN 46204-3438
-
- 2.448. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 386
- Nature of debtor's interest** LESSEE SIMON
- State the term remaining** 01/31/19 LEHIGH VALLEY MALL LLC
- List the contract number of any government contract** _____ SIMON PROPERTY GROUP
GENERAL COUNSEL
225 W WASHINGTON ST
INDIANAPOLIS IN 46204

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.449.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 388 LESSEE 01/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON CIRCLE CENTRE MALL LLC SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.450.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 451 LESSEE 01/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.451.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 473 LESSEE 07/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.452.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 480 LESSEE 04/30/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON MAYFLOWER APPLE BLOSSOM LP SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.453.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 534 LESSEE 05/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON MIDLAND PARK MALL LP MS MANAGEMENT ASSOCIATES INC 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.454.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 537 LESSEE 06/30/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON SIMON PROPERTY GROUP LP MS MANAGEMENT ASSOCIATES INC 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204-3438
2.455.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 537 LESSEE 06/30/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON SIMON PROPERTY GROUP LP MS MANAGEMENT ASSOCIATES INC 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204-3438
2.456.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 544 LESSEE 07/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON MALL AT TURTLE CROSSING LLC SIMON PROPERTY GROUP GENERAL COUNSEL 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204
2.457.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 596 LESSEE 12/31/22 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON WOODBUM PREMIUM OUTLETS 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204
2.458.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 597 LESSEE 01/31/23 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON SAN FRANCISCO PREMIUM OUTLETS LLC SIMON PROPERTY GROUP GENERAL COUNSEL 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.459.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 7011	
	Nature of debtor's interest	LESSEE	SIMON
	State the term remaining	_____	CPI-PHIPPS LIMITED LIABILITY CO
	List the contract number of any government contract	_____	MS MANAGEMENT ASSOCIATES INC
			225 WEST WASHINGTON ST INDIANAPOLIS IN 46204-3438
2.460.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 715	
	Nature of debtor's interest	LESSEE	SIMON
	State the term remaining	08/31/23	TACOMA MALL PARTNERSHIP
	List the contract number of any government contract	_____	MS MANAGEMENT ASSOCIATES INC
			225 WEST WASHINGTON ST INDIANAPOLIS IN 46204-3438
2.461.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 716	
	Nature of debtor's interest	LESSEE	SIMON
	State the term remaining	06/30/23	WEST TOWN MALL LLC
	List the contract number of any government contract	_____	SIMON PROPERTY GROUP GENERAL COUNSEL
			225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.462.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 718	
	Nature of debtor's interest	LESSEE	SIMON
	State the term remaining	05/31/23	PHEASANT LANE REALTY TRUST
	List the contract number of any government contract	_____	MS MANAGEMENT ASSOCIATES INC
			225 WEST WASHINGTON ST INDIANAPOLIS IN 46204-3438
2.463.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 740	
	Nature of debtor's interest	LESSEE	SIMON
	State the term remaining	07/30/19	PIER PARK LLC
	List the contract number of any government contract	_____	SIMON PROPERTY GROUP GENERAL COUNSEL
			225 W WASHINGTON ST INDIANAPOLIS IN 46204

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.464.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 751	
	Nature of debtor's interest	LESSEE	
	State the term remaining	05/31/24	
	List the contract number of any government contract	_____	
			SIMON HAMILTON TC LLC SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.465.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 752	
	Nature of debtor's interest	LESSEE	
	State the term remaining	03/31/26	
	List the contract number of any government contract	_____	
			SIMON MALL AT SOLOMON POND LLC MS MANAGEMENT ASSOCIATES INC 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204-3438
2.466.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 758	
	Nature of debtor's interest	LESSEE	
	State the term remaining	07/31/24	
	List the contract number of any government contract	_____	
			SIMON ORLAND LP MS MANAGEMENT ASSOCIATES INC 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204-3438
2.467.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 779	
	Nature of debtor's interest	LESSEE	
	State the term remaining	07/31/24	
	List the contract number of any government contract	_____	
			SIMON CHARLOTTE OUTLETS SIMON PROPERTY GROUP LEASE SERVICES 105 EISENHOWER HWY 1ST FL ROSELAND NJ 07068
2.468.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 795	
	Nature of debtor's interest	LESSEE	
	State the term remaining	08/31/25	
	List the contract number of any government contract	_____	
			SIMON SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.469.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
	State what the contract or lease is for	RETAIL LEASE - STORE # 801	
	Nature of debtor's interest	LESSEE	
	State the term remaining	07/31/25	
	List the contract number of any government contract	_____	
2.470.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON DEL AMO FASHION CENTER OPERATING CO LLC SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
	State what the contract or lease is for	RETAIL LEASE - STORE # 811	
	Nature of debtor's interest	LESSEE	
	State the term remaining	03/31/26	
	List the contract number of any government contract	_____	
2.471.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON MALL AT BRIARWOOD LLC MS MANAGEMENT ASSOCIATES INC 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204-3438
	State what the contract or lease is for	RETAIL LEASE - STORE # 844	
	Nature of debtor's interest	LESSEE	
	State the term remaining	01/31/22	
	List the contract number of any government contract	_____	
2.472.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON/MILLS CORP ONTARIO MILLS LIMITED PARTNERSHIP MS MANAGEMENT ASSOCIATES INC 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204-3438
	State what the contract or lease is for	RETAIL LEASE - STORE # 38	
	Nature of debtor's interest	LESSEE	
	State the term remaining	07/31/24	
	List the contract number of any government contract	_____	
2.473.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON/MILLS CORP SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
	State what the contract or lease is for	RETAIL LEASE - STORE # 45	
	Nature of debtor's interest	LESSEE	
	State the term remaining	01/31/19	
	List the contract number of any government contract	_____	

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.474.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 49 LESSEE 01/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON/MILLS CORP ARIZONA MILLS LLC GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.475.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 83 LESSEE 07/31/24 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON/MILLS CORP FRANKLIN MILLS ASSOCIATES LIMITED PARTNERSHIP MS MANAGEMENT ASSOCIATES INC 225 W WASHINGTON ST INDIANAPOLIS IA 46204-3438
2.476.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 90 LESSEE 01/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON/MILLS CORP CONCORD MILLS LIMITED PARTNERSHIP 225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.477.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 113 LESSEE 01/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON/MILLS CORP OPRY MILLS MALL LIMITED PARTNERSHIP MS MANAGEMENT ASSOCIATES INC 225 WEST WASHINGTON ST INDIANAPOLIS IN 46204-3438
2.478.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 139 LESSEE 01/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SIMON/MILLS CORP SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204

Case number (if known) **19-10214**

2.479.	Title of contract	REAL PROPERTY LEASE
	State what the contract or lease is for	RETAIL LEASE - STORE # 412
	Nature of debtor's interest	LESSEE
	State the term remaining	03/31/25
	List the contract number of any government contract	

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

SIMON/MILLS CORP
SIMON PROPERTY GROUP
GENERAL COUNSEL
225 W WASHINGTON ST
INDIANAPOLIS IN 46204

2.480.	Title of contract	REAL PROPERTY LEASE
	State what the contract or lease is for	RETAIL LEASE - STORE # 763
	Nature of debtor's interest	LESSEE
	State the term remaining	08/31/24
	List the contract number of any government contract	

