

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address William N. Lobel, State Bar No. 93202 wlobel@lwgfllp.com Alan J. Friedman, State Bar No. 132580 afriedman@lwgfllp.com Beth E. Gaschen, State Bar No. 245894 bgaschen@lwgfllp.com LOBEL WEILAND GOLDEN FRIEDMAN LLP 650 Town Center Drive, Suite 950 Costa Mesa, California 92626 Telephone 714-966-1000 /Facsimile 714-966-1002 <input type="checkbox"/> Individual appearing without attorney <input checked="" type="checkbox"/> Attorney for Debtor	FOR COURT USE ONLY
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA DIVISION	
In re: OCR COMMUNITY PUBLICATIONS, INC.	CASE NO.: 8:15-bk-15316-MW CHAPTER: 11
Debtor(s)	SUMMARY OF AMENDED SCHEDULES, MASTER MAILING LIST, AND/OR STATEMENTS [LBR 1007-1(c)]

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.

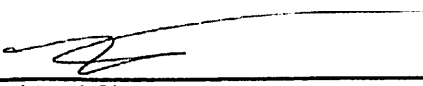
Are one or more creditors being added? ☐ Yes ☒ No

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: 8/24/2016


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	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
	CHARLOTTE M LERNER Address Intentionally Omitted	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$896.98	\$896.98
				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: 1072	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		

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

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