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<p>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA DIVISION</p>	
<p>In re: OCR COMMUNITY PUBLICATIONS, INC.</p> <p>Debtor(s)</p>	<p>CASE NO.: 8:15-bk-15316-MW CHAPTER: 11</p> <p>SUMMARY OF AMENDED SCHEDULES, MASTER MAILING LIST, AND/OR STATEMENTS [LBR 1007-1(c)]</p>

A filing fee is required to amend Schedules D or E/F (see Abbreviated Fee Schedule on the Court's website www.cacb.uscourts.gov). A supplemental master mailing list (do not repeat any creditors on the original) is required as an attachment if creditors are being added to the Schedule D or E/F.

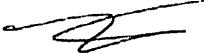
Are one or more creditors being added? Yes No

The following schedules, master mailing list or statements (check all that apply) are being amended:

Schedule A/B Schedule C Schedule D Schedule E/F Schedule G
 Schedule H Schedule I Schedule J Schedule J-2 Statement of Financial Affairs
 Statement About Your Social Security Numbers Statement of Intention Master Mailing List
 Other (specify) _____

I/we declare under penalty of perjury under the laws of the United States that the amended schedules, master mailing list, and/or statements are true and correct.

Date: 8/24/2014


Debtor 1 Signature

Debtor 2 (Joint Debtor) Signature (if applicable)

NOTE: It is the responsibility of the Debtor, or the Debtor's attorney, to serve copies of all amendments on all creditors listed in this Summary of Amended Schedules, Master Mailing List, and/or Statements, and to complete and file the attached Proof of Service of Document.

Fill in this information to identify the case:

Debtor name: OCR COMMUNITY PUBLICATIONS, INC.

United States Bankruptcy Court for the: Central District of California

Case number (if known): 8:15-bk-15316-MW

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

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

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1. Priority creditor's name and mailing address

CHARLOTTE M LERNER
Address Intentionally Omitted

As of the petition filing date, the claim is:
Check all that apply.

Total claim
\$896.98

Priority amount
\$896.98

Contingent
 Unliquidated
 Disputed

Nonpriority amount
\$0.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

WAGES, PTO, COMMISSIONS,
SEVERANCE, EXP REIMB

Last 4 digits of account number: 1072

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

No
 Yes

Debtor OCR COMMUNITY PUBLICATIONS, INC.

Case number (if known) 8:15-bk-15316-MW

2.2.	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
				Nonpriority amount
	DAVID FERRELL Address Intentionally Omitted	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
				\$0.00
	Date or dates debt was incurred	Basis for the claim:		
	VARIOUS	WAGES, PTO, COMMISSIONS, SEVERANCE, EXP REIMB		
	Last 4 digits of account number: 8734	Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (4)			
2.3.	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
	DENISE DIANE DEUTSCH Address Intentionally Omitted	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
				\$0.00
	Date or dates debt was incurred	Basis for the claim:		
	VARIOUS	WAGES, PTO, COMMISSIONS, SEVERANCE, EXP REIMB		
	Last 4 digits of account number: 9981	Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (4)			
2.4.	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
	SAMANTHA E DUNN Address Intentionally Omitted	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,899.54	\$1,832.42
				\$67.12
	Date or dates debt was incurred	Basis for the claim:		
	VARIOUS	WAGES, PTO, COMMISSIONS, SEVERANCE, EXP REIMB		
	Last 4 digits of account number: 8859	Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (4)			

Debtor OCR COMMUNITY PUBLICATIONS, INC.

Case number (if known) 8:15-bk-15316-MW

2.5.	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
			\$0.00	\$0.00
	SHERYL A STERN Address Intentionally Omitted	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Nonpriority amount \$0.00
	Date or dates debt was incurred	Basis for the claim:		
	VARIOUS	WAGES, PTO, COMMISSIONS, SEVERANCE, EXP REIMB		
	Last 4 digits of account number: 9734	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.6.	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
			\$0.00	\$0.00
	STACEY E KATZ Address Intentionally Omitted	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Nonpriority amount \$0.00
	Date or dates debt was incurred	Basis for the claim:		
	VARIOUS	WAGES, PTO, COMMISSIONS, SEVERANCE, EXP REIMB		
	Last 4 digits of account number: 0959	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.7.	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
			\$2,802.09	\$2,073.54
	WILLIAM L OFFENHAUER Address Intentionally Omitted	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Nonpriority amount \$728.54
	Date or dates debt was incurred	Basis for the claim:		
	VARIOUS	WAGES, PTO, COMMISSIONS, SEVERANCE, EXP REIMB		
	Last 4 digits of account number: 1068	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		