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

SIMON/MILLS CORP
MALL AT POTOMAC MILLS LLC
MS MANAGEMENT ASSOCIATES
INC
225 WEST WASHINGTON ST
INDIANAPOLIS IN 46204-3438

2.481.	Title of contract	SERVICES AGREEMENT
	State what the contract or lease is for	SLACK ANNUAL LICENSE
	Nature of debtor's interest	CONTRACT PARTY
	State the term remaining	
	List the contract number of any government contract	

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

SLACK TECHNOLOGIES
155 5TH STREET
SAN FRANCISCO CA 94103

2.482.	Title of contract	SERVICES AGREEMENT
	State what the contract or lease is for	SMARTSHEET (BUSINESS PLAN LICENSED USERS)
	Nature of debtor's interest	CONTRACT PARTY
	State the term remaining	
	List the contract number of any government contract	

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

SMARTSHEET, INC
DEPT 3421
P.O.BOX 123421
DALLAS TX 75312-3421

2.483.	Title of contract	SERVICES AGREEMENT
	State what the contract or lease is for	PEOPLEMATTER
	Nature of debtor's interest	CONTRACT PARTY
	State the term remaining	
	List the contract number of any government contract	

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

SNAGAJOB.COM INC (APPLICANT
TRACKING)
32978 COLLECTION CENTER DRIVE
CHICAGO IL 60693-0329

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.484. **Title of contract** MAINTENANCE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SNAGAJOB PEEK MONTHLY MAINTENANCE AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY SNAGAJOB.COM INC (MONTHLY MAINTENANCE)
- State the term remaining** _____ 32978 COLLECTION CENTER DRIVE
- List the contract number of any government contract** _____ CHICAGO IL 60693-0329
- 2.485. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 720
- Nature of debtor's interest** LESSEE SPECTRUM CAPITAL
- State the term remaining** 01/31/24 YATES CONSTRUCTION
- List the contract number of any government contract** _____ BLOOMFIELD HOLDINGS LLC
- 2.486. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 127
- Nature of debtor's interest** LESSEE SPINOSO REAL ESTATE GROUP
- State the term remaining** 01/31/21 112 NORTHERN CONCOURSE
- List the contract number of any government contract** _____ NORTH SYRACUSE NY 13212
- 2.487. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 300
- Nature of debtor's interest** LESSEE SPINOSO REAL ESTATE GROUP
- State the term remaining** 01/31/20 LSREF SUMMER REO TRUST 2009
- List the contract number of any government contract** _____ HUDSON AMERICAS LLC
- 2.488. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 494
- Nature of debtor's interest** LESSEE SPINOSO REAL ESTATE GROUP
- State the term remaining** 03/15/19 MESILLA VALLEY SPE 991068834
- List the contract number of any government contract** _____ LLC
- KEYBANK NATIONAL
- 8115 PRESTON RD STE 800
- DALLAS TX 75225

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.489.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 328 LESSEE 01/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SRS REAL ESTATE CAPREF BURBANK LLC BURBANK ASSET MANAGEMENT 8333 DOUGLAS AVE STE 975 DALLAS TX 75225
2.490.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 4 LESSEE 01/31/23 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease STARWOOD STARWOOD RETAIL PROPERTY MANAGEMENT LLC LEASE COORDINATION ONE EAST WACKER DR STE 3700 CHICAGO IL 60601
2.491.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 27 LESSEE 01/31/22 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease STARWOOD STARWOOD RETAIL PROPERTY MANAGEMENT LLC LEASE COORDINATION ONE EAST WACKER DR STE 3700 CHICAGO IL 60601
2.492.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 110 LESSEE 01/31/21 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease STARWOOD STARWOOD RETAIL PROPERTY MANAGEMENT LLC LEASE COORDINATION ONE EAST WACKER DR STE 3700 CHICAGO IL 60601
2.493.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 158 LESSEE 05/31/24 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease STARWOOD SRP PROPERTY MANAGEMENT LLC LEASE COORDINATION ONE EAST WACKER DR STE 3700 CHICAGO IL 60601

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.494. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 165
- Nature of debtor's interest** LESSEE STARWOOD
STARWOOD RETAIL PROPERTY
MANAGEMENT LLC
LEASE COORDINATION
ONE EAST WACKER DR STE 3700
CHICAGO IL 60601
- State the term remaining** 01/31/21
- List the contract number of any government contract** _____
- 2.495. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 190
- Nature of debtor's interest** LESSEE STARWOOD
STARWEST CHICAGO RIDGE LLC
CBL AND ASSOCIATES
MANAGEMENT INC
STE 500 - CBL CTR
2030 HAMILTON PL BLVD
CHATTANOOGA TN 37421
- State the term remaining** 01/31/21
- List the contract number of any government contract** _____
- 2.496. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 238
- Nature of debtor's interest** LESSEE STARWOOD
STARWOOD RETAIL PROPERTY
MANAGEMENT LLC
LEASE COORDINATION
ONE EAST WACKER DR STE 3700
CHICAGO IL 60601
- State the term remaining** 06/30/21
- List the contract number of any government contract** _____
- 2.497. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 278
- Nature of debtor's interest** LESSEE STARWOOD
SOUTHLAKE INDIANA LLC
SRP PROPERTY MANAGEMENT
LLC
LEASE COORDINATION
ONE EAST WACKER DR STE 3700
CHICAGO IL 60601
- State the term remaining** 01/31/21
- List the contract number of any government contract** _____
- 2.498. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 295
- Nature of debtor's interest** LESSEE STARWOOD
SRP PROPERTY MANAGEMENT
LLC
LEASE COORDINATION
ONE EAST WACKER DR STE 3700
CHICAGO IL 60601
- State the term remaining** 06/24/24
- List the contract number of any government contract** _____

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.499.	Title of contract REAL PROPERTY LEASE State what the contract or lease is for RETAIL LEASE - STORE # 308 Nature of debtor's interest LESSEE State the term remaining 01/31/20 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease STARWOOD STARWOOD RETAIL PROPERTY MANAGEMENT LLC LEASE COORDINATION ONE EAST WACKER DR STE 3700 CHICAGO IL 60601
2.500.	Title of contract REAL PROPERTY LEASE State what the contract or lease is for RETAIL LEASE - STORE # 333 Nature of debtor's interest LESSEE State the term remaining 06/30/25 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease STARWOOD STARWEST FRANKLIN PARK MALL LLC STARTWOOD RETAIL PROPERTY MANAGEMENT LLC LEASE COORDINATION ONE EAST WACKER DR STE 3700 CHICAGO IL 60601
2.501.	Title of contract REAL PROPERTY LEASE State what the contract or lease is for RETAIL LEASE - STORE # 357 Nature of debtor's interest LESSEE State the term remaining 01/31/23 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease STARWOOD STARWOOD RETAIL PROPERTY MANAGEMENT LLC LEASE COORDINATION ONE EAST WACKER DR STE 3700 CHICAGO IL 60601
2.502.	Title of contract REAL PROPERTY LEASE State what the contract or lease is for RETAIL LEASE - STORE # 384 Nature of debtor's interest LESSEE State the term remaining 06/30/21 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease STARWOOD SRP PROPERTY MANAGEMENT LLC LEASE COORDINATION 1 E WACKER DR STE 3700 CHICAGO IL 60601
2.503.	Title of contract REAL PROPERTY LEASE State what the contract or lease is for RETAIL LEASE - STORE # 424 Nature of debtor's interest LESSEE State the term remaining 12/31/20 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease STARWOOD STARWOOD RETAIL PROPERTY MANAGEMENT LLC LEASE COORDINATION ONE EAST WACKER DR STE 3700 CHICAGO IL 60601

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.504.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 459 LESSEE 01/31/21 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease STARWOOD STARWOOD RETAIL PROPERTY MANAGEMENT LLC LEASE ADMINISTRATION ONE EAST WACKER DR STE 3700 CHICAGO IL 60601
2.505.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 585 LESSEE 01/31/23 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease STARWOOD STARWOOD RETAIL PROPERTY MANAGEMENT LLC DIRECTOR OF LEASE ADMINISTRATION 1 E WACKER DR STE 3700 CHICAGO IL 60601
2.506.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 702 LESSEE 06/30/23 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease STARWOOD SRP PROPERTY MANAGEMENT LLC LEASE COORDINATION 1 E WACKER DR STE 3700 CHICAGO IL 60601
2.507.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 788 LESSEE 01/31/26 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease STEINER AND ASSOCIATES LIBERTY CENTER LLC APOLLO COMMERCIAL REAL ESTATE FINANCE INC RACHEL HUNTER 9 WEST 57TH ST NEW YORK NY 10019
2.508.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 302 LESSEE 01/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease STERLING ORGANIZATION SVAP II STONES RIVER LLC STERLING RETAIL SVC INC 340 ROYAL POINCIANA WAY STE 316 PALM BEACH FL 33480

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.509.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 433 LESSEE 05/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease STOCKBRIDGE MADISON STOCKBRIDGE MADISON LLC 451 EAGLE RIDGE DR LAKE WALES FL 33859
2.510.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	SERVICES AGREEMENT SERVICES AGREEMENT CASH CARD SERVICES CONTRACT PARTY _____ _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease STORED VALUE SOLUTIONS, INC. ONE OXMOOR PLACE 101 BULLITT LANE SUITE 305 LOUISVILLE KY 40222-5465
2.511.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 843 LESSEE 05/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SUBLEASE FROM SEPHORA SEPHORA USA INC FIRST MARKET TOWER SENIOR VICE PRESIDENT OF REAL ESTATE 525 MARKET ST 32ND FL SAN FRANCISCO CA 94105
2.512.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	SERVICES AGREEMENT CLOUD & INFRA - SWITCH (OFF-SITE BACKUP FACILITY) CONTRACT PARTY _____ _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SWITCH COMMUNICATIONS GROUP LLC 7135 S DECATUR BLVD LAS VEGAS NV 89118
2.513.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	CYBER LIABILITY INSURANCE POLICY NO. W24A9F180101 INSURANCE INSURED 9/2019 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SYNDICATE 2623/623 AT LLOYDS (BEAZLEY) 1270 AVE OF THE AMERICAS STE 1200 NEW YORK NY 10020

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- 2.514. **Title of contract** SOFTWARE & LICENSE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MASTER SOFTWARE LICENSE AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY **SYSREPUBLIC INC**
- State the term remaining** _____ **PO BOX 6393138**
- List the contract number of any government contract** _____ **CINCINNATI OH 45263**
-
- 2.515. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 281
- Nature of debtor's interest** LESSEE **TANGER**
- State the term remaining** 01/31/24 **TANGER SAN MARC LLC**
- List the contract number of any government contract** _____ **LEGAL DEPT**
- 3200 NORTHLINE AVE STE 360**
- GREENSBORO NC 27408**
-
- 2.516. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 286
- Nature of debtor's interest** LESSEE **TANGER**
- State the term remaining** 01/31/25 **TANGER PROPERTIES LIMITED**
- List the contract number of any government contract** _____ **PARTNERSHIP**
- LEGAL DEPT**
- 3200 NORTHLINE AVE STE 360**
- GREENSBORO NC 27408**
-
- 2.517. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 461
- Nature of debtor's interest** LESSEE **TANGER**
- State the term remaining** 01/31/20 **TANGER PROPERTIES LIMITED**
- List the contract number of any government contract** _____ **PARTNERSHIP**
- LEGAL DEPT**
- 3200 NORTHLINE AVE STE 360**
- GREENSBORO NC 27408**
-
- 2.518. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 464
- Nature of debtor's interest** LESSEE **TANGER**
- State the term remaining** 07/31/20 **TANGER PROPERTIES LIMITED**
- List the contract number of any government contract** _____ **PARTNERSHIP AND**
- COROCRIVIERA LLC**
- LEGAL DEPARTMENT**
- 3200 NORTHLINE AVE**
- GREENSBORO NC 27408**

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.519.	Title of contract REAL PROPERTY LEASE State what the contract or lease is for RETAIL LEASE - STORE # 509 Nature of debtor's interest LESSEE State the term remaining 07/31/20 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease TANGER TANGER PROPERTIES LIMITED PARTNERSHIP LEGAL DEPT 3200 NORTHLINE AVE STE 360 GREENSBORO NC 27408
2.520.	Title of contract REAL PROPERTY LEASE State what the contract or lease is for RETAIL LEASE - STORE # 582 Nature of debtor's interest LESSEE State the term remaining 04/30/22 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease TANGER ATLANTIC CITY ASSOCIATES NUMBER THREE LLC TANGER MANAGEMENT LLC LEGAL DEPARTMENT 3200 NORTHLINE AVE STE 360 GREENSBORO NC 27408
2.521.	Title of contract REAL PROPERTY LEASE State what the contract or lease is for RETAIL LEASE - STORE # 590 Nature of debtor's interest LESSEE State the term remaining 05/31/22 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease TANGER DEER PARK ENTERPRISE LLC TANGER OUTLET CENTERS LEGAL DEPARTMENT 3200 NORTHLINE AVE STE 360 GREENSBORO NC 27408
2.522.	Title of contract REAL PROPERTY LEASE State what the contract or lease is for RETAIL LEASE - STORE # 591 Nature of debtor's interest LESSEE State the term remaining 03/31/23 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease TANGER OUTLETS AT WESTGATE LLC TANGER OUTLET CENTERS REAL ESTATE LEGAL DEPARTMENT 3200 NORTHLINE AVE STE 360 GREENSBORO NC 27408
2.523.	Title of contract REAL PROPERTY LEASE State what the contract or lease is for RETAIL LEASE - STORE # 598 Nature of debtor's interest LESSEE State the term remaining 03/31/23 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease TANGER TANGER PROPERTIES LIMITED PARTNERSHIP LEGAL DEPT 3200 NORTHLINE AVE STE 360 GREENSBORO NC 27408

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2.524.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 739 LESSEE 03/31/24 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease TANGER TANGER NATIONAL HABOUR LLC LEGAL DEPT 3200 NORTHLINE AVE STE 360 GREENSBORO NC 27408
2.525.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 745 LESSEE 05/31/25 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease TANGER FASHION OUTLETS AT FOXWOODS LLC TANGER PROPERTIES LIMITED PARTNERSHIP LEGAL DEPARTMENT 3200 NORTHLINE AVE STE 360 GREENSBORO NC 27408
2.526.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 746 LESSEE 06/30/24 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease TANGER OCEAN CITY FACTORY OUTLETS I LC TANGER PROPERTIES LIMITED PARTNERSHIP LEGAL DEPARTMENT 3200 NORTHLINE AVE STE 360 GREENSBORO NC 27408
2.527.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 748 LESSEE 04/30/25 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease TANGER OUTLET MALL OF SAVANNAH LLC TANGER OUTLET CENTERS REAL ESTATE LEGAL DEPARTMENT 3200 NORTHLINE AVE STE 360 GREENSBORO NC 27408
2.528.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 777 LESSEE 03/31/25 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease TANGER TANGER PROPERTIES LIMITED PARTNERSHIP LEGAL DEPT 3200 NORTHLINE AVE STE 360 GREENSBORO NC 27408

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2.529.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 789	
	Nature of debtor's interest	LESSEE	TANGER
	State the term remaining	03/31/26	MIDSOUTH OUTLET SHOPS LLC
	List the contract number of any government contract	_____	TANGER PROPERTIES LIMITED PARTNERSHIP
			LEGAL DEPARTMENT
			3200 NORTHLINE AVE STE 360
			GREENSBORO NC 27408
2.530.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 840	
	Nature of debtor's interest	LESSEE	TANGER
	State the term remaining	01/31/21	TANGER FORT WORTH LLC
	List the contract number of any government contract	_____	TANGER MANAGEMENT LLC
			LEGAL DEPARTMENT
			3200 NORTHLINE AVE STE 360
			GREENSBORO NC 27408
2.531.	Title of contract	SERVICES AGREEMENT	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	PROFESSIONAL SERVICES AGREEMENT	
	Nature of debtor's interest	CONTRACT PARTY	TANGO ANALYTICS, LLC
	State the term remaining	_____	6225 N. STATE HWY 161
	List the contract number of any government contract	_____	SUITE 300
			IRVING TX 75038
2.532.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 109	
	Nature of debtor's interest	LESSEE	TAUBMAN
	State the term remaining	01/31/21	SUNVALLEY
	List the contract number of any government contract	_____	200 EAST LONG LAKE RD STE 300
			BLOOMFIELD HILLS MI 48304-2324
2.533.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 137	
	Nature of debtor's interest	LESSEE	TAUBMAN
	State the term remaining	01/31/20	DOLPHIN MALL ASSOCIATES LLC
	List the contract number of any government contract	_____	LEASE ADMINISTRATION
			200 EAST LONG LAKE RD STE 300
			BLOOMFIELD HILLS MI 48304-2324

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.539.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	LEASE & SERVICE AGREEMENT VEHICLE LEASE AND SERVICE AGREEMENT CONTRACT PARTY _____ _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease TCI LEASING 4950 TRIGGS STREET COMMERCE CA 90022
2.540.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 400 LESSEE 01/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease THALHIMER 1420 N PARHAM ROAD LC MARK SLUSHER 11100 WEST BROAD ST GLEN ALLEN VA 23060
2.541.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 557 LESSEE 01/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease THE CROSSINGS PREMIUM OUTLETS, LLC SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.542.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 578 LESSEE 12/31/18 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease THE IRVINE CO THE IRVINE CO RETAIL PROPERTIES GENERAL COUNSEL 100 INNOVATION DR IRVINE CA 92617
2.543.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 7004 LESSEE _____ _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease THE IRVINE CO THE IRVINE CO LLC GENERAL COUNSEL RETAIL PROPERTIES 100 INNOVATION IRVINE CA 92617

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.544. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 218
- Nature of debtor's interest** LESSEE THE PREMIUM OUTLETS
LAS VEGAS PREMIUM OUTLETS
SOUTH LLC
- State the term remaining** 01/31/19 SIMON PROPERTY GROUP
GENERAL COUNSEL
225 W WASHINGTON ST
INDIANAPOLIS IN 46204
- List the contract number of any government contract** _____
-
- 2.545. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 239
- Nature of debtor's interest** LESSEE THE PREMIUM OUTLETS
GILROY PREMIUM OUTLETS LLC
SIMON PROPERTY GROUP
GENERAL COUNSEL
225 W WASHINGTON ST
INDIANAPOLIS IN 46204
- State the term remaining** 01/31/23
- List the contract number of any government contract** _____
-
- 2.546. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 292
- Nature of debtor's interest** LESSEE THE PREMIUM OUTLETS
LAS VEGAS PREMIUM OUTLETS
NORTH LLC
SIMON PROPERTY GROUP
GENERAL COUNSEL
225 W WASHINGTON ST
INDIANAPOLIS IN 46204
- State the term remaining** 12/31/23
- List the contract number of any government contract** _____
-
- 2.547. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 423
- Nature of debtor's interest** LESSEE THE PREMIUM OUTLETS
SIMON PROPERTY GROUP
GENERAL COUNSEL
225 W WASHINGTON ST
INDIANAPOLIS IN 46204
- State the term remaining** 01/31/19
- List the contract number of any government contract** _____
-
- 2.548. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 458
- Nature of debtor's interest** LESSEE THE PREMIUM OUTLETS
SIMON PROPERTY GROUP
GENERAL COUNSEL
225 W WASHINGTON ST
INDIANAPOLIS IN 46204
- State the term remaining** 01/31/19
- List the contract number of any government contract** _____

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.549.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 469 LESSEE 02/28/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease THE PREMIUM OUTLETS PHILADELPHIA OUTLETS LLC SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.550.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 477 LESSEE 03/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease THE PREMIUM OUTLETS HOUSTON PREMIUM OUTLETS LLC SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.551.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 481 LESSEE 01/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease THE PREMIUM OUTLETS WILLIAMSBURG PREMIUM OUTLETS LLC SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.552.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 521 LESSEE 01/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease THE PREMIUM OUTLETS ELLENTON PREMIUM OUTLETS LLC SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.553.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 527 LESSEE 07/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease THE PREMIUM OUTLETS SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204

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2.554.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 533 LESSEE 04/30/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease THE PREMIUM OUTLETS CAMARILLO PREMIUM OUTLETS LLC SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.555.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 543 LESSEE 01/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease THE PREMIUM OUTLETS GROVE CITY PREMIUM OUTLETS LLC SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.556.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 556 LESSEE 01/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease THE PREMIUM OUTLETS SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.557.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 558 LESSEE 01/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease THE PREMIUM OUTLETS SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
2.558.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 559 LESSEE 01/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease THE PREMIUM OUTLETS VACAVILLE PREMIUM OUTLETS LLC SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204

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2.559.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 560	
	Nature of debtor's interest	LESSEE	THE PREMIUM OUTLETS ORLANDO PREMIUM OUTLET VINELAND LLC SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
	State the term remaining	01/31/20	
	List the contract number of any government contract	_____	
2.560.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 561	
	Nature of debtor's interest	LESSEE	THE PREMIUM OUTLETS SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
	State the term remaining	01/31/20	
	List the contract number of any government contract	_____	
2.561.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 562	
	Nature of debtor's interest	LESSEE	THE PREMIUM OUTLETS SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
	State the term remaining	01/31/20	
	List the contract number of any government contract	_____	
2.562.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 563	
	Nature of debtor's interest	LESSEE	THE PREMIUM OUTLETS SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
	State the term remaining	01/31/20	
	List the contract number of any government contract	_____	
2.563.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 564	
	Nature of debtor's interest	LESSEE	THE PREMIUM OUTLETS ALLEN PREMIUM OUTLETS LLC SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
	State the term remaining	01/31/20	
	List the contract number of any government contract	_____	

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2.564.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 565	
	Nature of debtor's interest	LESSEE	THE PREMIUM OUTLETS CINCINNATI PREMIUM OUTLETS LLC
	State the term remaining	01/31/20	SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
	List the contract number of any government contract	_____	
2.565.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 567	
	Nature of debtor's interest	LESSEE	THE PREMIUM OUTLETS SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
	State the term remaining	01/31/21	
	List the contract number of any government contract	_____	
2.566.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 589	
	Nature of debtor's interest	LESSEE	THE PREMIUM OUTLETS GRAND PRAIRIE PREMIUM OUTLETS LLC
	State the term remaining	08/31/22	SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
	List the contract number of any government contract	_____	
2.567.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 712	
	Nature of debtor's interest	LESSEE	THE PREMIUM OUTLETS ST LOUIS PREMIUM OUTLETS LLC
	State the term remaining	08/31/23	SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204
	List the contract number of any government contract	_____	
2.568.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	RETAIL LEASE - STORE # 804	
	Nature of debtor's interest	LESSEE	TORG OKC OUTLETS L LLC
	State the term remaining	01/31/26	SINGERMAN REAL ESTAT CHARLIE KELLOGG 980 N MICHIGAN AVE STE I660 CHICAGO IL 60611
	List the contract number of any government contract	_____	

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.569.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	SERVICES AGREEMENT CLOUD & INFRA - TRAPS CONTRACT PARTY _____ _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease TRACE3, LLC (CORPORATE WORKSTATIONS ADVANCED THREAT) 12636 HIGH BLUFF DR. SUITE 300 SAN DIEGO CA 92130
2.570.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	SERVICES AGREEMENT CLOUD & INFRA - FIREWALL FOR SAN DIEGO/ SAN FRANCISCO/ ONTARIO CONTRACT PARTY _____ _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease TRACE3, LLC (FIREWALL) 12636 HIGH BLUFF DR. SUITE 300 SAN DIEGO CA 92130
2.571.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	SERVICES AGREEMENT CLOUD & INFRA - OFFICE 365 AD INTEGRATION CONTRACT PARTY _____ _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease TRACE3, LLC (OFFICE 365 AD INTEGRATION) 12636 HIGH BLUFF DR. SUITE 300 SAN DIEGO CA 92130
2.572.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	SERVICES AGREEMENT CLOUD & INFRA - SMART HAND SERVICES CONTRACT PARTY _____ _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease TRACE3, LLC (SMART HAND SERVICES) 12636 HIGH BLUFF DR. SUITE 300 SAN DIEGO CA 92130
2.573.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 452 LESSEE 01/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease TRADEMARK MANAGEMENT, LTD GALLERIA MALL INVESTORS LP SIMON PROPERTY GROUP GENERAL COUNSEL 225 W WASHINGTON ST INDIANAPOLIS IN 46204

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.574. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for RETAIL LEASE - STORE # 797
Nature of debtor's interest LESSEE
State the term remaining 01/31/26
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
TRADEMARK MANAGEMENT, LTD
UPTOWN VILLAGE AT CEDAR HILL
LP
TRADEMARK PROPERTY CO
LEGAL DEPT
1701 RIVER RUN STE 500
FORT WORTH TX 76107
- 2.575. **Title of contract** GENERAL LIABILITY □ EMPLOYEE BENEFIT LIABILITY
INSURANCE POLICY NO. TC2J□GLSA□6E00763A□19
State what the contract or lease is for INSURANCE
Nature of debtor's interest INSURED
State the term remaining 1/31/2020
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
TRAVELERS PROPERTY
CASUALTY CO. OF AMERICA
485 LEXINGTON AVE
6TH FL
NEW YORK NY 10017
- 2.576. **Title of contract** AUTOMOBILE INSURANCE POLICY NO.
TJ□CAP□6E007641□19
State what the contract or lease is for INSURANCE
Nature of debtor's interest INSURED
State the term remaining 1/31/2020
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
TRAVELERS PROPERTY
CASUALTY CO. OF AMERICA
485 LEXINGTON AVE
6TH FL
NEW YORK NY 10017
- 2.577. **Title of contract** WORKERS' COMPENSATION INSURANCE POLICY NO.
UB□1L338947□19□51□R (AZ,FL,MA,OR,WI)
State what the contract or lease is for INSURANCE
Nature of debtor's interest INSURED
State the term remaining 1/31/2020
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
TRAVELERS PROPERTY
CASUALTY CO. OF AMERICA
485 LEXINGTON AVE
6TH FL
NEW YORK NY 10017
- 2.578. **Title of contract** PROPERTY INSURANCE POLICY NO.
KTJ□CMB□3065P37□0□19
State what the contract or lease is for INSURANCE
Nature of debtor's interest INSURED
State the term remaining 1/31/2020
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
TRAVELERS PROPERTY
CASUALTY INSURANCE CO.
485 LEXINGTON AVE
6TH FL
NEW YORK NY 10017

2.579.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease TRI-COUNTY MALL TRI COUNTY MALL RENEE BELL 11700 PRINCETON PIKE CINCINNATI OH 45246
	State what the contract or lease is for	RETAIL LEASE - STORE # 96	
	Nature of debtor's interest	LESSEE	
	State the term remaining	01/31/21	
	List the contract number of any government contract	_____	
2.580.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease TRIPLE FIVE MOAC MALL HOLDINGS LLC 60 EAST BROADWAY BLOOMINGTON MN 55425
	State what the contract or lease is for	RETAIL LEASE - STORE # 274	
	Nature of debtor's interest	LESSEE	
	State the term remaining	01/31/24	
	List the contract number of any government contract	_____	
2.581.	Title of contract	CARGO INSURANCE POLICY NO. M□20831	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease UNDERWRITERS AT LLOYD'S LONDON ONE LIME ST LONDON EC3M 7HA UNITED KINGDOM
	State what the contract or lease is for	INSURANCE	
	Nature of debtor's interest	INSURED	
	State the term remaining	1/31/2020	
	List the contract number of any government contract	_____	
2.582.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease UNIVERSITY VILLAGE LIMITED PARTNERSHIP 2623 NORTHEAST UNIVERSITY VLG ST STE 7 SEATTLE WA 98105
	State what the contract or lease is for	RETAIL LEASE - STORE # 7006	
	Nature of debtor's interest	LESSEE	
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.583.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease URBAN RETAIL PROPERTIES ARNOT MALL GENERAL MANAGER 3300 CHAMBERS RD SOUTH STE 5127 HORSEHEADS NY 14845
	State what the contract or lease is for	RETAIL LEASE - STORE # 243	
	Nature of debtor's interest	LESSEE	
	State the term remaining	04/30/20	
	List the contract number of any government contract	_____	

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.584. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 1801
- Nature of debtor's interest** LESSEE USLV NEWCA 1, LLC
MARKET OFFICER
2817 EAST CEDAR ST STE 200
ONTARIO CA 91761
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.585. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CREDIT CARD PROCESSING - BANK CARD MERCHANT AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY VANTIV, LLC
8500 GOVERNORS HILL DRIVE
SYMMES TOWNSHIP OH 45249-1384
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.586. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 446
- Nature of debtor's interest** LESSEE VESTAR
YESTAR CPT TEMPE
MARKETPLACE LLC
VESTAR
PRESIDENT- MANAGEMENT SERVICES
2425 EAST CAMELBACK RD STE 750
PHOENIX AZ 85016
- State the term remaining** 01/31/20
- List the contract number of any government contract** _____
- 2.587. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 538
- Nature of debtor's interest** LESSEE VIRGINIA CENTER COMMON
REALTY HOLDING
(MIKE KOHAN)
VIRGINIA CENTER COMMON
REALTY HOLDING LLC
10101 BROOK RD
GLEN ALLEN VA 23059
- State the term remaining** 04/30/19
- List the contract number of any government contract** _____
- 2.588. **Title of contract** SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** GROUP VISION CARE PLAN
- Nature of debtor's interest** CONTRACT PARTY VISION SERVICE PLAN
PO BOX 45210
SAN FRANCISCO CA 94145
- State the term remaining** _____
- List the contract number of any government contract** _____

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.589.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 432 LESSEE 01/31/19 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease VORNADO OAKDALE MALL LLC EXECUTIVE VICE PRESIDENT RETAIL REAL ESTATE 210 RTE 4 EAST PARAMUS NJ 07652
2.590.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 703 LESSEE 04/30/23 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WAS GROUP VIEJAS SPRINGS VILLAGE OUTLET CENTER 5005 WILLOWS RD STE 229 ALPINE CA 91901
2.591.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 14 LESSEE 01/31/21 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WASHINGTON PRIME WESTMINSTER MALL LLC GENERAL COUNSEL 180 E BROAD ST FL 20 COLUMBUS OH 43215
2.592.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 42 LESSEE 01/31/21 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WASHINGTON PRIME BRE/PEARLRIDGE LLC GENERAL COUNSEL 180 E BROAD ST FL 20 COLUMBUS OH 43215
2.593.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 68 LESSEE 01/31/21 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WASHINGTON PRIME MELBOURNE SQUARE LLC GENERAL COUNSEL 180 E BROAD ST FL 20 COLUMBUS OH 43215

Case number (if known) **19-10214**

2.594.	Title of contract	REAL PROPERTY LEASE
	State what the contract or lease is for	RETAIL LEASE - STORE # 86
	Nature of debtor's interest	LESSEE
	State the term remaining	01/31/21
	List the contract number of any government contract	

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

WASHINGTON PRIME
ORANGE PARK MALL LLC
GENERAL COUNSEL
180 E BROAD ST FL 20
COLUMBUS OH 43215

2.595.	Title of contract	REAL PROPERTY LEASE
	State what the contract or lease is for	RETAIL LEASE - STORE # 148
	Nature of debtor's interest	LESSEE
	State the term remaining	01/31/22
	List the contract number of any government contract	

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

WASHINGTON PRIME
SOUTHERN PARK MALL LLC
GENERAL COUNSEL
180 E BROAD ST FL 20
COLUMBUS OH 43215

2.596.	Title of contract	REAL PROPERTY LEASE
	State what the contract or lease is for	RETAIL LEASE - STORE # 156
	Nature of debtor's interest	LESSEE
	State the term remaining	01/31/22
	List the contract number of any government contract	_____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

WASHINGTON PRIME
MAPLEWOOD MALL LLC
GENERAL COUNSEL
180 E BROAD ST FL 20
COLUMBUS OH 43215

2.597.	Title of contract	REAL PROPERTY LEASE
	State what the contract or lease is for	RETAIL LEASE - STORE # 168
	Nature of debtor's interest	LESSEE
	State the term remaining	01/31/20
	List the contract number of any government contract	

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

WASHINGTON PRIME
POLARIS FASHION PLACE LLC
GENERAL COUNSEL
180 E BROAD ST FL 20
COLUMBUS OH 43215

2.598.	Title of contract	REAL PROPERTY LEASE
	State what the contract or lease is for	RETAIL LEASE - STORE # 178
	Nature of debtor's interest	LESSEE
	State the term remaining	01/31/20
	List the contract number of any government contract	

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

WASHINGTON PRIME
WESTSHORE PLAZA LLC
GENERAL COUNSEL
180 E BROAD ST FL 20
COLUMBUS OH 43215

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.599.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 186 LESSEE 03/31/21 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WASHINGTON PRIME BOYNTON BEACH MALL LLC GENERAL COUNSEL 180 E BROAD ST FL 20 COLUMBUS OH 43215
2.600.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 205 LESSEE 01/31/21 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WASHINGTON PRIME DAYTON MALL LL LLC GENERAL COUNSEL 180 E BROAD ST FL 20 COLUMBUS OH 43215
2.601.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 259 LESSEE 01/31/22 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WASHINGTON PRIME JEFFERSON VALLEY MALL LLC GENERAL COUNSEL 180 E BROAD ST FL 20 COLUMBUS OH 43215
2.602.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 267 LESSEE 01/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WASHINGTON PRIME TOWNE WEST SQUARE LLC GENERAL COUNSEL 180 E BROAD ST FL 20 COLUMBUS OH 43215
2.603.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 311 LESSEE 01/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WASHINGTON PRIME OAK COURT MALL LLC GENERAL COUNSEL 180 E BROAD ST FL 20 COLUMBUS OH 43215

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.604. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 313
- Nature of debtor's interest** LESSEE WASHINGTON PRIME
WEST RIDGE MALL LLC
GENERAL COUNSEL
180 E BROAD ST FL 20
COLUMBUS OH 43215
- State the term remaining** 01/31/21
- List the contract number of any government contract** _____
- 2.605. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 317
- Nature of debtor's interest** LESSEE WASHINGTON PRIME
MUNCI MALL LLC
GENERAL COUNSEL
180 E BROAD ST FL 20
COLUMBUS OH 43215
- State the term remaining** 01/31/20
- List the contract number of any government contract** _____
- 2.606. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 348
- Nature of debtor's interest** LESSEE WASHINGTON PRIME
AURORA MALL LLC
GENERAL COUNSEL
180 E BROAD ST FL 20
COLUMBUS OH 43215
- State the term remaining** 01/31/23
- List the contract number of any government contract** _____
- 2.607. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 349
- Nature of debtor's interest** LESSEE WASHINGTON PRIME
GREAT LAKES MALL LLC
GENERAL COUNSEL
180 E BROAD ST FL 20
COLUMBUS OH 43215
- State the term remaining** 06/30/20
- List the contract number of any government contract** _____
- 2.608. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 395
- Nature of debtor's interest** LESSEE WASHINGTON PRIME
BRUNSWICK SQUARE LLC
GENERAL COUNSEL
180 E BROAD ST FL 20
COLUMBUS OH 43215
- State the term remaining** 01/31/19
- List the contract number of any government contract** _____

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.609.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 456 LESSEE 01/31/21 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WASHINGTON PRIME PADDOCK MALL LLC GENERAL COUNSEL 180 E BROAD ST FL 20 COLUMBUS OH 43215
2.610.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 478 LESSEE 05/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WASHINGTON PRIME PORT CHARLOTTE MALL LLC GENERAL COUNSEL 180 E BROAD ST FL 20 COLUMBUS OH 43215
2.611.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 482 LESSEE 03/31/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WASHINGTON PRIME ROLLING OAKS MALL LLC GENERAL COUNSEL 180 E BROAD ST FL 20 COLUMBUS OH 43215
2.612.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 484 LESSEE 04/30/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WASHINGTON PRIME SM RUSHMORE MALL LLC GENERAL COUNSEL 180 E BROAD ST FL 20 COLUMBUS OH 43215
2.613.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 485 LESSEE 07/31/21 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WASHINGTON PRIME MFC BEAVERCREEK LLC GENERAL COUNSEL 180 E BROAD ST FL 20 COLUMBUS OH 43215

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.614. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 486
- Nature of debtor's interest** LESSEE WASHINGTON PRIME
GRAND CENTRAL PARKERSBURG
LLC
- State the term remaining** 05/31/20 GENERAL COUNSEL
180 E BROAD ST FL 20
COLUMBUS OH 43215
- List the contract number of any government contract** _____
-
- 2.615. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 488
- Nature of debtor's interest** LESSEE WASHINGTON PRIME
SOUTHERN HILLS LLC
- State the term remaining** 05/31/21 GENERAL COUNSEL
180 E BROAD ST FL 20
COLUMBUS OH 43215
- List the contract number of any government contract** _____
-
- 2.616. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 510
- Nature of debtor's interest** LESSEE WASHINGTON PRIME
NORTHWOODS SHOPPING
CENTER LLC
- State the term remaining** 01/31/19 GENERAL COUNSEL
180 E BROAD ST FL 20
COLUMBUS OH 43215
- List the contract number of any government contract** _____
-
- 2.617. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 539
- Nature of debtor's interest** LESSEE WASHINGTON PRIME
LINCOLNWOOD TOWN CENTER
LLC
- State the term remaining** 05/31/19 GENERAL COUNSEL
180 E BROAD ST FL 20
COLUMBUS OH 43215
- List the contract number of any government contract** _____
-
- 2.618. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 7014
- Nature of debtor's interest** LESSEE WASHINGTON PRIME
SDQ FEE LLC
- State the term remaining** _____ GENERAL COUNSEL
180 E BROAD STREET FLOOR 20
COLUMBUS OH 43215
- List the contract number of any government contract** _____

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.619.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 714 LESSEE 05/31/23 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WASHINGTON PRIME CHARLOTTESVILLE FASHION SQUARE LLC GENERAL COUNSEL 180 E BROAD ST FL 20 COLUMBUS OH 43215
2.620.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 717 LESSEE 08/31/23 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WASHINGTON PRIME MESA MALL LLC GENERAL COUNSEL 180 E BROAD ST FL 20 COLUMBUS OH 43215
2.621.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 730 LESSEE 01/31/24 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WASHINGTON PRIME MORGANTOWN MALL ASSOCIATES LIMITED PARTNERSHIP, GENERAL COUNSEL 180 EAST BROAD ST 21ST FL COLUMBUS OH 43215
2.622.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 737 LESSEE 01/31/24 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WASHINGTON PRIME MALL AT JOHNSON CITY LLC GENERAL COUNSEL 180 EAST BROAD ST 21TH FL COLUMBUS OH 43215
2.623.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 770 LESSEE 01/31/25 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WASHINGTON PRIME ATC GLIMCHER LLC GENERAL COUNSEL 180 EAST BROAD ST 21ST FL COLUMBUS OH 43215

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.624. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 771
- Nature of debtor's interest** LESSEE WASHINGTON PRIME
- State the term remaining** 01/31/25 GLIMCHER SUPERMALL VENTURE LLC
- List the contract number of any government contract** _____ GENERAL COUNSEL
180 EAST BROAD ST 21ST FL
COLUMBUS OH 43215
-
- 2.625. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 778
- Nature of debtor's interest** LESSEE WASHINGTON PRIME
- State the term remaining** 01/31/25 WTM GLIMCHER LLC
- List the contract number of any government contract** _____ GENERAL COUNSEL
180 EAST BROAD ST 21ST FL
COLUMBUS OH 43215
-
- 2.626. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 249
- Nature of debtor's interest** LESSEE WATSON CENTERS
- State the term remaining** 01/31/23 VALLEY WEST DM
- List the contract number of any government contract** _____ 3100 WEST LAKE ST STE 420
MINNEAPOLIS MN 55416
-
- 2.627. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 756
- Nature of debtor's interest** LESSEE WELCO REALTY
- State the term remaining** 01/31/25 BAY PLAZA LLC
- List the contract number of any government contract** _____ PRESTIGE PROPERTIES AND
DEVELOPMENT CO INC
546 FIFTH AVE 15TH FL
NEW YORK NY 10036
-
- 2.628. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 2
- Nature of debtor's interest** LESSEE WESTFIELD CORP
- State the term remaining** 01/31/19 MISSION VALLEY SHOPPINGTOWN LLC
- List the contract number of any government contract** _____ LEGAL DEPT
2049 CENTURY PK EAST 41ST FL
LOS ANGELES CA 90067

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

- 2.629. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 6
- Nature of debtor's interest** LESSEE WESTFIELD CORP
PLAZA BONITA LP
LEGAL DEPT
2049 CENTURY PK EAST 41ST FL
LOS ANGELES CA 90067
- State the term remaining** 01/31/22
- List the contract number of any government contract** _____
-
- 2.630. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 9
- Nature of debtor's interest** LESSEE WESTFIELD CORP
EWH ESCONDIDO ASSOCIATES LP
LEGAL DEPT
2049 CENTURY PK EAST 41ST FL
LOS ANGELES CA 90067
- State the term remaining** 01/31/21
- List the contract number of any government contract** _____
-
- 2.631. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 28
- Nature of debtor's interest** LESSEE WESTFIELD CORP
WESTFIELD TOPANGA OWNER LP
LEGAL DEPT
2049 CENTURY PK EAST 41ST FL
LOS ANGELES CA 90067
- State the term remaining** 01/31/20
- List the contract number of any government contract** _____
-
- 2.632. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 79
- Nature of debtor's interest** LESSEE WESTFIELD CORP
CITRUS PARK VENTURE LIMITED
PARTNERSHIP
LEGAL DEPT
2049 CENTURY PK EAST 41ST FL
LOS ANGELES CA 90067
- State the term remaining** 06/30/20
- List the contract number of any government contract** _____
-
- 2.633. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RETAIL LEASE - STORE # 89
- Nature of debtor's interest** LESSEE WESTFIELD CORP
MERIDEN SQUARE PARTNERSHIP
LEGAL DEPT
2049 CENTURY PK EAST 41ST FL
LOS ANGELES CA 90067
- State the term remaining** 03/31/21
- List the contract number of any government contract** _____

WESTFIELD CORP
ROSEVILLE SHOPPINGTOWN LLC
LEGAL DEPT
2049 CENTURY PK EAST 41ST FL
LOS ANGELES CA 90067

WESTFIELD CORP
SUNRISE MALL LLC
LEGAL DEPT
2049 CENTURY PK EAST 41ST FL
LOS ANGELES CA 90067

WESTFIELD CORP
ARMAPOLIS MALL OWNER LLC
LEGAL DEPT
2049 CENTURY PK EAST 41ST FL
LOS ANGELES CA 90067

WESTFIELD CORP
WEA PALM DESERT LLC
WESTFIELD LLC
LEGAL DEPARTMENT
2049 CENTURY PK EAST 41ST FL
LOS ANGELES CA 90067

WESTFIELD CORP
BRANDON SHOPPING CENTER
PARTNERS LTD
LEGAL DEPT
2049 CENTURY PK EAST 41ST FL
LOS ANGELES CA 90067

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.639.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WESTFIELD CORP OAKRIDGE MALL LLC LEGAL DEPT 2049 CENTURY PK EAST 41ST FL LOS ANGELES CA 90067
	State what the contract or lease is for	RETAIL LEASE - STORE # 277	
	Nature of debtor's interest	LESSEE	
	State the term remaining	01/31/22	
	List the contract number of any government contract	_____	
2.640.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WESTFIELD CORP VALENCIA TOWN CENTER VENTURE LP LEGAL DEPT 2049 CENTURY PK EAST 41ST FL LOS ANGELES CA 90067
	State what the contract or lease is for	RETAIL LEASE - STORE # 291	
	Nature of debtor's interest	LESSEE	
	State the term remaining	01/31/20	
	List the contract number of any government contract	_____	
2.641.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WESTFIELD CORP WHEATON PLAZA REGIONAL SHOPPING CENTER LLC LEGAL DEPT 2049 CENTURY PK EAST 41ST FL LOS ANGELES CA 90067
	State what the contract or lease is for	RETAIL LEASE - STORE # 324	
	Nature of debtor's interest	LESSEE	
	State the term remaining	01/31/19	
	List the contract number of any government contract	_____	
2.642.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WESTFIELD CORP WEA SOUTHCENTER LLC LEGAL DEPT 2049 CENTURY PK EAST 41ST FL LOS ANGELES CA 90067
	State what the contract or lease is for	RETAIL LEASE - STORE # 522	
	Nature of debtor's interest	LESSEE	
	State the term remaining	01/31/22	
	List the contract number of any government contract	_____	
2.643.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WESTFIELD CORP TRUMBULL SHOPPING CENTER #2 LLC LEGAL DEPT 2049 CENTURY PK EAST 41ST FL LOS ANGELES CA 90067
	State what the contract or lease is for	RETAIL LEASE - STORE # 548	
	Nature of debtor's interest	LESSEE	
	State the term remaining	01/31/22	
	List the contract number of any government contract	_____	

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.644.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 577 LESSEE 11/30/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WESTFIELD CORP OLD ORCHARD URBAN LIMITED PARTNERSHIP LEGAL DEPT 2049 CENTURY PK EAST 41ST FL LOS ANGELES CA 90067
2.645.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 736 LESSEE 06/30/23 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WESTFIELD CORP WESTLAND SOUTH SHORE MALL LP LEGAL DEPT 2049 CENTURY PK EAST 41ST FL LOS ANGELES CA 90067
2.646.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 782 LESSEE 01/31/25 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WESTFIELD CORP CULVER CITY MALL LLC LEGAL DEPT 2049 CENTURY PK EAST 41ST FL LOS ANGELES CA 90067
2.647.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	SUBSCRIPTION AGREEMENT SUBSCRIPTION TO PLATFORM CONTRACT PARTY _____ _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WGSN INC. 229 WEST 43RD STREET 7TH FLOOR NEW YORK NY 10036
2.648.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 99 LESSEE 02/29/20 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WILMORITE, INC EASTVIEW MALL LLC GENERAL COUNSEL 1265 SCOTTSVILLE RD ROCHESTER NY 14624

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

2.649.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	REAL PROPERTY LEASE RETAIL LEASE - STORE # 263 LESSEE 01/31/24 _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WILMORITE, INC GREECE RIDGE LLC 1265 SCOTTSVILLE RD ROCHESTER NY 14624
2.650.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	SUBSCRIPTION AGREEMENT ECOMMERCE - SAAS SUBSCRIPTION AGREEMENT CONTRACT PARTY _____ _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WRIKE, INC. 70 NORTH 2ND STREET SAN JOSE CA 95113
2.651.	Title of contract State what the contract or lease is for Nature of debtor's interest State the term remaining List the contract number of any government contract	SERVICES AGREEMENT ODC OPERATIONS - DAIFUKU WYNRIGHT CORP CONTRACT PARTY _____ _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease WYNRIGHT CORPORATION PO BOX 71383 CHICAGO IL 60694-1383

¹MID-AMERICA

Fill in this information to identify the case:**Debtor name:** Charlotte Russe, Inc.**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 19-10214☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1. CHARLOTTE RUSSE ADMINISTRATION, INC.	5910 PACIFIC CENTER BLVD SAN DIEGO CA 92121	BANK OF AMERICA, N.A.	☒ D ☐ E/F ☐ G
2.2. CHARLOTTE RUSSE ADMINISTRATION, INC.	5910 PACIFIC CENTER BLVD SAN DIEGO CA 92121	JEFFRIES FINANCE LLC, AS ADMINISTRATIVE AGENT AND AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.3. CHARLOTTE RUSSE ADMINISTRATION, INC.	5910 PACIFIC CENTER BLVD SAN DIEGO CA 92121	EMPLOYMENT DEVELOPMENT DEPARTMENT	☒ D ☐ E/F ☐ G
2.4. CHARLOTTE RUSSE HOLDING, INC.	5910 PACIFIC CENTER BLVD SAN DIEGO CA 92121	BANK OF AMERICA, N.A.	☒ D ☐ E/F ☐ G
2.5. CHARLOTTE RUSSE HOLDING, INC.	5910 PACIFIC CENTER BLVD SAN DIEGO CA 92121	JEFFRIES FINANCE LLC, AS ADMINISTRATIVE AGENT AND AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.6. CHARLOTTE RUSSE MERCHANDISING, INC.	5910 PACIFIC CENTER BLVD SAN DIEGO CA 92121	BANK OF AMERICA, N.A.	☒ D ☐ E/F ☐ G

Debtor **Charlotte Russe, Inc.**Case number (if known) **19-10214**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.7. CHARLOTTE RUSSE MERCHANDISING, INC.	5910 PACIFIC CENTER BLVD SAN DIEGO CA 92121	JEFFRIES FINANCE LLC, AS ADMINISTRATIVE AGENT AND AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G

Fill in this information to identify the case:**Debtor name:** Charlotte Russe, Inc.**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 19-10214Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

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

Executed on 4/3/2019
MM/DD/YYYY

x

/s/ Brian M. Cashman

Signature of individual signing on behalf of debtor

Brian M. Cashman
Printed name

Chief Restructuring Officer
Position or relationship to debtor